

The Spiritism as therapy in the health care in the epilepsy

O Espiritismo como terapia no cuidado em saúde na epilepsia
Espiritismo como terapia en el cuidado de la salud en la epilepsia

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ABSTRACT

Objective: to present a brief history of Spiritism, the vision of epilepsy by Spiritism, and the potential of spirituality and religiosity care as complementary and coadjutants treatments in epilepsy. **Method:** this is a brief review about the impact of faith, spirituality, and religiosity, particularly the Spiritism philosophy as complementary treatment to neurological disorders (particularly focusing on epilepsy) and mental health. We conduct a review of published articles (about religion/spirituality and epilepsy) in the Pubmed and SciELO databases. **Conclusion:** the exercise of spirituality and religiosity can be a positive coping strategy to support the traditional therapy of patients with epilepsy and other neurological disorders. However, it is necessary to demystify myths and beliefs about the epilepsy and improve knowledge about this important health dimension among professionals, patients, and caregivers to explore their full treatment and supportive potential.

Descriptors: Complementary Medicine; Epilepsy; Religiosity; Spirituality; Spiritual Care.

RESUMO

Objetivo: apresentar uma breve história do Espiritismo, a visão da epilepsia pelo Espiritismo e o potencial dos cuidados de espiritualidade e religiosidade como tratamentos complementares e coadjuvantes na epilepsia. **Método:** trata-se de uma breve revisão sobre o impacto da fé, da espiritualidade, da religiosidade, particularmente da filosofia espírita, como tratamento complementar dos distúrbios neurológicos (particularmente com foco na epilepsia) e da saúde mental. Para isso, fizemos uma revisão, sobre religiosidade/espiritualidade e epilepsia, na base de dados do Pubmed e SciELO. **Conclusão:** o exercício da espiritualidade e da religiosidade pode ser uma estratégia de enfrentamento positiva para apoiar a terapia tradicional no tratamento de pacientes com epilepsia. No entanto, é preciso desmistificar mitos e crenças sobre a epilepsia e melhorar o conhecimento deste aspecto importante da dimensão da saúde entre profissionais, pacientes e cuidadores para explorar todo o potencial de tratamento e suporte.

Descritores: Medicina Complementar; Epilepsia; Religiosidade; Espiritualidade; Cuidado Espiritual.

RESUMEN

Objetivo: presentar una breve historia del Espiritismo, la visión de la epilepsia por el Espiritismo, y el potencial de la espiritualidad y religiosidad como tratamientos complementarios y coadyuvantes de la epilepsia. **Método:** esta es una breve revisión del impacto de la fé, la espiritualidad y religiosidad, en particular la filosofía espiritual como tratamiento complementario de los trastornos neurológicos (centrada especialmente en la epilepsia) y la salud mental. Para esto, se realizó una revisión de la religiosidad/espiritualidad y la epilepsia en la base de datos PubMed y SciELO. **Conclusión:** el ejercicio de la espiritualidad y la religiosidad puede ser una estrategia de afrontamiento y tratamiento positivo para apoyar la terapia tradicional de los pacientes

con epilepsia y otros trastornos neurológicos. Sin embargo, es necesario desmitificar muchas creencias sobre la epilepsia así como mejorar el conocimiento sobre este importante aspecto de la dimensión de salud entre profesionales, cuidadores y pacientes para explorar su potencial para el tratamiento y el apoyo.

Descriptores: Medicina Complementaria; Epilepsia; Religiosidad; Espiritualidad; Cuidado Espiritual.

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INTRODUCTION

Integrative medicine can complement pharmacological treatment in the epilepsy because it can contribute to emotional control and stress reduction and consequently improves seizure management and control and quality of life⁽¹⁾. Spirituality, religiosity, and faith exercise can be considered potential complementary and coadjutant treatments for psychiatric symptoms (*depression and anxiety*), neurological disorders, and mental health⁽²⁾. Particularly in epilepsy, many patients turn to their faith in times of illness and practicing religiosity has been associated with desirable health outcomes⁽³⁻⁴⁾.

However, it is necessary to demystify many religiosity myths and beliefs about epilepsy. For example, there has been a view that epilepsy patients are possessed by evil spirits⁽⁵⁻⁸⁾ and have mystical and supernatural powers⁽⁸⁾. Surprisingly, this erroneous view is also found among health professionals, especially in non-medical⁽⁶⁻⁷⁾. Fernandes et al.⁽⁹⁾ estimate the perception of stigma attached to epilepsy in an urban locality in Brazil and found that people who professed Spiritism presented the lowest *Stigma Scale of Epilepsy* scores when compared to other religions types.

