

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/51766902>

# Spiritist Psychiatric Hospitals in Brazil: Integration of Conventional Psychiatric Treatment and Spiritual Complementary Therapy

Article in *Culture Medicine and Psychiatry* · November 2011

DOI: 10.1007/s11013-011-9239-6 · Source: PubMed

CITATIONS

35

READS

834

6 authors, including:



**Giancarlo Lucchetti**

Federal University of Juiz de Fora

244 PUBLICATIONS 4,076 CITATIONS

[SEE PROFILE](#)



**Paulo Rogério De Aguiar**

Universidade Federal de Ciências da Saúde de Porto Alegre

9 PUBLICATIONS 96 CITATIONS

[SEE PROFILE](#)



**Camilla Casaletti Braghetta**

University of São Paulo

5 PUBLICATIONS 45 CITATIONS

[SEE PROFILE](#)



**Alexander Moreira-Almeida**

Federal University of Juiz de Fora

156 PUBLICATIONS 3,803 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



The Effect of Laying on of Hands with and without a Spiritual Context on Pain, Joint Stiffness and Functional Capacity of Older Women with Knee Osteoarthritis: A Randomized Controlled Trial [View project](#)



Bivariate genetic analysis [View project](#)

## Spiritist Psychiatric Hospitals in Brazil: Integration of Conventional Psychiatric Treatment and Spiritual Complementary Therapy

Giancarlo Lucchetti · Paulo Rogério D. C. Aguiar ·  
Camilla Casaletti Braghetta · Candido P. Vallada ·  
Alexander Moreira-Almeida · Homero Vallada

Published online: 4 November 2011  
© Springer Science+Business Media, LLC 2011

**Abstract** In Brazil, during the XX century, dozens of Spiritist psychiatric hospitals emerged seeking to integrate conventional medical treatment with complementary spiritual therapy. This combined inpatient treatment is largely found in Brazil, where many psychiatric hospitals stem from the Spiritist movement. The present report describes the use of these spiritual practices, their operating structure, health professionals involved, modalities of care, and institutional difficulties in integrating spiritual practices with conventional treatment in six leading Brazilian Spiritist psychiatric hospitals. These hospitals combine conventional psychiatric treatment with voluntary-based spiritual approaches such as laying on of hands (“fluidotherapy”), lectures regarding spiritual and ethical issues, intercessory prayer, spirit release therapy (“disobsession”) and “fraternal dialogue”. The non-indoctrination and optional nature of these spiritual complementary therapies seem to increase acceptance among patients and their family members. In conclusion, the Spiritist psychiatric hospitals in Brazil have, for more than half a century, provided an integrative approach in the treatment of psychiatric disorders, associating

---

G. Lucchetti (✉) · C. C. Braghetta · C. P. Vallada · H. Vallada  
João Evangelista Hospital, Avenida Nova Cantareira, 3050, São Paulo, SP 02340-000, Brazil  
e-mail: g.lucchetti@yahoo.com.br

G. Lucchetti · C. C. Braghetta  
São Paulo Medical Spiritist Association, São Paulo, Brazil

P. R. D. C. Aguiar  
Lutheran University of Brazil, Gravataí, Brazil

A. Moreira-Almeida  
Research Center in Spirituality and Health, School of Medicine, Federal University of Juiz de Fora,  
Juiz de Fora, Brazil

H. Vallada  
Department of Psychiatry, University of São Paulo Medical School, São Paulo LIM-23, Brazil

conventional and spiritual treatments, more specifically Spiritist therapy. The lack of standardized treatment protocols and scientific studies remain a barrier to assessing the impact of this integrative approach on patients' mental health, quality of life, adherence, and perceived quality of treatment.

**Keywords** Spiritism · Spirituality · Psychiatry · Spiritual treatments

## Introduction

In the XIX Century, the first Brazilian psychiatric hospital was set up by the Brazilian Monarchy to control the “mentally ill” (Garcia 2001). Since then, hundreds of psychiatric hospitals have been opened in Brazil. However, in recent decades, owing to the emphasis on communitarian treatment coupled with the influence of the “anti-psychiatric hospitalization movement”, the number of psychiatric hospitals has been drastically reduced. At present, there are around 62 thousand beds available for psychiatric patients, or approximately 0.4 beds/1,000 Brazilian inhabitants (Kilsztajn et al. 2008).

