

SPIRITUAL TREATMENT FOR DEPRESSION IN BRAZIL: AN EXPERIENCE FROM SPIRITISM

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

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

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

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

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

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

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INTRODUCTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

METHODS

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

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

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

FEESP missions are divided into three distinctive activities:

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

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

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

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

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

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