Notwithstanding, a growing body of scientific research suggests that "*religiosity and spirituality practices*" are positive coping strategies to improve the general health state of people with epilepsy⁽¹⁰⁻¹³⁾ and other neurological diseases and organic disorders (*for example, Alzheimer, fibromyalgia, chronic pain, depression, and anxiety*). It has been shown that spirituality practices are associated with lower suicide rates, less anxiety and depression, and greater well-being in people with epilepsy⁽¹⁴⁾. Interestingly, this view was also stated in 19th century by the Spiritism, a philosophy and a science that suggests a new interpretation for many phenomena through scientific experimentation to demystify many aspects⁽¹⁵⁻¹⁶⁾.

Spiritism states that neurological diseases such as epilepsy can be manifested in some individuals who possess an organic brain predisposition. This philosophy preaches that the emotional balance and good education and moral about the spiritual meaning of life and eternity can help individuals to prevent the worsening of neurological disorders⁽¹⁷⁾ and that the spiritual influences are not the direct cause of the disorder but may be a factor associated with worse outcomes - *chronic or acute disorders*⁽¹⁷⁻¹⁹⁾.

Spiritism spread across 35 countries around the world and its complementary methods and strategies of treatment are widely used in Brazil. For example, about 2% of Brazilians declare to follow Spiritism⁽²⁰⁻²³⁾. Lucchetti et al.⁽²⁴⁾ proposed that

Spiritism, in Brazil, has been strongly connected with mental health. For conduct this study, they visited the "spiritual intervention sections" (*São Paulo Spiritist Federation*) to observe the therapies provided. They concluded that further scientific studies would be necessary to improve the understanding of the offer practices (*spiritual healing: educational lectures; dis-obsession: spirit release therapy; passe: laying on of hands; person advice; prayer; fluid therapy: magnetized water; charity/volunteering; and spirit education/moral values*) used by people to optimize the integration of the conventional health care with spiritual treatment.

Therefore, the purpose of this review article is to present a brief history of Spiritism, the vision of epilepsy by Spiritism, and the potentials of spirituality and religiosity care (*by a scientific perspective*) as complementary and coadjutants treatments in epilepsy.

METHOD

This is a brief review about the impact of faith, spirituality, and religiosity, particularly the Spiritism philosophy as complementary treatment to neurological disorders particularly focusing on epilepsy. We conduct a review of published articles (*about religion/spirituality and epilepsy*) in the Pubmed and Scielo databases. For the preparation of the manuscript we read and mention 44 scientific articles. However, for the theme contextualization, we consulted historical and books sources (*16 in total*) related to the topic.

A brief history of the spiritism and its scientific essence and base

Spiritism was codified in the second half of 19th century in France by Allan Kardec⁽²⁰⁾, the pen name of the French educator Hippolyte Léon Denizard Rivail (1804-1869)⁽²⁵⁾. After his studies on Pestalozzi's education methods at Yverdon Institute (Switzerland), he gained a diploma in Natural Sciences at the Society of Natural Sciences of France and a diploma at the French Society for Statistics. He taught comparative anatomy, physiology, chemistry, and mathematics⁽²⁶⁾. Kardec was invited to use the scientific method (*systematic and controlled observation, experiments or field research, and analyze by the logic prism*) to investigate spiritual phenomena, then he listed thousands of questions about social, familiar, personal, and spiritual life; God, science, and religion and sent them to around 1,000 Spiritist centers in different countries around the world to assess whether the responses had concordance. The statistically relevant answers were taken as "*Revelations*". He said: "*The only sure guarantee of the teaching of spirits is the*

concordance of the revelations made spontaneously, through a large number of mediums, strangers to each other, and in many places⁽¹⁵⁾.

Based on his investigations, he formulated the “*Spirit philosophy*”⁽²⁷⁾ which he considered as an observational science and a way of life for the moral improvement, but not a religion itself⁽²⁸⁾. Nowadays, Spiritism is considered to be a science, a philosophy, a way of life, and a religion⁽²⁹⁾, whose guided by principles of the survival of personality after body death (*spirits*) and mediumship (*possibility of contact between incarnate and discarnate minds*), reincarnation, and spiritual evolution through intellectual and ethical and moral evolution^(22,30-31).