During the XX Century, many psychiatric hospitals in Brazil were founded by followers of Spiritism and sought to combine conventional medical treatment with complementary spiritual therapies (Souza and Deitos 1980). These initiatives are a unique movement in the world and according to Puttini (Puttini 2004), most Spiritist hospitals were set-up as a result of a mediumship communication where a “spirit” (deceased person) encouraged an individual or a group to create a charity hospital.

The emergence of these Spiritist psychiatric hospitals was strongly influenced by an ideology prevalent at the time characterized by ideals of order, progress, modernity, and rationality. However, Brazilian academia and in particular psychiatrists, reacted strongly against this Spiritist psychiatric movement (Moreira-Almeida et al. 2005).

“Spiritism” was developed in France by Allan Kardec (1804–1869) in the second half of XIX century. His purpose was to use the tools of science (empirical data and rationality) to explore spiritual phenomena. Based on his investigations, Kardec formulated the Spiritist Philosophy, or Spiritism, that he defined as “a science that deals with the nature, origin, and destiny of the spirits, as well as its manifestations with the corporeal world” (A Kardec 1859/1975).

In its beginnings (XIX Century), Spiritism was an international movement but its importance waned in the XX Century, even in France (Aubrée and Laplantine 1990). Nevertheless, the movement has regained popularity in Brazil (Lewgoy 2008).

Allan Kardec's Spiritism was first introduced in Brazil in the second half of the XX Century (during the Brazilian empire) from France, considered a hegemonic power by Brazilian intellectuals (Aubrée and Laplantine 1990). Spiritism rapidly became a vanguard religious alternative, linking science and faith and upholding an anticlericalism that won support among opponents of the empire (republicans and abolitionists) (Lewgoy 2008).

Kardecist Spiritism is considered a science, a philosophy and a religion (Lang 2008), whose core principles are survival of personality after bodily death (spirits),

mediumship (possibility of contact between incarnate and discarnate minds), reincarnation and, spiritual evolution through intellectual and ethical development (Moreira-Almeida and Neto 2005). In other words, as each spirit goes through its individual trajectory—incarnating in the material world, disincarnating and reincarnating again and again across the millennia, while not always consciously aware of the moral imperative to do good and avoid evil—from the decisions and choices it makes, it accumulates what is referred to as its karma: the moral balance of all of its previous experiences and choices (Greenfield 2004).

Spiritism also accepts that some diseases, particularly some mental diseases, can be caused by harmful spiritual influences from discarnated minds (spirits) where, if not the cause of the disorder, spiritual influence may be a factor associated with worse outcomes. Spiritists believe in a symbiotic relationship between the spirit and the physical body which manifests each time it returns to the material world. Uncured illnesses from previous lifetimes (in either world) are believed to cause some of the illnesses experienced by incarnated beings (Greenfield 2008).

Currently, many healing centers, charity institutions and hospitals follow this philosophy, involving millions of people in several countries, predominantly Brazil (Bragdon 2005). According to Sid Greenfield (Greenfield 2008), when Brazilians are sick they usually seek traditional medicine. Should they not recover, some then turn to spirits or other supernatural beings to find a cure or alleviate their symptoms.

Today, the Spiritist approach for the treatment of mental disorders has a large number of supporters, especially in the middle classes and among health professionals, including many psychiatrists. Thus, the number of people seeking complementary spiritual treatments associated with conventional psychiatry has been rising (Bragdon 2005; de Almeida et al. 2007; Kessler et al. 2001).

In addition, numerous studies have consistently shown a positive relationship between spiritual/religious practices and improved mental health status. Also, those with more frequent religious activity tend to have a better quality of life and well-being (Koenig 2009; Lucchetti et al. 2011a, b; Sawatzky et al. 2005).

However, only a few studies assessing the practices of Spiritist psychiatric hospitals in Brazil are available. In 2004, Puttini performed an anthropological investigation of the Spiritist practices in 26 Spiritist psychiatric hospitals in the State of São Paulo (Southeast Brazil), responsible overall for about 6,500 psychiatric in-patient beds, and employing around 4,300 health professionals and 950 volunteers to administer Spiritist therapies. These hospitals accounted for almost 50% of the psychiatric beds in the state of São Paulo at the time (Zappitelli et al. 2011).

