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## History of ‘Spiritist madness’ in Brazil

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*Spiritism is widely accepted in Brazil and influences psychiatric practice, especially through religious-oriented hospitals. However, during the first half of the twentieth century it was considered an important cause of mental illness. This paper first reviews opinions on ‘Spiritist madness’, written by the most eminent psychiatrists of the time, and then discusses the epistemological factors that have contributed to the conflict between medicine and Spiritism. We critically examine the appropriateness of the methods used in the debates, and how this has led to inferences about associations and causal relationships.*

**Keywords:** *dissociation; history; mediumship; mental hygiene; possession; prejudice; spiritism; spiritualism; trance*

### Introduction

Throughout the last century, the psychiatric community has had a range of different attitudes to so-called mediumistic experiences. Although such experiences are ancient and exist in every culture, well-controlled studies of the subject are scarce. Nowadays, psychiatry considers that spiritualist experiences are culturally related, and are non-pathological in most cases,

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even contributing to psychological development and well-being (Cardeña, Lyinn and Krippmer, 2000; Grof and Grof, 1989; Lukoff, Lu and Tuner, 1992). However, the standpoint assumed by most of the international psychiatric community in the first half of the twentieth century was quite different. Mediumistic practices were taken as serious threats to the population's mental health and were to be opposed, if necessary by using arrests and hospitalizations.

The historical study of the 'Spiritist madness' in Brazil is a special opportunity to analyse the relation between psychiatry and spiritualism, because it fuses two essential elements of the conflict: a flourishing psychiatric society under strong European influence, and dissemination of religions based on mediumistic practices (Spiritism and Afro-Brazilian religions, such as *Umbanda* and *Candomblé*).

This study describes and analyses Brazilian psychiatry with regard to Spiritism in the first half of the twentieth century, at the time when debates on the subject were most intense.

## **Spiritism**

In the second half of the nineteenth century a general interest in spirituality, especially mediumistic phenomena, spread through Western countries. It became a heterogeneous social movement that shared a belief in the existence and survival of spirits after death, and in their communication with the living, known as 'modern spiritualism' (Braude, 1989; Doyle, 1926/1975; Trimble, 1995).

In 1855 in France, Hippolyte-Léon Denizard Rivail, an intellectual pseudonymously called Allan Kardec, planned to perform a scientific investigation on the supposed manifestations of spirits. Once convinced of the veracity of the phenomena, he aimed to develop a method to obtain valid knowledge from communication with spirits. After comparing and analysing the answers obtained through mediums from different countries, Kardec organized the information into a single theory in 1857. The resulting philosophy he called 'Spiritism,' or 'Spiritist Doctrine' (Kardec, 1857/1994), defined as 'a science which deals with the nature, origin and destiny of Spirits, as well as their relationship with the corporeal world' (Kardec, 1859/1995). Kardec regarded Spiritism as a science and philosophy with essentially moral implications, and not as a religion – as it is more usually regarded.<sup>1</sup>

Spiritism adopts a dualistic concept of the human being. It postulates that we are, essentially, immortal spirits that temporarily inhabit physical bodies for several necessary incarnations to attain moral and intellectual improvement. It also implies a possible beneficent or maleficent influence of the spirits over the incarnate human. In the case of maleficent influence, it is called 'obsession' and it could be the cause of mental imbalance or cases of 'madness' (Kardec, 1859/1995).

At the end of the nineteenth century, Spiritism was introduced in Brazil and became prominent, mainly from its religious aspect. It spread especially among the urban middle class, but its practice and world views reached far more than the officially declared believers. Today, although the Brazilian population is mostly Catholic, Spiritism has had more influence than in any other country in the world (Aubr ee and Laplantine, 1990; Damazio, 1994; Machado, 1993; Santos, 1997).