Jesus Christ is considered the most perfect and important model of spiritual evolution to be followed⁽¹⁵⁾. Kardec produced five books that comprised the “Spiritism organization”: “*The Spirits’ Book*” (1857), “*The Book on Mediums*” (1861), “*The Gospel According to Spiritism*” (1864), “*Heaven and Hell*” (1865), and “*The Genesis According to Spiritism*” (1868). Of the five books, “*The Spirits’ Book*” was considered the most important because it addresses questions (1019 in total) of philosophy outline⁽²⁵⁾. In Brazil, Spiritism movement gained popularity through Francisco Cândido Xavier (1910-2002), who was considered to be the most popular prolific and influential Brazilian medium and published more than 400 books about Spiritism in different languages^(22,32). In this way, the study of mediumship is important to understanding the phenomenon veracity and mind-brain relationship. For this reason, Rocha et al.⁽³³⁾ investigated the mediumship of Francisco Cândido Xavier and the accuracy of the information conveyed in Xavier’s “*psychographed*” and concluded that ordinary explanations for accuracy of the information (*i.e.*, *fraud*) were remotely plausible.

From a scientific perspective, researchers have studied and produced interesting knowledge about Spiritism. Peres et al.⁽³⁴⁾ led a neuroimaging study in which evaluated people spiritual experiences involving dissociative states (*mediumship*). The aim was to investigate psychography technique (*spirit writes through the medium’s hand*) and potential associations with alterations in cerebral activity. They observed that the psychographers showed lower levels of activity in some brain areas (*culmen, hippocampus, inferior occipital gyrus, anterior cingulate, superior temporal gyrus, and precentral gyrus*) during psychography compared to their normal (*non-trance*) writing. In addition, Lucchetti et al.⁽³⁵⁾ evaluated the impact of biofield therapy (*harness energy fields*) in culture bacterial growth and demonstrated that *Spiritist “passe”* effectively inhibited growth.

Epilepsy by spiritual and faith perspective

It is important to point that the advancing understanding of epilepsy has influenced the balance between faith and superstition and rationalism and science. In this sense, the story of *Wise-Knut* is notable. He was born in Norway in 1792 and lived for 84 years. He had severe and untreated epilepsy with apparent ictal, postictal, and interictal religious symptoms. A spiritual awakening after a seizure cluster was a turning point in his life. He heard voices and had religious delusions and

believed that his extraordinary abilities were a gift from God and his story corroborates the impression that epilepsy may have had a considerable role in the history of religions as well as mystics and religious figures of the past that are currently thought to have had epilepsy⁽³⁶⁾.

By Spiritism perspective in the introduction of “*The Spirits’ Book*”, Kardec says that the causes of cerebral hyperexcitability are the life disappointments and misfortunes that result from psychological and emotional stress. He also mentions that physical and/or emotional pain can be useful for people’s moral and spiritual evolution^(27,37), and if individuals can positively assimilate and cope with physical and/or emotional life pain, they can preserve brain health and be thereby less prone to insanity and suicide. In epilepsy, the suicide rate is higher as a result of psychological and emotional disturbances⁽³⁸⁾; thus religion, faith, and spirituality could potentially benefit the health and mental well-being of epilepsy sufferers. Traditionally, this strategy has been called “*coping*”⁽⁴⁾ and has been shown to be beneficial for people with epilepsy^(12-13,39-40). Coping strategies are described as cognitive and behavioral efforts to deal with situations of harm, and problem-solving techniques that are utilized to reduce psychological and emotional burdens⁽⁴¹⁾.

Indeed, the relationship between Spiritism and epilepsy is clearly demonstrated in questions 473 and 474 of “*The Spirits’ Book*”⁽³⁷⁾ where Kardec asks the Spirits: “*Can a spirit temporarily assume the envelope of a living person that is to say; can he introduce himself into an animate body, and act in the room and place of the spirit incarnated in it?*” (question 473).

“A disincarnated spirit does not enter a body like entering a home. He identifies an incarnate spirit, whose faults and virtues are similar to him for a joint action. However, it is always the incarnate spirit that acts as he wants on the matter that constitutes the body. So: a disembodied spirit cannot take the other’s body which lies incarnate, because it is linked to his physical wrap to the end of their material existence”.

In question 474, Kardec asks

If there be no such thing as possession, in the ordinary sense of that term - that is to say, cohabitation of two spirits in the same body is it possible for one soul to find itself dominated, subjugated, obsessed by another soul to such a point as that it will be, so to say, paralyzed?