Some successful cases using Spiritist therapies were reported by Inácio Ferreira in 1930–1940 claiming cure in at least 41% of patients (de Almeida and Moreira-Almeida 2009). More recently, Leão et al. (2007) evaluated the impact of spiritual practices on the clinical and behavioral evolution of inpatients with mental disabilities at a Spiritist health institution. His group found that spiritual practices (in this case, spirit release therapy) had a positive effect on clinical and behavioral evolution of these patients.

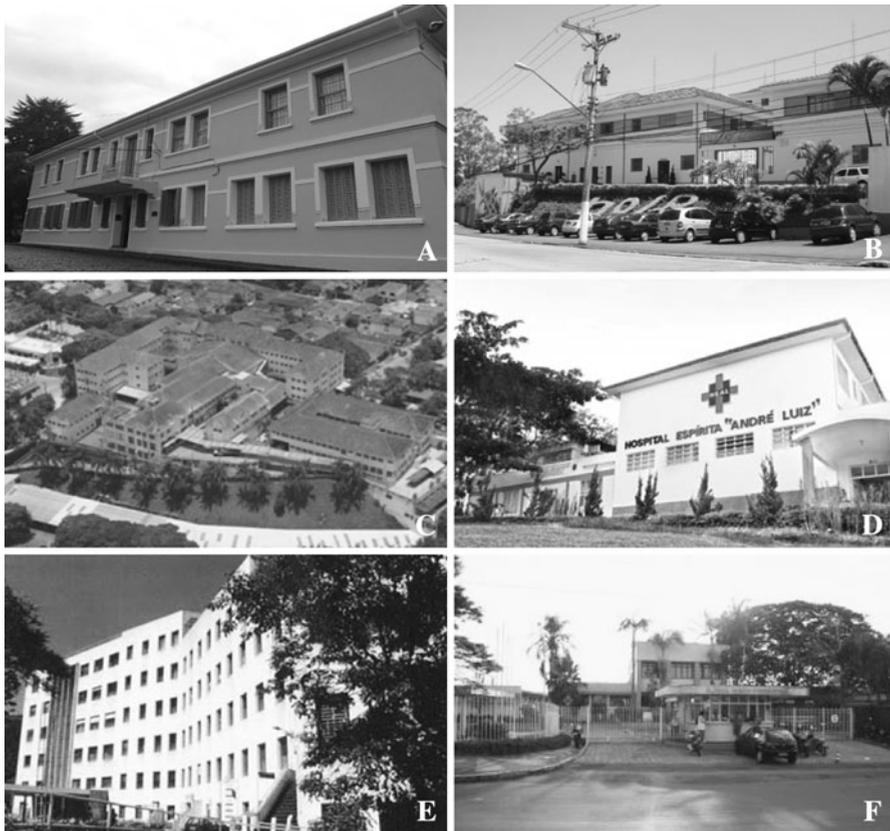
In 2011, Lucchetti et al. (Lucchetti et al. 2011a, b) published a systematic review concerning “Complementary Spiritist Therapy” and found that science is indirectly demonstrating that some of these therapies can be associated to better health

outcomes and that other therapies have been overlooked or poorly investigated, indicating the need for further studies in this area.

In this context, the aim of the present study was to outline the structure and operation of some of the main Brazilian Spiritist psychiatric hospitals and to report on the integration of modern psychiatry and spiritual practices frequently used in Brazil but hitherto little studied or reported.

## Methods

A descriptive study of the psychiatric care (conventional therapy associated with spiritual complementary therapy) involving six Brazilian Spiritist psychiatric hospitals was investigated. Institutions were selected according to their size and/or



**Fig. 1** Brazilian Spiritist Psychiatric Hospitals selected for the study. **a** Hospital Espírita de Psiquiatria Bom Retiro (HEPBR)—Curitiba—PR; **b** Hospital João Evangelista (HOJE)—São Paulo—SP; **c** Clínica Bairral—Itapira—SP; **d** Hospital Espírita André Luis (HEAL)—Belo Horizonte—MG; **e** Hospital Espírita de Porto Alegre (HEPA)—Porto Alegre—RS; and **f** Clínica Sayão—Araras—SP

