Original Paper

Spiritual practices in an institution for mentally disabled

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Abstract

Objective: To evaluate the impact of spiritual practices in the clinical and behavioural evolution of inpatients with mental disabilities in a health institution. **Method:** Two groups of patients were compared: the experimental group submitted to spiritual practices and the control group. The Interactive Observation Scale for Psychiatric Inpatients (IOSPI) was employed to obtain data. **Results:** The comparison of control group (n = 20) with the experimental group (n = 20) verified the difference of variation between the groups (p = 0.045), what demonstrates possible benefits of such intervention. **Conclusions:** The research confirmed the hypothesis that practical spirituals uses presents positive results on clinical and behavioural evolution of internal patients with mental disabilities.

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Introduction

"We must practice and defend the fact that psychiatrists are doctors of our soul as well as of our body." With these words, Andreasen (1996), chief-editor at the American Journal of Psychiatry, points out a landscape that had been relegated by scientific research. We can observe a movement of approximation between science and religion in several researches. These two fields of investigation have been related to each other in different ways throughout the history of humankind (Peters and Bennett, 2003). Hess (2003) showed some revealing elements of the intrinsic union that existed in ancient times. Currently, there are many scientific research centers that investigate the relationship between health and spirituality. In the USA, for example, Universities George Washington and Duke have "health and spirituality" research centers. Other centers like Harvard Medical School and Mind/Body Medical Institute of Deaconess Hospital in Boston* hold courses in order to investigate relationships between medical and religious practices. Another important example is the course offered by Johns Hopkins Medicine: Spirituality and Medicine Institute**.

In Europe, The Spirituality and Psychiatry Special Interest Group of Royal College of Psychiatrists*** does research about spiritual interferences on mental health.

Among the pioneers in this area, David B. Larson contributed into the changes related to the religious and spiritual experience representations in version 3 of *Diagnostic and Statistical Manual*, (DSM-III-R) in relation to version DSM-IV.

Koenig (2002), from Duke University, is the author of several articles that discuss the relationship between religion and health. Benson and Marg (1998) from Harvard University also point out the relationship between spirituality and healing. Astin *et al*. (2000) from Stanford University Center for Research in Disease Prevention did a systematic revision of distance healing for all kinds of medical treatments. 57% of the clinical trials resulted in positive effects.

In Brazil, Lotufo Neto (1997) states that having an intrinsic religious orientation can be beneficial to mental health. Nevertheless, psychiatry remains neglecting the evaluation of the effects of a religious attitude to its patients. Spiritual and Religious Problems' Study Nucleus (Núcleo de Estudos de Problemas Espirituais e Religiosos [Neper], of the Psychiatry Institute of the

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* http://www.mbmi.org/pages/bio1.asp
** http://www.hopkinscme.org/cme/events/spiritmed04.html
*** www.rcpsych.ac.uk/college/sig/spirit

University of Sao Paolo, aggregates several researchers in this field. At the University of Campinas (Unicamp), Giglio and Giglio (1991) lead the research group in psychology and religion. Dalgalarrondo (1991) (Unicamp) is another important researcher in this line of investigation. His research associates religious experiences, cultural aspects and psychiatry.

The research that associates health and spirituality encounters inherent problems. The first challenge is to overcome the prejudice that subjects related to faith cannot be studied into science. The second problem is related to the concepts of body, mind, spirit and soul. It is still a very difficult task to define the relationship between the mind and the body. Some authors consider that our mind is the product of our brain (Crick, 1994). Other authors propose our mind sets in our body as a whole, an embodied mind (Varela *et al*., 1991).

Religion can exert negative influence in some cases. Fanaticism, for example, makes religious people reject and refuse to submit themselves to medical treatments. Furthermore, some of them develop symptoms derived from a distorted interpretation of religious concepts. Among most common negative psychological effects there are: the feeling of guilt, low self-esteem, anger, repression, anxiety and fear through punitive beliefs, dependence, conformity, a possibility to be easily influenced by others and intolerance and hostility to different religions (Koenig *et al*., 2001).

The genesis of Spiritism is associated to the Fox Sisters. In Hydesville, 1847, the Sisters listened unexplained sounds and conducted channeling sessions in an attempt to contact presumed spiritual entities. The repercussion of these unusual events and the interest for supernatural manifestations spread as far as Europe (Doyle, 2002).