The Spirits answer that these people are the real possessed. They also say that this domination (*spiritual obsession*) will happen only with the agreement of the person, either through weakness or desire. At this time, the Spirits say something interesting to Kardec, namely that people with epilepsy need medical treatment rather than exorcism, and in many cases are seen as spiritually possessed. Thus, it is necessary that clinical and health professionals have information and theoretical subsidies to differentiate the diagnosis between healthy spiritual experiences with psychotic and dissociative experiences and mental and neurological disorders⁽⁴²⁾.

According to Spiritism, spiritual obsessions are defined as the persistent actions of evil spirits within a person⁽⁴³⁾. For Kardec, obsessions are caused by the moral imperfections that

exist in all people. The moral imperfections render them susceptible to receive and accept the obsessing spirit's harmful influences, progressively aggravating the patient's disease.

Despite Kardec emphasizing the spiritual etiology of neurologic and/or mental disorders, he does not reject the possible impact of the biological, psychological, and social causes in these disorders. However, in Spiritism the treatment of the spiritual causes is fundamental for the success full outcome of the medical treatment for mental disorders⁽³⁷⁾. The main element for the treatment of obsession is a change in the patient's behaviors and attitudes (*moral evolution*). Making these changes may prevent obsession by spirits. Additionally, individual prayers and the laying on of hands (*as Jesus did*) could be beneficial in harmonizing the spirit of the obsessed subject⁽³¹⁾.

In addition, Allan Kardec edited the "*Revue Spirite - Journal d'Etudes Psychologiques*" (*Spirit Magazine - Journal of Psychological Studies*) from 1858 to 1869. This journal addressed many different issues, including epilepsy. An article published by his French disciples in January, 1864, describes the treatment of a person with epilepsy who suffered seizures every night for 27 years. The treatment lasted 35 days and consisted of "*fluidic emission*" through the laying on of hands after the spirit therapists prayed to God to send his "*spiritual workers*", "*good spirits*" to cure this man. Once the treatment had finished and the seizures had ceased, they then started another treatment of four patients, described as follows:

At this time we give our care to a second epileptic. This time the disease may be more rebellious, to be hereditary. The father left in four children the germ of this disease. Finally, with the help of God and good spirits, hope it reduces in the four.

We see clearly that Spiritism takes into account the organic limitations which facilitate spiritual obsession and the consequent emergence or worsening of a pathological condition^(18,44-45).

The treatment of neurological disorders by spiritual therapy and religion care

Many health foundations and institutions follow the philosophy of Spiritism⁽⁴⁶⁾. In Brazil, spiritist psychiatric hospitals began to integrate traditional medical treatment with complementary spiritual therapy. Recently, Lucchetti et al⁽⁴⁷⁾ demonstrated that Spiritist centers (*in São Paulo city*) are an important health related support system, responsible for a significant share of the city's total health consultations, mainly to people with depression and cancer.

Evidence has shown a positive impact of spirituality and religiosity practices (*in different scenarios*) on mental health, neurologic disorders, quality of life, and well-being, including a positive effect on epilepsy⁽⁴⁸⁻⁵²⁾. It is important to note that positive health outcomes are related to religiosity and spirituality participation and care. For example, support for parents of children with chronic disease such as cystic fibrosis. Cystic fibrosis parents reported higher levels of emotional support from religious congregation members and institutions by

using the religiosity as a positive disease coping strategy⁽⁵³⁾. In addition, Stroppa and Moreira-Almeida⁽⁵⁴⁾ investigate the relationship between religiosity and health status and quality of life among bipolar disorder patients. They demonstrated that religiosity and positive religious coping strategies are associated with fewer depression symptoms. In the other hand, negative religious coping strategies are associated with worse quality of life. Thus, religiosity is a relevant aspect of people's lives and a health dimension and should be taken into account by physicians when assessing and managing bipolar patients.

It has also been shown that treatment of mental illness may involve symptoms such as hallucinations and delusions. These often explained as spiritual disorders (*possession*). People with mental distress seek in the religious entities acceptance and reception. People, in general, are not prepared to cope with the complexity and uniqueness of the signs and symptoms of mental disorders. In general, religious entities assume the role of protagonists for people with mental disorders. The scenario complexity requires, by health professionals (*particularly, nurses and physicians*), concepts reflection and revision⁽⁵⁵⁾.