importance in the Spiritist community. The selected hospitals (Fig. 1) were located in the south and southeast (the wealthiest regions) of Brazil: the state of São Paulo: Hospital João Evangelista (HOJE)—[www.hoje.org.br](http://www.hoje.org.br), São Paulo; Instituto Bairral—[www.bairral.com.br](http://www.bairral.com.br), Itapira; Clínica Sayão—[www.clinicasayao.com.br](http://www.clinicasayao.com.br), Araras; the state of Minas Gerais: Hospital Espírita André Luis (HEAL)—[www.heal.org.br](http://www.heal.org.br), Belo Horizonte; the state of Paraná: Hospital Espírita de Psiquiatria Bom Retiro (HEPBR)—[www.hospitalbomretiro.com.br](http://www.hospitalbomretiro.com.br), Curitiba and; the state of Rio Grande do Sul: Hospital Espírita de Porto Alegre (HEPA)—[www.hepa.org.br](http://www.hepa.org.br), Porto Alegre.

All six selected institutions were contacted and agreed to participate in the study. Subsequently, a questionnaire was sent to each hospital's Clinical Director. All institutions answered the survey and agreed to participate in a follow-up meeting.

The questionnaire inquired about the use of spiritual practices, the working structure, health professionals involved, modalities of care, and institutional difficulties integrating spiritual practices with conventional treatment.

After filling out the questionnaires, a meeting of one and a half days was organized with all the representatives of the six hospitals to present and discuss the results of the questionnaire. A summary of the data from this meeting is given in this article.

Data was tabulated in Excel for Windows 6.0 and analyzed using the SPSS17.0 statistical software package. The qualitative variables are presented in frequency tables and quantitative data are expressed as means. Other results are expressed descriptively throughout the text.

## Results and discussion

Table 1 provides comparative data on the care and structure of the participating institutions. All hospitals were founded throughout the XX Century and the mean number of beds available for inpatient treatment was 404.3 (ranging from 72 to 816).

**Table 1** Structural features of the six spiritist psychiatric hospitals evaluated

	Year established	Beds <sup>a</sup>	Public or free service (%)	Day hospital	Outpatient service	Multi-disciplinary team	Mean hospital stay in acute care setting (days)
HOJE	1953	72	62	Yes	Yes	Yes	30
HEPA	1926	320	70	Yes	Yes	Yes	27
HEAL	1967	150	20	Yes	Yes	Yes	14
HEPBR	1945	260	64	Yes	Yes	Yes	32
Bairral	1937	816	60	No	Yes	Yes	30
Sayão	1950	808	84	No	No	Yes	45

<sup>a</sup> All institutions had long-term care patients

All of the hospitals offered psychiatric beds under the public health system and therefore are officially considered philanthropic institutions according to Brazilian law. Public patients tend not to actively choose these hospitals but are referred under the public health system which designates the hospital patients (in psychiatry and other medical specialties) should be admitted to. In Brazil, all citizens have the right to health care and the treatment is regionalized (i.e., health care is provided nearest to the patient's domicile). The hospital is assigned according to availability (Santos et al. 2000). Most of the six hospitals also take some private inpatients, usually allocated in private wards.

Spiritist hospitals do not differ greatly from other psychiatric hospitals. Some services, such as day hospitals, outpatient treatment, and multiprofessional teams are fully available in these institutions.

The mean hospital stay of public patients is 29.67 days (ranging from 14 to 45), a duration in accordance with other Brazilian studies (Souza et al. 2008) but shorter compared to the 1990s, when mean hospital stay was 69.7 days (Lancman 1997). This reduction could be justified at least in part by the psychiatric reform carried out in Brazil in recent decades, with the creation of outpatient centers to follow up patients and also by the limit to inpatient days imposed by the public health service. However, all institutions continue to provide long-term care, where a small number of patients can spend months or even years in hospital.

Two out of the 6 hospitals have an electroconvulsive therapy service (ECT) for those with severe and pharmacologically refractory mental disorders. It should be mentioned that this lack of ECT is not because of ideological or religious issues but to technical and structural limitations such as equipment, anesthesiologists or demand. Those hospitals lacking ECT refer patients to a regional ECT service when necessary.

Table 2 shows the distribution of psychiatric disorders treated at each institution. Notably, this distribution is similar to data from other non-Spiritist psychiatric hospitals (Owen et al. 2008).