Also, at that time, Hippolyte Leon Denizard Rivail started to study sleepwalking and magnetism. As he advanced in his research he developed interest for spiritual manifestations. His investigations are considered the theoretical ground of the spiritual doctrine. Rivail published several books and adopted the pseudonym – Allan Kardec. According to Spiritism, Kardec's books are based on dialogues with spirits through mediums. From the moment of Kardec's codification, Spiritism spread to many countries, including Brazil. In Italy, there was a great researcher called Ernesto Bozzano who highlighted the psychic aspect. His research resulted in several scientific works about the existence of spirits (Silva, 1999).

Spiritism in Brazil developed its own characteristics. The most famous names of Brazilian Spiritism focus on the subject of moral improvement in their publications. Francisco Cândido Xavier and Divaldo Pereira Franco are some of the most popular mediums. Bezerra de Menezes and Inácio Ferreira, both physicians, had an essential role in spreading Kardec's ideas in Brazil (Stoll, 1999).

In Brazil, Spiritism accepts, encourages and values disassociating experiences, such as: spiritual incorporation and experiences out of the body. There are several philanthropic institutions for the treatment of altered minds that aim to associate medical and religious practices. The usual means are: prayer, energizing and use of mediumism, according to the principles of spiritualistic doctrine (Negro, 1999).

The communications received by the mediums can have two origins: a disembodied spirit (from people who passed away) or an embodied spirit (from living people), although the communication with spirits without bodies is more frequent (Bozzano, 1940).

Historically, religious organizations founded and maintained mental healthy services in different regions of the planet (Larson, 1997). A research made by Instituto Superior de Estudos da Religião (Iser) (Superior Institute of Religion Studies) associated with Johns Hopkins University informs that Brazil has 220 thousand philanthropic institutions, aggregating 10 million volunteers and attending 40 million people, in other words, ¼ of the Brazilian population. According to the 2000 Brazilian census, a total of 1.3% of the total population declared to be spiritist. The contribution that Spiritism offers to the Brazilian society through its philanthropic hospitals is remarkable, since Public Health System is defective.

The studied institution, Centro Espírita Nosso Lar Casas André Luiz (Cencal), provides technical multidisciplinary attendance to 650 interned patients that spend their entire life inside the hospital. The patients have mental and multiple disabilities.

Since Cencal follows the Spiritism philosophy, the patients also receive spiritual assistance. The spiritual practices do not conflict with any conventional medical treatments and involve the application of prayers and the organization of mediumistic séances.

One of the authors of this research has been working for Cencal since 1997 and he has empirically observed positive variations in the clinical and behavioral evolution of patients who took part in spiritualist practices (mediumistic meetings), even when the patients were not physically present.

The general goal of this research is to come to therapeutical results of spiritual practice applications in patients with mental problems. It also evaluates the impact of medium sessions to clinical and behavioral progress in such patients.

The hypothesis of this study is – patients with mental problems who participate in mediumistic sessions show progress with both clinical and/or behavioral problems.

Method

Population

From a total of 650 patients with mental disorders (according to CID 10) hospitalized at Unidade de Longa Per-

manência das Casas André Luiz, two groups were made (experimental and control), each one with 20 patients.

Instruments

The chosen instrument to get data was Escala de Observação Interativa de Pacientes Psiquiátricos Internados (EOIPPI) (Scale for Interactive Observation of Psychiatric Inpatients) (Zuardi *et al*., 1989). EOIPPI is an evaluation instrument of clinical and behavioral alterations that also combines direct observation and clinical trials. Interest and social skills, two factors that require special attention, are also evaluated in the direct behavior observation scale.

EOIPPI has a graduation of items that deal with the relationship between patients and appraisers. It is a scale of 16 evaluation items and for each one there is only one possible graduation (0, 1 or 2), which will be chosen according to what best describes the observation.

EOIPPI validity was recognized during the research with interned patients at the Psychiatric Unit of Hospital das Clínicas in Riberão Preto. It was proved that EOIPPI has significant interobservant authenticity. The predictive validity criteria were also satisfactory as the patients who were released from the hospital had considerably lower EOIPPI results within a week after the last evaluation than the patients who were still in the hospital at that time (Zuardi *et al*., 1995). Through these observations EOIPPI meets trustworthiness and validity criteria required for an evaluation scale and it shows it can be used to finalize the evaluation of possible clinical and behavioral alterations.

Procedures

At Casas André Luiz, mediumistic sessions are composed of a group of 12 people and each person has a specific function. Approximately half of the group is composed by people with mediunic capacity and other people have different roles like coordinating, orientating or supporting. After the initial reading, a prayer is done to harmonize the participants. Then, the mediums become receptive, attending to establish communication, which occurs spontaneously. Sometimes, the communication occurs with the inpatients of the institution (to whom, from now on we will refer to as contacted people). The goal of the conversation is to help the contacted people to overcome the distressing conditions in which they find themselves. Contacted people are not physically present at the session so it is not always possible to identify them. Medium sessions happen weekly and last 2 hours.