Finally, evidences suggest that physicians and nurses should make use of this spiritual therapy and care, obviously, respecting individual beliefs, and encourage patients and caregivers to follow positive religiosity and spiritual practices⁽⁵⁶⁾. It has been shown that religion is a life and health dimension that can contribute positively to the treatment of patients with mental illness and disorders, by providing emotional and social control and providing behaviors that improve quality of life⁽⁵⁷⁾. However, further studies are necessary to investigate the impact of spirituality and religiosity on the treatment of neurological disorders including epilepsy.

Perspectives

There is some evidence that spirituality and religiosity can impact positively on the treatment of neurological disorders. This, if not provided by imposing manner for caregivers and health professionals. For example, research indicates that nurses (*and other health professionals*) do not consistently provide spiritual care because do not feel comfortable and prepared and for lack of knowledge. In general, nurses' interventions are not exclusively religious but transmit emotional support, such as listening and providing comforting touch⁽⁵⁸⁾. In addition, development of nursing knowledge and practice in religiosity and spirituality care could facilitate the correction of common misconceptions about the provision of spiritual care⁽⁵⁹⁾.

Unfortunately, even today some cultures and people (*including health professionals*) believe that epilepsy stems from divine, demonic, and supernatural causes. Spirituality plays a key role because it can be a source of hope for coping with the difficulties imposed by the disease.

Abu-Raiya and Pargament⁽⁶⁰⁾, in an elegant review article, demonstrated that many people across multiple religious traditions rely on their religious and spiritual teachings, beliefs, and practices to cope with life's difficulties and stressors. However, they pointed that health professionals' need to inquire about the religious coping methods used by patients'

from any religious tradition (*taking into consideration beliefs and faiths*) and patients should be sensitive to express their faith and religiosity in coping with the stressors of their lives.

Finally, religiosity and spirituality have been linked to protection against co-morbidities such as suicidal behavior. To this end, both spiritual and conventional medical treatment

should be used in daily clinical and health practice and care. The “*Spirit philosophy*” codified by Allan Kardec, through the interpretation he gives of neurological disorders and life, could be utilized as an alternative to health care treatment and as a coping strategy. However, other beliefs and faiths should not be rejected.

