

Spiritist Complementary Therapies-Ways for Future Integration to Medicine

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Abstract

Spiritism is a philosophical-scientific-religious system with many followers in Brazil. Most people seek a spiritist centre due to health problems, since they offer a range of therapeutic resources intended to restore health. The term "Spiritist Complementary Therapies" (SCT) is related to such practices. However, SCT encompasses very heterogeneous practices, ranging from therapeutic laying on of hands to spiritual surgery. Such diversity requires a classification to identify the modalities already well studied, therefore more likely to be absorbed by mainstream medicine. In present paper, the authors divided SCT in three categories: mind-body modalities; energetic modalities; and spiritual modalities. For each one the potential for integration into medicine is discussed. Finally, from a healthcare professional's viewpoint, the text lists some ways for SCT to be, perhaps in the near future, more integrated to Medicine.

Keywords: Energy Therapies; Humanities; Medicine and Religion; Metaphysical Mind Body Relation; Medical Philosophy; Religion and Science; Spiritism; Soul Body Relations; Spiritual Healing

Spiritism and Healing Practices

Recently, some studies with correct methodology have documented disconcerting phenomena that seem to counteract the common sense of reality. Some examples include inexplicable cures (From Spiritual Surgery), anomalous receiving information (such as memories of past lives), and consciousness independent of brain (evidenced by near-death experiences) [1]. Many ancient practices, religious traditions and contemplative approaches have their conceptions to explain such phenomena. Among them is Spiritism, founded by the French teacher and educator Hippolyte Léon Denizard Rivail (1804-1869), also known by his pseudonym Allan Kardec.

He defined Spiritism as "A science which deals with the nature, origin and destiny of spirits, as well as their relationship with the material world" [2]. From the information brought from mediums and 'Channelers' in contact with the spiritual world, he compiled a list of questions regarding the origin of the spirits, the purpose of life, the order of universe, evil and good, and the after-life. Spiritism is considered science, philosophy, and religion, all together. Spiritism has spread to many countries, and Brazil is the country it flourished most, especially on the religious manifestation of Spiritism.

Brazil is the country where the most significant number of followers can be found. The 2010 Brazilian demographic census [3] found Spiritism is the third most declared religious denomination, and the spiritists are 2% of population (Corresponding to 3.8 million people). These numbers may even be underestimated, due to the large number of people who have a close relationship with Spiritism but state to belong to another religion. The spiritist

centre is the basic Spiritism organization unit. Since they are not only ordinary religious entities, their activities are manifested in many types: doctrinal education, spiritual-religious assistance, and social-material assistance.

Among the various activities in spiritist centres, most goers search Spiritism due to physical and mental health problems. Thus, spiritist centres work as an important supplementary health support system, since they offer a range of therapeutic resources intended to restore health. A research on the treatments offered in spiritist centres in São Paulo city (Brazil) [4] showed the main reason for seeking spiritist centres was health problems (in first place depression, followed by cancer, and then other diseases). Other motivations, such as relationship problems and disorders associated to mediumship, came only later.

Spiritist Complementary Therapies

The large people's demand for the spiritist healing practices given rise to interest in describing them scientifically. An article reviewing the research already done, published in 2011 [5], was the first mention of the term "Spiritist Complementary Therapies" (SCT). Overall, this study concluded the paucity of studies limits major conclusions. However, it pointed out the term SCT is very heterogeneous and it can include from general interventions widely used in spiritist centres (such as the therapeutic laying on of hands) to special interventions offered by few places (such as spiritual surgery). The article considered evangelization and fraternal reception, given by spiritist centre, to have also some therapeutic role.

Such diversity requires the creation of a classification to identify the modalities already well studied scientifically, with greater potential for integration into medicine. Identifying poorly studied techniques would be an invitation to promotion of more research and to the development of a model acceptable by science. Thus, for these purposes, the authors of the present text propose a SCTs classification. Three categories were created, which will be described below: mind-body modalities; energetic modalities; and spiritual modalities. (Figure 1) illustrates these modalities of this classification. At the same time, the figure uses the traffic light colors to represent how each modality has its effectiveness documented and its effects properly explained.

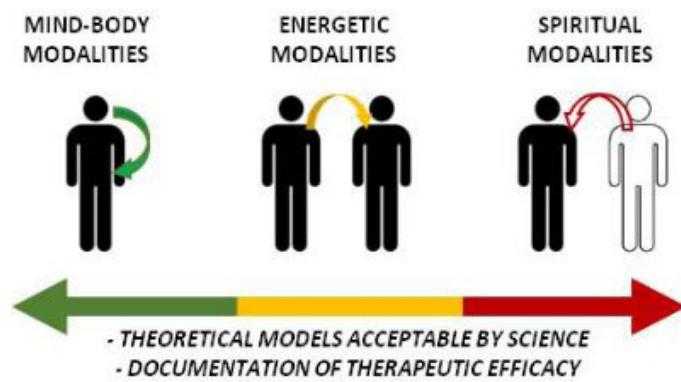


Figure 1: Proposal for a complementary spiritist therapies classification.

Mind-Body Modalities

Examples: Prayer for self, doctrinal counseling, fraternal welcoming, intimate reformation (Moral Review). The efficacy of these modalities is perfectly explicable by psycho-physiological pathways (ie, thoughts and emotions determining organic functioning) [6]. The psycho-neuro-immuno-endocrinology field has already defined that emotional stability helps to modulate stress, leading to better health parameters. Therefore, these modalities are in the well-studied field of relations between religiosity-spirituality with physical and mental health. These psycho-physiological effects are further amplified by other mechanisms of action, such as social-congregational support (linked to participation in religious group activity), and adherence to healthy habits (observed in people with religious-spiritual well-being) [7].