### **Historical context**

In the first half of the twentieth century, Brazil underwent major changes and faced serious social challenges. Slavery had been abolished in 1888, and the Republic had been declared in 1889, replacing the monarchy. There was a significant flow of immigrants to the country, especially Europeans, to replace the slave work force and to enhance 'whitening' of the population. Accelerated and uncontrolled urbanization intensified, causing serious social and sanitary problems (Fausto, 1999).

The prevailing ideology was Positivism, of French origin, characterized by ideals of modernity, order, progress and rationality. The Brazilian psychiatric community began to develop, keeping close contact with French and German psychiatry. The principles of eugenics and mental hygiene encouraged psychiatrists who intended to collaborate to create a prosperous, modern and healthy nation.

We want physically and mentally strong people [...]. We must eugenize the Brazilian, select the Aryan type who seeks us, escape infiltration of new doses of Mongolic blood [...]

[...] Restraining perpetuation of deteriorating strains, and avoiding the procreation of individuals in poor health, whose offspring are presumably inferior, is undeniably a significant step towards solving social problems. (Pacheco e Silva, 1934)

The influence of mental hygiene was especially important, because it added the possibility of the social origin of madness to the existing idea that all mental illness has a hereditary basis. Alcoholism, extreme poverty and ignorance started to be regarded as possible triggers of madness. From this followed a desire and a sense of duty to normalize social factors. The 'normal' person, the 'healthy' individual became the principal object of the physicians, in their attempts to inhibit madness.

The practice of their [physicians'] profession allows them to penetrate all levels of society, [...] and only they can observe, which gives them a position of extreme privilege in regard to unfolding social problems.

That is the reason why physicians who study social factors and their relation to medicine and hygiene must be taken in consideration, because it is their duty to establish essential postulates to improve the conditions

of physiological misery, and, why not say moral misery, in which less skilled levels of the country population live. (Pacheco e Silva, 1934)

The physician holds the main role in employing such a programme, and he should count on every main organization to help, on the support of professors, clergy, military and all those who hold deep roots in society. (Pacheco e Silva, 1934).

In 1923 psychiatrists founded the Brazilian League of Mental Hygiene. Two years later, they founded the Brazilian Archives of Mental Hygiene, a publication to widen and spread the ideals of mental health (Costa, 1976; Liga Brasileira . . ., 1925).

### **Spiritism as cause of madness**

#### *Impact of Spiritist practices*

From the outset, opponents of Spiritism attacked psychic practice as a major cause of psychopathology. In 1858, within a year of the rise of Spiritism and the publication of 'The Spirits' Book', stories of 'alienated' people who lost their reason during spiritualistic practice were reported in Europe (Kardec, 1858). In 1859 Dr Décambre, a member of the Academy of Medicine of Paris, published a critique of Spiritism, and by 1863 reports were circulating about cases of insanity caused by Spiritism (Hess, 1991).

Several cases were reported at the Société de Psychiatrie de Paris (Dupouy and La Savoureux, 1913; Janet, 1909; Leroy and Pottier, 1931; Lévy-Valensi and Boudon, 1908; Lévy-Valensi and Genil-Perrin, 1913; Lévy-Valensi, Picard and Sonn, 1928) and at the Société Médico-Psychologique de Paris (Ballet and Dheur, 1903; Claude and Cantacuzène, 1936; Lévy-Valensi and Ey, 1931; Schiff, 1926). Also articles (Lévy-Valensi, 1910; Wimmer, 1923), books (Vigouroux and Juquelier, 1905) and theses (Duhem, 1904) were written about the harmful effects of Spiritism. Such ideas strongly influenced Brazilian psychiatrists, as shown in revisions made by Leonídio Ribeiro<sup>2</sup> (Ribeiro and Campos, 1931), Henrique Roxo<sup>3</sup> (1938) and Pacheco e Silva<sup>4</sup> (1950a), in which several European authors and publications are cited.

As early as 1896 two important physicians, Franco da Rocha<sup>5</sup> and Nina Rodrigues<sup>6</sup> (1896/1935), had published important works on the issues related to spiritist practice in Brazil. Rocha (1896) in his yearly report of 1895 to the *Hospício de Alienados de São Paulo* declared that Spiritism was an increasing cause of madness.