REFERENCES

- Saxena VS, Nadkarni VV. Nonpharmacological treatment of epilepsy. *Ann Indian Acad Neurol*. 2011;14(3):148-52.
- Galek K, Flannelly KJ, Ellison CG, Silton NR. Religion, meaning and purpose, and mental health. *Psycholog Relig Spiritual* [Internet]. 2015[cited 2015 Aug 18];7(1):1-12. Available from: <http://psycnet.apa.org/psycinfo/2014-45306-001/>.
- Livneh H, Wilson LM, Duchesneau A, Antonak RF. Psychosocial adaptation to epilepsy: the role of coping strategies. *Epilepsy Behav* [Internet]. 2001[cited 2015 Aug 18];2(6):533-44. Available from: <http://www.epilepsybehavior.com/article/S1525-5050%2801%2990284-7/abstract>
- Cummings JP, Pargament KI. Medicine for the spirit: religious coping in individuals with medical conditions. *Religions* [Internet]. 2010[cited 2015 Aug 18];1(1):28-53. Available from: <http://www.mdpi.com/2077-1444/1/1/28>
- DeToledo JC, Lowe MR. Epilepsy, demonic possessions, and fasting: another look at translations of Mark 9:16. *Epilepsy Behav* [Internet]. 2003[cited 2015 Aug 18];4(3):338-9. Available from: <http://www.epilepsybehavior.com/article/S1525-5050%2803%2900038-6/abstract>
- Vancini RL, Lira CA, Gomes da Silva S, Scorza FA, Silva AC, Vieira D, et al. Evaluation of physical educators' knowledge about epilepsy. *Arq Neuropsiquiatr* [Internet]. 2010[cited 2015 Aug 18];68(3):367-71. Available from: <http://www.scielo.br/pdf/anp/v68n3/v68n3a07.pdf>
- Vancini RL, Benedito-Silva AA, Sousa BS, Gomes da Silva S, Souza-Vancini MI, Vancini-Campanharo CR, et al. Knowledge about epilepsy among health professionals: a cross-sectional survey in Sao Paulo, Brazil. *BMJ Open* [Internet]. 2012[cited 2015 Aug 18];2(2):e000919. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3332239/pdf/bmjopen-2012-000919.pdf>
- Owczarek K, Jędrzejczak J. Christianity and epilepsy. *Neurol Neurochir Pol*. 2013;47(3):271-7.
- Fernandes PT, Salgado PC, Noronha AL, de Boer HM, Prilipko L, Sander JW, et al. Epilepsy stigma perception in an urban area of a limited-resource country. *Epilepsy Behav* [Internet]. 2007[cited 2015 Aug 18];11(1):25-32. Available from: <http://www.epilepsybehavior.com/article/S1525-5050%2807%2900075-3/abstract>
- Giovagnoli AR, Meneses RF, da Silva AM. The contribution of spirituality to quality of life in focal epilepsy. *Epilepsy Behav* [Internet]. 2006[cited 2015 Aug 18];9(1):133-9. Available from: <http://www.epilepsybehavior.com/article/S1525-5050%2806%2900121-1/abstract>
- Bautista RE. Racial differences in coping strategies among individuals with epilepsy. *Epilepsy Behav* [Internet]. 2013[cited 2015 Aug 18];29(1):67-71. Available from: <http://www.epilepsybehavior.com/article/S1525-5050%2813%2900322-3/abstract>
- Tedrus GM, Fonseca LC, De Pietro Magri F, Mendes PH. Spiritual/religious coping in patients with epilepsy: relationship with sociodemographic and clinical aspects and quality of life. *Epilepsy Behav* [Internet]. 2013[cited 2015 Aug 18];28(3):386-90. Available from: <http://www.epilepsybehavior.com/article/S1525-5050%2813%2900227-8/abstract>
- Vancini RL, de Lira CA, Arida RM. Alternative medicine as a coping strategy for people with epilepsy: can exercise of religion and spirituality be part of this context? *Epilepsy Behav* [Internet]. 2014[cited 2015 Aug 18];31:194-5. Available from: <http://www.epilepsybehavior.com/article/S1525-5050%2813%2900650-1/abstract>
- Koenig HG. Religion, spirituality, and medicine: research findings and implications for clinical practice. *South Med J*. 2004;97(12):1194-200.
- Kardec A. O evangelho segundo o espiritismo. 19. ed. São Paulo: Livraria Allan Kardec; 2011.
- Doyle AC. História do Espiritismo. São Paulo: Pensamento; 1960.
- Kardec A. O livro dos espíritos. In: Obras completas de Allan Kardec 2. ed. São Paulo: Opus; 1985
- Greenfield SM. Treating the sick with a morality play: The Kardecist-Spiritist disobsession in Brazil. *Social Analysis*. 2004;48:174-94.
- Lucchetti G, Aguiar PR, Braghetta CC, Vallada CP, Moreira-Almeida A, Vallada H. Spiritist psychiatric hospitals in Brazil: integration of conventional psychiatric treatment and spiritual complementary therapy. *Cult Med Psychiatry* [Internet]. 2012[cited 2015 Aug 18];36(1):124-35. Available from: <http://link.springer.com/article/10.1007%2Fs11013-011-9239-6>
- Playfair GL. Chico Xavier: medium of the century. London: Roundtable; 2010.
- Brasil. Instituto Brasileiro de Geografia e Estatística. IBGE. Censo Demográfico 2010: Características gerais da população, religião e pessoas com deficiência [Internet]. 2010[cited 2015 Aug 18]. Available from: ftp://ftp.ibge.gov.br/Censos/Censo_Demografico_2010/Caracteristicas_Gerais_Religiao_Deficiencia/tab1_4.pdf
- USA. Central Intelligence Agency. CIA. The world factbook: religions [Internet]. 2014[cited 2015 Aug 18]. Available from: <https://www.cia.gov/library/publications/the-world-factbook/fields/2122.html>