Concerning spiritual treatments, none of the six hospitals substitute psychiatric drug therapy with spiritual practices. In fact, the hospital representatives showed great concern about this issue. According to them, all spiritual treatments are

**Table 2** Most common mental disorders diagnosed in five of the Spiritist psychiatric hospitals

	Depressive disorders (%)	Drug addiction (%)	Psychotic disorders (%)	Anxiety disorders (%)	Organic mental disorders (%)	Eating disorders (%)	Others (%)
HOJE	22	14	51.5	5	7	0.5	–
HEPA	30	30	30	4	4	1	1
HEPBR	51	28	14	1.45	3.4	0.23	1.6
Bairral	30	30	20	10	5	5	0
Sayão	3	10	23	1	49 <sup>a</sup>	<1	14

HEAL did not fill out this part of the questionnaire

<sup>a</sup> Clínica Sayão predominantly treats individuals with mental disability

complementary and optional and do not, and should not, interfere with conventional psychiatric orientation.

Patients treated at Spiritist psychiatric hospitals are followers of all religious affiliations in Brazil (Roman Catholics, Protestant Evangelicals, Spiritists, and others). In this report, no religious conflict or other problems related to the spiritual and Spiritist treatments offered in these institutions were identified. The non-indoctrination and optional nature of these spiritual therapies seems to represent a favorable factor for acceptance of these therapies.

Most of the six hospitals did not have a well-established research department at the time of the study, and therefore virtually no publications were available regarding these therapies (Leão and Lotufo Neto 2007; Moreira-Almeida et al. 2007). Most hospitals were more closely linked to the religious faith than to the scientific discipline. Due to the informality of the spiritual treatments, there was also a lack of chart registries and documented results. Only one hospital (HEAL) had electronic charts which made spiritual treatment reports available to all health professionals.

All six Spiritist hospitals offered the following spiritual treatments: fluidotherapy, lectures/studies regarding Spiritist evangelical issues, disobsession, prayer/irradiation, and fraternal care. Lectures on evangelical issues (not necessarily Spiritist) were available at three institutions (HEPBR, Bairral, Sayão) while other types of religious approaches (Catholics, Evangelicals) were available at HOJE and HEPBR. The most common therapies are highlighted below:

- a) “Fluidotherapy” (laying on of hands and magnetized water): according to Spiritism (Xavier 1955/1993), this is the transmission of a biospiritual “energy transfusion, changing the cellular field” from the healer to the patient, also known as “passe”. Although this procedure is a religious tradition, it is in some ways similar to the therapeutic touch performed by nurses and used in some psychiatric patients (Hawranik et al. 2008; Lucchetti et al. 2011a, b; Woods et al. 2009).
- b) Disobsession (Spirit release therapy): mediumship meetings where mediums (persons who claim to have contact with the spiritual world by different channels: visions, hearing, intuition) in trance, enable communication with an obsessing spirit believed to be causing harm to a patient. The mediums (channelers) perform their own version of psychotherapy to convince the obsessing spirit to give up the “bad feelings and intentions towards the patient”. Spiritism believes that the offending spirits, once reminded (or advised) of the inappropriateness of their actions and set back on the path to development, stop what they were doing (Greenfield 2008). This therapeutic approach is not widely accepted by psychiatrists worldwide. Recently, Dr. Andrew Powell, on behalf of the Spirituality Interest Group of the Royal College of Psychiatrists in the UK, wrote an article regarding spirit releasing therapy and pointed out probable benefits of this procedure (Powell 2010). In addition, there are some case reports indicating remission of psychiatric conditions (Sanderson 2003; Tófoli 2004) and one clinical trial showing a reduction in agitation (Leão and Lotufo Neto 2007). Nevertheless, at this time, more questions exist than answers.

- c) *Lectures and studies on Jesus' teachings* available for patients and their families in some hospitals. According to Spiritism, Jesus is very important as an example of a highly evolved spirit with high standards of moral and ethics. If the person manages to follow Jesus' teachings, they will be able to promote an "internal change", which within the Spiritist belief is an important personal process in order to remove or to avoid "tuning" with "obsession by spirits". Again, few studies have evaluated this kind of therapy. There are however some anecdotal reports of health professionals reading the Bible or other religious texts to ameliorate agitation in patients with Alzheimer's disease (Khouzam et al. 1994; Smith 2008).
- d) *Prayer and irradiations* According to Spiritism (Kardec 1864/2004), "It is through prayer that Man obtains the assistance of the good Spirits who come running to sustain him in his good resolutions and inspire wholesome ideas". In Spiritist hospitals, this treatment consists of people praying together, intending to generate positive energy for needy patients and relatives. It is a type of intercessory prayer, which has been widely discussed in the scientific literature over recent decades without formal consensus (Masters et al. 2006).
- e) Spiritual assistance performed by religious representatives from other faiths: some Spiritist hospitals address their patient's other religious traditions such as Catholicism and Protestantism. Despite strong support from the literature associating spirituality and better mental health (Koenig 2009), this is rarely practiced in psychiatric care. Recently, Gallanter et al. found that spirituality is an important component in the lives of many psychiatric patients but goes unrecognized by psychiatrists and hospitals. (Galanter et al. 2009).
- f) Other complementary treatments available in four of the selected institutions were: Alcoholics Anonymous, Narcotics Anonymous, Chromotherapy, and Reiki therapy.