Every 650 patients at Casas André Luiz were observed during 6 months and evaluated by EOIPPI, at the beginning and at the end of this period, obtaining two data samples. The two evaluations are done by the study staff, selected from superior level professionals who had been previously trained. The participants were "blind" in terms of spiritual procedures in accordance with the "blind study" procedures.

Twenty patients who participated in mediumistic sessions during this period formed the experimental group. From the 630 inpatients that did not participate in the séances, the control group was formed. It was composed by 20 patients through match-paired analysis by gender, age and mental disability level.

Three kinds of spontaneous identification were observed during the mediunic communication:

1. Contacted person identifies him/herself by his/her name.
2. At mediumistic sessions, the contacted person pointed out or talked about personal, behavioral and clinical characteristics of a determined patient.
3. Generic communications, inconclusive, in which no identification is needed.

It was decided that only category 1 and 2 participants would take a part in the experimental group, given this facts, all inconclusive communications (including ones with no identification) were excluded. The control group was formed by patients who were not qualified as contacted people at mediumistic sessions, through match-paired analysis (genre, age and mental disability level).

Communicated people at the sessions did not know whether they were selected for the experimental group, as they were neither physically present nor aware of their possible participation. Study staff had no knowledge of which patients were supposed to participate, what qualifies this study as a "double-blind" one.

The procedure of the mediumistic sessions followed the parameters of Spiritism. At all séances, the adopted procedure was a three-phase dialogue. During the first phase, the dialogue's goal was to ease their anxiety, resentment, bitterness and anger among other feelings and therefore provide welfare to the patients. The second phase's aim was to establish a bond of confidence between the communicated person and the session tutor. The third phase consisted of suggestive techniques that provide comfort and moral counseling to the patients and help them start giving value to life.

Statistics

A descriptive analysis of every study's variables was done. Categorial variables were shown in terms of absolute number and percentage. Continuous variables were shown in terms of their central tendency and dispersion values. The Kolmogorov-Smirnov test was applied to the graph (tack to the normal curve). The Levene test was done to verify the variance homogeneity. As the variables satisfied both principles, two parametric tests were performed – t test (when we compared the experimental group with the control group for Score I – initial evaluation, as well as for Score II – final evaluation); ma-

tch-paired analyzed test when we again compared both groups (Score I, Score II). Repeated measures ANOVA (variance analysis) test was also applied to check if there had been group or time differences (Score I e Score II). The significance level was 5%. Statistic package SPSS 10.0 for Windows was used.

Results

General group: observed population of mental 650 patients, all with mental disabilities.

Experimental group: there were 58 communications at mediumistic sessions during the research. Twenty of them satisfied the identification criteria established by the authors and other 38 did not. Therefore, the experimental group was composed by 20 inpatients.

Bio-demographic Data

According to table 1, it can be observed that there are no differences between both groups in terms of age. Experimental and control groups also did not differed in terms of gender and mental deficiency levels.

Table 1. Bio-demographic data: age

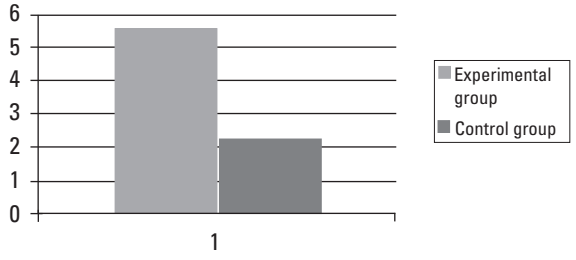
Variable	Experimental group n = 20	Control group n = 20	t-test
Mean age ± SD	35,0 ± 9,9	34,6 ± 9,3	p = 0,91
Age range	16 - 56	16 - 49	

SD: standard deviation

Results of Scale for Interactive Observation of Psychiatric Inpatients (EOIPPI)

The statistic analysis compares the experimental group with the control group (n = 20), constituted by match-paired analysis method by age and gender. By applying T test of the variation difference between the groups we obtained a p = 0.045. Match-paired analyzed T test < 0.0001. This data shows that a positive variation did occur.

According to picture 1, when the experimental group and the control group are compared, it can be observed that there is a variation difference between Score I and II, (T test, p < 0.05). This result is confirmed by Qui square test (p = 0.008), as shown in table 2.



Picture 1. Average difference observed in the scale EOIPPI.

Table 2. Patients' EOIPPI score's variation during the study

Subjects	Experimental group	Control group	Total
With variation	11	3	14
With no variation	9	17	26
Total	20	20	40

Chi-square test p=0,008.