In the twentieth century, conferences, publications and theses on the harmful nature of Spiritism boomed in the schools of medicine (Cavalcanti, 1934; Guimarães Filho, 1926; Marques, 1929; Pimentel, 1919). The discourse became progressively radical (Giumbelli, 1997). Afrânio Peixoto<sup>7</sup> (1931) explained that 'from my observation I have concluded that spiritist

groups are laboratories of collective hysteria' that could lead the believer to 'crime and hospitalization'.

In 1909 a conference was held at the Medical Society of Rio de Janeiro on the 'Dangers of Spiritism', and a physician who declared himself 'Roman Catholic' said that 'hospitals of the insane' were 'always populated by victims of Spiritism'. However, after the discussion the group decided that there was no need to take measures against Spiritism (Lemos, 1939).

The same Society retrieved the subject in 1927, calling it the 'Spiritism problem'. Leonídio Ribeiro (Ribeiro and Campos, 1931) was the main leader of the movement. In his speech on anti-Spiritism, he declared that 50% of the mentally ill patients he assessed in the Police Legal Medicine Department had the initial onset of symptoms 'of madness when they were practicing Spiritism'. After discussion, the Society approved the suggestion of creating a committee to analyse the subject and draft 'laws that interdict such destructive practice'. However, instead of pursuing scientific investigation of the facts, an 'inquiry among Brazilian specialists' was conducted. None of those 'specialists' had done scientific research on the subject, so they simply reiterated opinions. A questionnaire was sent to twelve authorities (eleven physicians and one engineer)<sup>8</sup> in Rio de Janeiro and São Paulo, consisting of four questions:

1. Do you think that the so-called Spiritist phenomena have a scientific basis?
2. Are you aware of facts or experiences that support Spiritism scientifically?
3. Does the practice of Spiritism cause impairment to the person's mental health?
4. Does the abusive practice of healing through Spiritism compromise public health?

The consensual answer to the inquiry was basically that Spiritism was harmful, especially triggering psychopathology in those with a predisposition to it. Incidentally, this was probably the first survey of an 'expert consensus' in Brazil.

Xavier de Oliveira<sup>9</sup> (1931) stated that in a period of 12 years, 9.4% out of a total of 18,281 patients hospitalized in the Psychiatric Clinic of the University of Rio de Janeiro 'suffered psychosis caused only and exclusively by Spiritism'. This made it the third main cause of 'mental estrangement' after alcohol and syphilis. Besides the risk of 'manufacture of insane individuals', Spiritism was also dangerous because it induced crime and was a major cause of charlatanry.

Spiritists, the practitioners of Spiritism, offered unpaid treatment which was based on '*passes*' (laying-on of hands), prayers and 'disobsession'.<sup>10</sup> Prescriptions of homeopathy<sup>11</sup> were also commonly distributed. Such practices

were severely criticized by physicians, who considered them charlatanry and an illegal practice of medicine (Pimentel, 1919; Ribeiro, 1942, 1967; Ribeiro and Campos, 1931). However, the population generally sought the so-called Spiritist treatment. Several physicians and shamans called themselves Spiritist in order to attract clients and often advertised miraculous treatments. Spiritist followers criticized these pseudo-Spiritist clinicians who misused the term Spiritism commercially (Ferreira, 1946).

Spiritist practices were also criticized for inducing suicide (Caldas, 1929), sexual abuse (Peixoto, 1909), homicide and family disunion (Oliveira, 1931; Ribeiro and Campos, 1931). Professor Pacheco e Silva (1936) warned that: 'Blood crimes occur astoundingly often in São Paulo. Looking for the reason, one notices that there are three main causes: alcoholism, Spiritism and low charlatanry.'