From an administrative point of view, the Spiritist therapies are under the responsibility of departments whose primary assignment is the organization of Spiritist/Spiritual practices. Thus, specialized departments have been created to manage the integration of spirituality with conventional treatment in hospitals, such as PRISME—Programa de Integração de Saúde Mental e Espiritualidade [Spirituality and mental health integration program] in HOJE, DAE—Departamento de Assistência Espiritual [Spiritual Care Department] in HEPA, and SAE, Serviço de Assistência Espiritual (Spiritual Care Service) in HEPBR.

Spiritual therapies are typically conducted by volunteers, who are also mediums in other Spiritist healing centers not associated to the hospital. Exceptionally, some health professionals take part in spiritual therapies but never simultaneously. This issue is another concern among the institutions, which want to avoid this kind of conduct because of the legal and ethical conflicts that might arise.

The hospitals also offer spiritual care to their employees, who may voluntarily use the services when deemed necessary. All spiritual treatments are offered free of charge to patients and staff. Spiritism recommends that all mediumistic and healing practices should be offered free as an act of charity.

Concerning experiences and challenges integrating spiritual care, the most important points were as follows:

- *Respect for patients' beliefs and affiliations* A clear position from all institutions was to refrain from imposing any religion or any religious faith. HOJE for instance, encourages visits from other spiritual leaders of different religious affiliations, such as Catholic or Evangelical, as requested by the patients. According to its representative, it is important to enhance patients' "spiritual well-being." This statement is in line with the Joint Commission for the Accreditation of Healthcare Organizations where, for psychiatric facilities to be certified, they must ensure that "Each patient has the right to have his or her spiritual and personal values and beliefs and preferences respected." (Galanter et al. 2009).
- *Professional Moderator* HEAL has a person responsible to discuss and integrate the spiritual information perceived by the mediums with health professionals from the hospital; or to answer questions posed by health professionals concerning the spirituality of patients. The role of this professional is to minimize concerns and misunderstandings of both parties (mediums and health professionals).
- *Scientific research* The lack of clear scientific evidence and the absence of systematic data collection on spiritual complementary therapy is one of the great challenges and shortcomings observed. Spiritist therapy continues to exist supported by religious practice. The hospitals' representatives believe that these therapies have a significant impact on patients' health but to date, no studies with a sound methodology have assessed this matter. The representatives are openly collaborating in an effort to develop and test standard protocols for spiritual treatment.

As pointed out by Sid Greenfield (Greenfield 2008), who has been working in Brazil for over forty years on systems of religious healing, the central problem regarding spiritual therapies is how to explain the impressive recoveries patients have. The conflict between medical science and the supernatural force of the religious tradition is a dilemma placing us at the interface of religion and science. According to this author (Greenfield 2008): "Observing these events [surgeries and therapeutic ritual practices], and following their effects on patients, forced me to question almost everything I had ever learned about healing and the practice of medicine and surgery. Raised in the United States, I accepted biomedical practices routinely. But in Brazil I witnessed forms of therapy that could not be explained in terms of scientific medicine".

## Conclusion

Despite the large number of studies regarding spirituality and mental health, few studies have been conducted regarding spiritual intervention in scientific literature. Brazilian Spiritist psychiatric hospitals provide an integrative concept for the treatment of psychiatric disorders, combining conventional psychiatric therapies

with spiritual or Spiritist treatments. The lack of standardized treatment and scientific studies remain a barrier to assessing the impact of this integrative approach on patients' mental health, quality of life, adherence, and perceived quality of treatment. This exploratory and descriptive study sought to call attention to this well established institutionalization of integrative practices in psychiatric hospitals in Brazil. Further and more in-depth studies will help to understand and evaluate the impact of these practices.