Energetic Modalities

Examples: Spiritist laying on of hands; fluidotherapy (magnetized water); and intercessory prayer. Medicine still watches such practices with reservations. For science, the supposed "Vital Energy" or "Vita Fluids", implied in these phenomena, would not be related to the physics understanding to energy and fluids. However, even if the theoretical explanation has no scientific correlates, the effects of such energetic interventions have already been reported in studies using bacteria, cells, plants, and animals [8]. In humans, these effects could not be fully attributed to the placebo effect, as some studies show a positive effect even when the ben-

eficiaries does not know they are being treated [9].

An example may be found in a recently published study about the spiritist laying on of hands, which followed a methodology to exclude the placebo effect [10]. In this study, patients with cardiovascular diseases were divided to receive one of these interventions on 3 consecutive days, during 10 minutes: true technique (Intervention Group), false technique (Control Group), or no action. Patients in the true intervention group, compared with patients in the other groups, had statistically significant improvement in anxiety, muscle tension, oxygenation, and well-being.

Spiritual Modalities

Examples: The “Gospel at Home” (weekly activity to attract good spirits); dispossession therapy (release from spiritual influence); and spiritual surgery (spirits removing the disease). Such modalities depend on the conception of the intervention from spiritual entities for health reestablishment. As science does not recognize the existence of spirits, medicine relegates these modalities to the anthropological field of cultural tradition and respect for the patient’s belief. Moreover, the application of these modalities depends on the acceptance from the assisted of the religious metaphysical model involved. Even with all these obstacles, such spiritual modalities are feasible for anyone who accepts the Spirits intercession, since spiritist centres does not require the assisted to abandon their original religion and their individual values.

Perspectives of Integration with Medicine

From a healthcare professional viewpoint, this text will list some ways for SCT to be more widely accepted and, perhaps in the near future, more integrated into Medicine. The authors will follow the reasoning that should guide every complementary therapy analysis [11]. A first arrangement would be the nomenclature adequacy, and perhaps the most appropriate term to replace SCTs is “Spiritist complementary health practices”. The word therapy evokes commitment to a positive outcome on a disease, and it could have implications related to rights and duties of both the practitioner and the beneficiary.

To guide healthcare professionals in counseling SCTs to their patients, a first step is to know their safety degree. In the SCT case, most modalities present no risks to the beneficiary. An exception could be spiritual surgery with incisions done with sharp instruments. Thus, a prudent recommendation is spiritual surgery be done without cutting, what is usually quite possible. True spiritual surgery is performed on the spiritual body. The incisions are often asked by some beneficiaries, which feel themselves more “Treated” if they see an objective intervention. Another key point to guarantee safety includes avoiding charlatanism, seeking a spiritist centre linked to an association or federation representative of Spiritism.

It should then be ensured that SCT does not conflict with medical in course. This is not expected to occur in any serious spiritist centre, as they ostensibly declare to beneficiaries that medical treatment should not be waived. Finally, the healthcare professional must know for what purpose the therapy will be used. The patient expectations about the results should be realistic under the light of current knowledge. The patient motivation when looking for a SCT may be the cure for a disease (less likely to occur), a symptom control (expected in some cases), or simply for a subjective well-being (very likely to occur). The motivation of the spiritist centre can also be probed, and it can be doubted if there is charge for the service, since a spiritist premise is “To give for free what it received for free”.

The lack of theoretical models that explain how these therapies work should not be an obstacle to their acceptance by the healthcare professional. Many patients will not wait until unquestionable evidence is available; they tend to try complementary therapies regardless the uncertainties about the mechanisms of action. Thus, the healthcare professionals have the ethical and moral obligation to accompany the patient in his/her pursuit. For healthcare professionals faced with similar cases, the North reference must always be the “Primum non nocere” principle (first, do no harm). However, the South must be the principle “Putting yourself in someone else’s shoes”, remaining sympathetic and respectful to the patients aspirations and desires.

Some healthcare professionals may be concerned on the fact that, acting this way, they would not be stuck to their commitment to evidence-based medicine. However, contemporary scholars defend the need to critically re-appraise core elements of this paradigm, such as the hierarchical ranking of evidence [12]. Especially for complementary therapies, there are some valid design proposals for research besides randomized controlled trials [13] pragmatic trials (intervention intended to represent “Real-World” to enhance external validity); factorial designs, comparing single modalities to a combination of modalities preference trials, respecting treatment preferences of participants; and n-of-1, a single patient trial with multiple crossovers between treatment and placebo.

Illustrating the healthcare professional counseling action on SCT with practical examples a patient asks him/her about the spiritist laying on of hands for depression. The professional verifies that the efficacy of this technique is not well documented (except for a few studies, such as the one mentioned above). However, the technique is safe and does not interfere with conventional treatment. Thus, the professional can alert the patient the goal should be increase well-being, not the cure for the disease. The patient will then seek a reliable spiritist centre, with the commitment not to abandon clinical treatment in course.

Conclusion

The present text has not the pretension to establish an ultimate closure about the matter. It was a theoretical rationale with the purpose of filling a gap in knowledge and providing a practical proposal for an existing situation. As spiritist centres in Brazil are highly sought after due to diseases, healthcare professionals should develop principles to indicate, tolerate or proscribe a SCT. Besides Brazil, many other countries have Spiritism followers and established spiritist centres. The International Spiritist Medical Association idealized in Brazil, currently counts with representative associations in other countries: Argentina, Colombia, Cuba, France Guatemala, Portugal, Switzerland, and United States. This enterprise aims to collaborate to explore all the on the interface between Medicine and the Spiritist Doctrine [14].

Conflicts of Interest

Authors declare there are not any actual or potential conflicts of interest.

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