There are few scientific publications by physicians writing against the predominant conception on 'Spiritist madness'; for the present review only three dissonant articles were found (Cesar, 1941, 1942; Pernambuco, 1927). However, such opinions were more common in lay publications, especially newspapers, as described below in the section on inductivism and 'verificationism'.

*Clinical types: spiritopathy, mediumnopathy, episodic spiritist delusion, ...*

Despite the consensus on the harmful aspects of Spiritism, there were differences of view on the clinical manifestations. Most psychiatrists believed that it would trigger already known and scientifically described mental diseases, but presenting with Spiritist nuances. According to Xavier de Oliveira (1931),

spiritopathy is a delusional mental syndrome with Spiritist causes. It is frequently identified in individuals victimized by the nervous system, namely hysteroid, schizoid, or, before that, hysteroid-schizoid – who devote themselves to the study, the belief or the practice of Spiritism.

The disorder resulted from the effects of suggestion, but did not include episodes of true hallucinations.

On the other hand, Roxo (1938) created a new diagnostic entity called 'Episodic Spiritist Delusion'. At a conference in Paris, he described it as an aspect of 'typical states of degeneration', characterized by auditory and synesthetic hallucinations with secondary delusions that appeared after participating in Spiritist seances. The typical sign was inversion of the oculo-cardiac reflex, which should characterize 'sympathicotonia'. The author argued the need for a new diagnostic category, distinct from schizophrenia, paraphrenia and manic-depressive psychosis. Supposedly it was a common disease, causing 5–10% of psychiatric hospitalizations. He also emphasized that the individuals did not exhibit mental disorder before attending Spiritist ceremonies: 'Infrequently the person was ill before Spiritism.' Roxo even developed a '100% efficient treatment': intravenous atropine valerianate 0.25mg/cm<sup>3</sup>. He

suggested this would have a sedative effect on hysteria and 'stimulate constriction of brain blood vessels causing ischaemia in the temporo-sphenoidal and occipital lobes, resulting in the disappearance of visual and auditory hallucinations' (Roxo, 1928).

In most cases, it was sufficient for almost any patient presenting with some kind of psychosis, who mentioned spirits or expressed interest or participation in mediumistic religions, to be diagnosed as having a kind of Spiritist madness (Guimarães Filho, 1926; Marques, 1929; Ribeiro and Campos, 1931; Rocha, 1896).

*Aetiology and pathogenesis of 'Spiritist madness'*

Despite some controversy, hysteria was thought to be essentially involved in explaining the pathogenic mechanism of Spiritism, because through the power of suggestion it caused a split in psychogenic processes, resulting in mental automatism. Such a split could become permanent, growing into hallucinations and delusions. Most victims of Spiritism did have some kind of psychopathologic predisposition. However, many of these individuals could be kept on the edge of normality as long as they were not repeatedly exposed to emotional distress (such as the Spiritist seance). In fact, the recurrent impact caused by attending several Spiritist sessions could induce anyone to madness. Mediums were seen as ignorant, 'individuals of neuropathic constitution and vulnerable, simple-minded mentally impaired [...] of hyperemotive, schizoid, hysterical or mythomaniac constitution' (Pacheco e Silva, 1950b).

Rocha (1896) wrote:

As regards neuropaths, with predisposition, together in a poorly lighted room, everybody in silence and an intense emotional state, no wonder the consequences. The emotional state, the collective excitement, and surrounding modifications evoke, especially in women, hysterical outbreaks, and the abnormalities go even further – to complete loss of reason.

And also,

Between unfortunates who have been victims of Spiritism, I have noticed that the most common sort of perturbation is usually mania, in transitory outbursts. Some individuals show partial systematized delusion (typical of degenerated ones).

Nina Rodrigues (1935) conducted extensive research on the types of Afro-Brazilian mediumistic trance. Entangling them in Spiritism, he considered them all (following Pierre Janet) the outcome of hysterical phenomena, allowed by the 'extreme neuropathic or hysterical' and 'profoundly superstitious' personality of the Negro. Professor Roxo argued that Spiritism could induce madness in any participating individual, with or without a predisposition (Roxo, 1938).