**Acknowledgments** We would like to thank all hospital representatives who participated in this study.

## References

- Aubrée, M., and F. Laplantine  
 1990 *La table, le livre et les esprits: naissance, évolution et actualité du mouvement social spirite entre France et Brésil*: JC Lattès.
- Bragdon, E.  
 2005 Spiritist Healing Centers in Brazil. *Seminars in Integrative Medicine* 3(2): 67–74.
- de Almeida, A., A. Oda, and P. Dalgalarondo  
 2007 O olhar dos psiquiatras brasileiros sobre os fenômenos de transe e possessão. *Revista de Psiquiatria Clínica* 34(1): 34–41.
- de Almeida, A.A.S., and A. Moreira-Almeida  
 2009 Inácio Ferreira: Institutionalizing the Integration of Medicine and Paranormal phenomena. *Journal of the Society for Psychical Research* 73(897): 223–230.
- Galanter, M., H. Dermatis, N. Talbot, C. McMahon, and M. Alexander  
 2009 Introducing spirituality into psychiatric care. *Journal of Religion and Health* 1–11.
- Garcia, J.  
 2001 Entre a “loucura” ea hanseníase: interfaces históricas das práticas e políticas instituídas. *Hansenologia Internationalis* 26(1): 14–22.
- Greenfield, S.  
 2008 *Spirits with Scalpels: The Cultural Biology of Religious Healing in Brazil*: Left Coast Press, 240 pp.
- Greenfield, S.M.  
 2004 Treating the Sick with a Morality Play: The Kardecist-Spiritist Disobsession in Brazil. *Social Analysis* 48(2): 174–194.
- Hawranik, P., P. Johnston, and J. Deatrich  
 2008 Therapeutic Touch and Agitation in Individuals with Alzheimer's Disease. *Western Journal of Nursing Research* 30(4): 417–434.
- Kardec, A.  
 1859/1975 *Qu'est-ce que le Spiritisme*. Paris, France: Dervy-Livres.  
 1864/2004 *The gospel according to Spiritism*. London: International Spiritist Council.
- Kessler, R.C., J. Soukup, R.B. Davis, D.F. Foster, S.A. Wilkey, M.I. Van Rompay, and D.M. Eisenberg  
 2001 The Use of Complementary and Alternative Therapies to Treat Anxiety and Depression in the United States. *American Journal of Psychiatry* 158(2): 289.
- Khouzam, H., C. Smith, and B. Bissett  
 1994 Bible Therapy: A Treatment of agiTation in Elderly Patients with Alzheimer's Disease. *Clinical Gerontologist* 15(2): 71–74.
- Kilsztajn, S., E. Lopes, L. Lima, P. Rocha, and M. Carmo  
 2008 Hospital Beds and Mental Health Reform in Brazil. *Cadernos de Saúde Pública* 24: 2354–2362.
- Koenig, H.  
 2009 Research on Religion, Spirituality, and Mental Health: A Review. *The Canadian Journal of Psychiatry* 54(5): 283–291.
- Lancman, S.  
 1997 Instituições psiquiátricas e comunidades: um estudo de demanda em saúde mental no Estado de São Paulo, Brasil. *Cadernos de Saúde Pública* 13(1): 93–102.