23. Saad M, Lucchetti G, Peres MF, Medeiros R. Toward the Concept of 'Spiritist Chaplaincy'. *J Relig Health* [Internet]. 2015[cited 2015 Aug 18];54(4):1460-9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/25876161>
24. Lucchetti AL, Peres MF, Vallada HP, Lucchetti G. Spiritual treatment for depression in brazil: an experience from spiritism. *Explore (NY)* [Internet]. 2015[cited 2015 Aug 18];11(5):377-86. Available from: <http://www.explorejournal.com/article/S1550-8307%2815%2900111-1/abstract>
25. Spence L. *Encyclopedia of Occultism and Parapsychology*. Kessinger; 2003.
26. Wantuil Z. *Grandes espíritas do Brasil*. 4. ed. Rio de Janeiro: FEB; 2002.
27. Kardec A. *Qu'est-ce que le Spiritisme*. Paris: Dervy-Livres; 1975.
28. Kardec A. *O que é o espiritismo*. 48. ed. Araras-SP: Instituto de Difusão Espírita; 2002.
29. LangABSG. *Espiritismo no Brasil*. Cadernos CERU [Internet]. 2008[cited 2015 Aug 18];19(2):171-85. Available from: <http://www.revistas.usp.br/ceru/article/viewFile/11863/13640>
30. Moreira-Almeida A, Silva de Almeida AA, Lotufo Neto F. History of 'Spiritist madness' in Brazil. *Hist Psychiatry* [Internet]. 2005[cited 2015 Aug 18];16(1):5-25. Available from: <http://hpy.sagepub.com/content/16/1/5.long>
31. Moreira-Almeida A, Lotufo Neto F. Spiritist views of mental disorders in Brazil. *Transcult Psychiatry* [Internet]. 2005[cited 2015 Aug 18];42(4):570-95. Available from: <http://tps.sagepub.com/content/42/4/570.long>
32. Lewgoy B. A transnacionalização do espiritismo kardecista brasileiro: uma discussão inicial. *Religião e Sociedade* [Internet]. 2008[cited 2015 Aug 18];28:84-104. Available from: <http://www.scielo.br/pdf/rs/v28n1/a05v28n1.pdf>
33. Rocha AC, Paraná D, Freire ES, Lotufo Neto F, Moreira-Almeida A. Investigating the fit and accuracy of alleged mediumistic writing: a case study of Chico Xavier's letters. *Explore (NY)* [Internet]. 2014[cited 2015 Aug 18];10(5):300-8. Available from: <http://www.explorejournal.com/article/S1550-8307%2814%2900108-6/abstract>
34. Peres JF, Moreira-Almeida A, Caixeta L, Leao F, Newberg A. Neuroimaging during trance state: a contribution to the study of dissociation. *PLoS One* [Internet]. 2012[cited 2015 Aug 18];7(11):e49360. Available from: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0049360>
35. Lucchetti G, de Oliveira RF, Gonçalves JP, Ueda SM, Mimica LM, Lucchetti AL. Effect of Spiritist "passe" (Spiritual healing) on growth of bacterial cultures. *Complement Ther Med* [Internet]. 2013[cited 2015 Aug 18];21(6):627-32. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24280471>
36. Brodtkorb E, Nakken KO. The relationship between epilepsy and religiosity illustrated by the story of the visionary mystic Wise-Knut. *Epilepsy Behav* [Internet]. 2015[cited 2015 Aug 18];46:99-102. Available from: <http://www.epilepsybehavior.com/article/S1525-5050%2815%2900169-9/abstract>
37. Kardec A. *The mediums' book*: Anna Blackwell (Trad). 6. ed. Brasília: FEB; 1996.
38. Andrijić NL, Alajbegović A, Zec SL, Loga S. Suicidal ideation and thoughts of death in epilepsy patients. *Psychiatr Danub* [Internet]. 2014[cited 2015 Aug 18];26(1):52-5. Available from: http://www.hdbp.org/psiquiatria_danubina/pdf/dnb_vol26_no1/dnb_vol26_no1_52.pdf
39. Vancini RL, de Lira CA, Arida RM. Physical exercise: potential candidate as coping strategy for people with epilepsy. *Epilepsy Behav* [Internet]. 2013[cited 2015 Aug 18];28(1):133. Available from: <http://www.epilepsybehavior.com/article/S1525-5050%2813%2900187-X/abstract>
40. Vancini RL, de Lira CA, Arida RM. Physical exercise as a coping strategy for people with epilepsy and depression. *Epilepsy Behav* [Internet]. 2013[cited 2015 Aug 18];29(2):431. Available from: <http://www.epilepsybehavior.com/article/S1525-5050%2813%2900428-9/abstract>
41. Folkman S, Lazarus RS. An analysis of coping in a middle-aged community sample. *J Health Soc Behav*. 1980;21(3):219-239.
42. Moreira-Almeida A. Assessing clinical implications of spiritual experiences. *Asian J Psychiatr* [Internet]. 2012[cited 2015 Aug 18];5(4):344-6. Available from: <http://www.scielo.br/pdf/rbp/v36n2/1516-4446-rbp-2014-36-2-176.pdf>
43. Kardec A. 1992. *A gênese, os milagres e as predições segundo o espiritismo*. Rio de Janeiro: FEB. 1992.
44. Kardec A. Fenômenos psicofisiológicos: das pessoas que falam de si mesmas na terceira pessoa. *Revista Espírita*. 1861;4(8):239-243.
45. Kardec A. *Revista Espírita - Jornal de Estudos Psicológicos*. São Paulo: Cultural Espírita EDICEL. 1864
46. Bragdon E. Spiritist Healing Centers in Brazil. *Sem Intern Med*. 2005;3:67-74.
47. Lucchetti AL, Lucchetti G, Leão FC, Peres MF, Vallada H. Mental and physical health and spiritual healing: an evaluation of complementary religious therapies provided by spiritist centers in the city of São Paulo, Brazil. *Cult Med Psychiatry* [Internet]. 2015[cited 2015 Aug 18]; Available from: <http://link.springer.com/article/10.1007%2Fs11013-015-9478-z>
48. Sawatzky R, Ratner PA, Chiu L. A Meta-analysis of the relationship between spirituality and quality of life. *Social Indicators Research*. 2005;72:153-88.
49. Martínez-Taboas A. Psychogenic seizures in an espiritismo context: the role of culturally sensitive psychotherapy. *Psychother: Theory Res Pract Train*. 2005;42(1):6-13.
50. Koenig HG. Research on religion, spirituality, and mental health: a review. *Can J Psychiatry* [Internet]. 2009[cited 2015 Aug 18];54(5):283-91. Available from: <https://hivdatf.files.wordpress.com/2011/01/research-on-religion-spirituality-and-mental-health-a-review.pdf>
51. Lucchetti G, Lucchetti AG, Badan-Neto AM, Peres PT, Peres MF, Moreira-Almeida A, et al. Religiousness affects mental health, pain and quality of life in older people in an outpatient rehabilitation setting. *J Rehabil Med* [Internet]. 2011[cited 2015 Aug 18];43(4):316-22. Available from: <http://www.medicaljournals.se/jrm/content/?doi=10.2340/16501977-0784>
52. Lucchetti G, Lucchetti AL, Bassi RM, Nobre MR. Complementary spiritist therapy: systematic review of scientific evidence. *Evid Based Complement Alternat Med* [Internet].