Pacheco e Silva (1950a) maintained that 'Spiritism acts predominantly from proneness, aggravating an already existing psychosis or stimulating latent mental disturbances in an individual of psychopathic constitution.' He continued:

There are also those cases of individuals of hyperemotive, schizoid, hysterical or mythomaniac constitution, who showed themselves compatible with the social environment despite some previous abnormal behaviour, but became completely disturbed after dedicating themselves to Spiritism. They needed immediate hospitalization, for sensory disturbances would emerge, followed by extremely perilous morbid behaviour.

### *Prophylaxis of 'Spiritist madness'*

The 'inquiry among Brazilian specialists' was followed by a campaign against Spiritism. The movement involved attempts to close Spiritist groups and destruction of Spiritist publications, together with a campaign to 'explain the dangers of Spiritism', and to apply the articles of the 1890 Penal Code that condemned Spiritist practice:

Article 157. Practice of Spiritism, sorcery and derivative practices, the use of talismans and divination through reading of cards, to evoke feelings of love or hatred, to assure healing of curable or incurable illnesses, in all, to fascinate and subjugate public credulity [ . . . ]

1<sup>st</sup> para. If, by influence or consequence of any of those means the patient becomes deprived of or altered in, temporary or permanently, psychic or mental faculties [ . . . ]

Several distinguished psychiatrists discussed the subject and suggested harsh measures. For example, Oliveira (1931) wrote:

'The Mediums' Book' by Allan Kardec is the cocaine of nervous enfeebled individuals [ . . . ] and with one aggravation: it is cheaper, reachable and for those reasons results in the hospitalization of a lot more people than 'devil's powder' [ . . . ] The hygiene and prophylaxis rely exclusively on burning all Spiritist books and shutdown of *candomblés*, high, medium and low, that, for now, infest Rio de Janeiro, Brazil and the entire western part of the world.

Leonídio Ribeiro and Murilo de Campos (1931) advocated forming an alliance with public authorities severely to inhibit those practices that 'have devastated humankind in an epidemic of madness'. Afranio Peixoto warned, in the foreword of this book: 'Public authorities cannot be insensible to a nervous downfall, to alienation of those whom they should protect or defend'. Roxo (1938) stated that 'as a measure of mental prophylaxis, sessions of non-scientific Spiritism must be prohibited'.

Incidentally, in 1936, Spiritist centres in France were also forbidden to function, as a prophylactic measure against Spiritist delusions (Claude and Cantacuzène, 1936).



*Spiritists' reaction*

The Spiritists themselves responded to this criticism by questioning the evidence on which the psychiatrists had based their conclusions. Carlos Imbassahy (1949) in his book *Espiritismo e Loucura* (Spiritism and Madness) was one of the Spiritists who presented fairly reasonable arguments. He questioned the psychiatrists' lack of knowledge about Spiritism, the unscrupulous data collection, arbitrary conclusions and dogmatism:

what is most astonishing is to see those who have less knowledge about the subject discussing it. And they disclose their ideas as if they were dogmas [...]. There is no process of verification. [...] They talk a lot about the assistants' sanity. [...] They escape the arguments, because that's about a professional case and thus, their word is sufficient evidence. [...] some statistics, no one knows how they were collected, and they present them to us, victoriously, a big array of mad people due to Spiritism. [...] Well, what happens is: almost every disturbed individual seeks Spiritism after having been to medical consultations and health institutions. [...] That is recognized. There is someone who has 'hallucinations' and sees spirits, not even knowing Spiritist doctrine [...] The doctor writes it down, [...] that's attributed to Spiritism [...]. Without the studies, theory and practice of the Spiritist sessions, experts of psychiatry would never be able to indicate a probable disturbing cause of the environment and ways to extinguish it. [...] And if they can't tell, there is only one choice – to extinguish it all.