- Lang, A.B.S.G.  
2008 Espiritismo no Brasil. *Cadernos CERU* 19(2): 171–185.
- Leão, F., and F. Lotufo Neto  
2007 Uso de práticas espirituais em instituição para portadores de deficiência mental. *Revista de Psiquiatria Clínica* 34(1): 54–59.
- Lewgoy, B.  
2008 A transnacionalização do espiritismo kardecista brasileiro: uma discussão inicial. *Religião & Sociedade* 28(1): 84–104.
- Lucchetti, G., A.G.L. Lucchetti, A.M. Badan-Neto, P.T. Peres, M.F.P. Peres, A. Moreira-Almeida, and H.G. Koenig  
2011 Religiosity Affects Mental Health, Pain and Quality of Life in Older People in an Outpatient Rehabilitation Setting. *Journal of Rehabilitation Medicine* 43(4): 316–322.
- Lucchetti, G., A.L.G. Lucchetti, R.M. Bassi, and M.R.S. Nobre  
2011b Complementary Spiritist Therapy: Systematic Review of Scientific Evidence. Evidence-based Complementary and Alternative Medicine: eCAM(Article ID 835945).
- Masters, K., G. Spielmans, and J. Goodson  
2006 Are There Demonstrable Effects of Distant Intercessory Prayer? A Meta-analytic Review. *Annals of Behavioral Medicine* 32(1): 21–26.
- Moreira-Almeida, A., A. de Almeida, and F. Neto  
2005 History of ‘Spiritist Madness’ in Brazil. *History of Psychiatry* 16(1): 5.
- Moreira-Almeida, A., F. Lotufo Neto, and B. Greyson  
2007 Dissociative and Psychotic Experiences in Brazilian Spiritist Mediums. *Psychotherapy and Psychosomatics* 76(1): 57–58.
- Moreira-Almeida, A., and F. Neto  
2005 Spiritist Views of Mental Disorders in Brazil. *Transcultural Psychiatry* 42(4): 570.
- Owen, G., G. Richardson, A. David, G. Szumkler, P. Hayward, and M. Hotopf  
2008 Mental Capacity to Make Decisions on Treatment in People Admitted to Psychiatric Hospitals: Cross Sectional Study. *British Medical Journal* 337(7660): 40–42.
- Powell, A.  
The Contribution of Spirit Release Therapy to Mental Health. Royal College of Psychiatrists Retrieved February 3rd, 2010, from <http://www.rcpsych.ac.uk/pdf/Andrew%20Powell%20The%20Contribution%20of%20Spirit%20Release%20Therapy%20to%20Mental%20Health%20.pdf>.
- Puttini, R.  
2004 Medicina e religião num espaço hospitalar espírita. Tese de Doutorado, Departamento de Saúde Coletiva da Faculdade de Ciências Médicas da Universidade Estadual de Campinas (Unicamp).
- Sanderson, A.  
2003 The Case For Spirit Release Retrieved February 3rd, 2010 from [http://www.mentalhealthglobal.com/pdf/sanderson\\_19\\_11\\_03.pdf](http://www.mentalhealthglobal.com/pdf/sanderson_19_11_03.pdf).
- Santos, M., J. Amor, C. Del-Ben, and A. Zuardi  
2000 Psychiatric Emergency Service in a School General Hospital: A Prospective Study. *Revista de Saúde Pública* 34: 468–474.
- Sawatzky, R., P.A. Ratner, and L. Chiu  
2005 A Meta-analysis of the Relationship Between Spirituality and Quality of Life. *Social Indicators Research* 72(2): 153–188.
- Smith, L.  
2008 P2–262: Prayer as an Intervention for Agitated Dementia Residents. *Alzheimer’s and Dementia* 4(4): T448–T449.
- Souza, D., and T. Deitos  
1980 Terapia espírita em hospitais psiquiátricos (Brasil). *Revista da Associação Brasileira de Psiquiatria* 2(3): 190–194.
- Souza, J., N. Souza, and L. Magna  
2008 Tempo médio de hospitalização e categorias diagnósticas em hospital psiquiátrico. *Jornal Brasileiro de Psiquiatria* 57(2): 112–116.
- Tófoli, L.  
2004 Transtorno afetivo bipolar de difícil controle e “encosto”: um caso da interação entre medidas terapêuticas técnicas e religiosas. *Casos Clínicos em Psiquiatria [online]*, 6(1–2).

Woods, D., C. Beck, and K. Sinha

2009 The Effect of Therapeutic Touch on Behavioral Symptoms and Cortisol in Persons with Dementia. *Forsch Komplementmed* 16(3): 181–189.

Xavier, F.

(1955/1993). *Nos domínios da mediunidade* (10th ed.). Rio de Janeiro: FEB.

Zappitelli, M.C., E.C. Gonçalves, and I. Mosca

2011 Panorama da Saúde Mental no Estado de São Paulo: leitos psiquiátricos e assistência extra-hospitalar Retrieved February 3rd, 2011, from [http://www.saude.sp.gov.br/resources/profissional/documentos\\_tecnicos/estudos\\_analises/panorama\\_saude\\_mental\[ionira\].pdf](http://www.saude.sp.gov.br/resources/profissional/documentos_tecnicos/estudos_analises/panorama_saude_mental[ionira].pdf).