Discussion

According to the obtained results, there were 58 communications at mediumistic sessions during the research period, 20 of which satisfied the adopted identification criteria. Analyzing the observed difference, it is proved that the experimental group's results average variation is bigger than the control group's. When comparing the control group (n = 20) with the experimental group, (n = 20) the variation difference between the groups (p = 0.045) is confirmed, which shows a statistically significant result.

This positive result leads us to reflect on a couple of issues. The first one, undoubtedly, makes us consider the positive effect in the people that participated in mediunic communication. One of the issues to be discussed involves the relations between the observed benefits and the benefits obtained through a psychotherapeutic help. It is well known that patients get better after expressing their problems verbally. In this sense, it is possible that this spiritual practice offers a communication opportunity for the individuals who are unable to communicate through conventional ways of communication. Another possible benefit is the fact that religious institutions that practice interdisciplinary activities can have an additional advantage, as their technical staff members are able to perform more dedicated work, compared with institutions that are not clearly spiritually oriented. Therefore, we are observing here organizational benefits that complementary therapy applications can create.

The second issue comes from the following question: having seen the obtained benefits, how is it possible to create a system to apply these practices in order to benefit other patients too? Would it be possible to execute the same experiment in non-religious institutions? Furthermore, would it be possible to repeat this experiment through spiritual practice application of mediumistic sessions aiming at interned mental deficiency patients in other institutions?

Another relevant subject related to the application of these practices concerns the duration. How can we determine the time that is needed and/or enough to get the best results? Must spiritual practices be executed for a long period of time? And if so, how often should they be applied? In our case, mediumistic sessions were held weekly. Should the same frequency be accepted in other institutions? These questions were not covered in our research but surely, as we obtained positive results,

it is necessary to further investigate this frequency. Another part to be highlighted concerns the fact that results were obtained in a period of six months. Therefore, it is important to emphasize that the results were obtained through the practices applied in a determined period of time.

It can be observed that the humankind in its own development always looked for technological development that would expand its communication ability. Less than a century ago, the idea of being able to talk with other people around the world was a mere fiction, something not likely at all to ever happen. For many years, an English researcher Ascott (1999) has been working on researches that inter-relate shamanist extracorporal psychic experiences with everyday practices in current cyberspace era. According to him, as we surf in the cyberspace, we experience many different kinds of presence, perception and communication possibilities. Considering these arguments, we may ask if the creation of a new research field that allows to mentally disabled other forms of communication could bring benefits in their quality of life, increasing their self-esteem and transforming their social performance?

Don't the positive results obtained in this study lead us back to Nancy Andreasen's statement we quoted at the beginning of this article? How to imagine psychiatry where professionals could interact with both body and soul of their patients? Are the mind concepts that we used to create our reflections sufficient to produce critical/investigative thinking? Are we ready to embrace these concepts without prejudice?

The investigations were primarily conducted in order to check whether the patients who managed to communicate via mediumistic sessions got significantly better in terms of their clinical and behavioral evolution. The studied group consisted of mentally disabled. The goal was not to check possibilities to find the cure for this disease but to prove that there are clinical improvements of the symptoms and, most importantly, behavioral improvements.

The analysis of experiment's results confirmed the hypothesis. Although the idea of an inter-relating character between mediumship and mentally disabled has prevailed for many years, now, recent studies do not prove that it is a case of a direct "cause and effect" relationship (Almeida and Lotufo Neto, 2003). Therefore, it would be good to raise again the issue of spiritual practices that aim to help spiritual discomforts within a perspective that involves the evolution concept as a continuous process. There are two terms in English that, despite similar in meaning, have subtle differences. *Healing* refers to the process that occurs during the treatment so it involves the concept of getting better. *Cure*, however, is used more as the exact remedy and it is many times related to the concept of miracle. Perhaps it would be interesting to re-evaluate the results considering *healing* a paradigm.

Conclusions

The results we obtained during our research stimulate a rise in new studies, among which we can suggest new analysis and experiments, application of the practice of mediumistic communications as complementary therapies, further development of identification methods for communicated *people* who have mental deficiencies, conceptualization of clinical and behavioral benefits as provisory and inconstant indicators etc. Through an interdisciplinary perspective, it is necessary to reassess the results in correlation with other therapeutical procedures whether they are religious or not.

This was a pioneer research to investigate possible clinical and behavioral effects that emerge from spiritual practices on inpatients whith mental defficiency. Surely, many others studies have to be conducted before the phenomenon of relationship between these religious practices and clinical and behavioral benefits is fully understood in its complexity.

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