- 2011[cited 2015 Aug 18];835945. Available from: <http://www.hindawi.com/journals/ecam/2011/835945/>.
53. Szczesniak RD, Zou Y, Wetzel JD, Krause N, Grosseohme DH. Increased congregational support for parents of children with cystic fibrosis. *J Relig Health* [Internet]. 2015[cited 2015 Aug 18];54(2):664-75. Available from: <http://link.springer.com/article/10.1007%2Fs10943-014-9928-x>
 54. Stroppa A, Moreira-Almeida A. Religiosity, mood symptoms, and quality of life in bipolar disorder. *Bipolar Disord* [Internet]. 2013[cited 2015 Aug 18];15(4):385-93. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23601141>
 55. Reinaldo AMS. Sofrimento mental e agências religiosas como rede social de apoio: subsídios para a enfermagem. *Esc Anna Nery Rev Enferm* [Internet]. 2012[cited 2015 Aug 18]; 16(3): 537-43. Available from: <http://www.scielo.br/pdf/ean/v16n3/16.pdf>
 56. Shah R, Kulhara P, Grover S, Kumar S, Malhotra R, Tyagi S. Contribution of spirituality to quality of life in patients with residual schizophrenia. *Psychiatry Res* [Internet]. 2011[cited 2015 Aug 18];190(2-3):200-5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21995971>
 57. Murakami R, Campos CJG. Religião e saúde mental: desafio de integrar a religiosidade ao cuidado com o paciente. *Rev Bras Enferm* [Internet]. 2012[cited 2015 Aug 18];65(2):361-7. Available from: <http://www.scielo.br/pdf/reben/v65n2/v65n2a24.pdf>
 58. Delgado C. Nurses' spiritual care practices: becoming less religious? *J Christ Nurs* [Internet]. 2015[cited 2015 Aug 18];32(2): 116-22. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/25898449>
 59. Ramezani M, Ahmadi F, Mohammadi E, Kazemnejad A. Spiritual care in nursing: a concept analysis. *Int Nurs Rev* [Internet]. 2014[cited 2015 Aug 18];61(2):211-9. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/inr.12099/abstract>
 60. Abu-Raiya H, Pargament KI. Religious Coping among Diverse Religions: commonalities and divergences. *Psychol Relig Spiritual* [Internet]. 2015[cited 2015 Aug 18];7(1):24-33. Available from: <http://psycnet.apa.org/psycinfo/2014-33756-001/>.
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