Inácio Ferreira (1946), a psychiatrist who ran a Spiritist psychiatric hospital, published a book that confronted the criticism from the psychiatric community. He pointed out that several physicians were against Spiritism for personal reasons (religious or financial). Even Kardec, in the 1850s, remarked on the relation with madness:

The primary cause of madness is organic brain predisposition, and it makes the brain more or less susceptible to certain impressions. Predisposition to madness, once existing, will assume the main focus, [...] and it could be the preoccupation with Spirits, such as of God, angels, evil, fortune, power, a science [...]. (Kardec, 1857/1994)

Kardec (1863) commented on a series of six cases of madness due to Spiritist practice, described by a physician from Lyon, France:

It goes against the most basic principles of reasoning to take a general conclusion of the matter from a few isolated cases which can be disclosed by other cases. [...] You say you have followed six cases. [...] But what can it prove? Had you followed two or three times more than that, still nothing could be proven, as long as the total amount of mad people does not reach an average. Let's take an average of 1,000, which is a round number. [...] Had the average grown to 1,200 since the beginning of

propagation of Spiritist ideas, for instance, and the difference were precisely the cases of Spiritist madness, that would be another situation. However, as long as one cannot prove that the average of disturbed people has increased due to the influence of Spiritism, the description of a few isolated cases proves nothing besides an intention to disbelieve Spiritist ideas and disturb the general opinion.

### **Epistemological factors that may have contributed to the conflict between medicine and Spiritism**

#### *Cultural insensibility*

These discussions reached their peak in Brazil in the first half of the twentieth century. Psychiatry was arduously becoming a science. Following the Positivist stream of the time, its principles supported the impartiality of the scientific task. The assertions of psychiatry supposedly came from careful and impartial analysis of facts, so it was felt that this would clearly elicit the evil consequences of Spiritism. Authors emphasized that they were not driven by any sort of prejudice but that they based their arguments solely on scientifically proven cases (Ribeiro and Campos, 1931). However, psychiatrists often tended to present statements from psychiatric authorities, or statistics on the frequency of Spiritist madness, as ‘proofs’ of their concepts. Those statistics rarely included any precise definition of what ‘Spiritist madness’ was, and did not specify the methods employed to collect data. Usually, the statistics presented global statements, such as:

according to the irrefutable testimony of so many personalities of science, both national and foreign, indicating the dangers of Spiritism, faced with numerous cases registered daily, [...] it is fair to adopt measures of mental hygiene that hinder those practices. (Pacheco e Silva, 1950a)

Psychiatrists had difficulty in accepting that no conclusion can be truly atheoretical, and that ‘all observation implies interpretation based upon theoretical knowledge’. They could not recognize the contaminating influence of their own beliefs and personal desires in their investigation, in contrast to the advice of Popper (1995): ‘In searching for the truth, it may be our best plan to start by criticizing our most cherished beliefs’. Two elements must have played a role in the psychiatrists’ viewpoint. First, the intellectual group of Brazil attempted to create a ‘modern nation’ on a Eurocentric basis. So it was necessary to fight all barbarous, primitive creeds and practices (Bosh, 1931; Pacheco e Silva, 1960). The beginning and broad expansion of Spiritist practice were seen as a great menace to this country-to-be. The second factor was the religious principles of psychiatrists; they were mostly Catholic or materialist and, for both groups, Spiritism was an enemy to be overcome.

Some psychiatrists postulated that Catholicism worked preventively against

suicide and madness, in contrast to other religions. According to Oliveira (1931), at church 'where one believes in everything and with no hesitation', there was no margin for the 'questioning and interpretation that, in other religions and particularly in Spiritism, lead to doubt, fixed ideas, obsessions, anguish and madness'. When Carlos Seidl, a sanitarian, responded to the 'inquiry among Brazilian specialists', he stated that Spiritist practice should be condemned 'because my Catholic principle does not admit it' (Ribeiro and Campos, 1931). In a conference on suicide, Mirandolino Caldas (1929), general secretary of the Brazilian League of Mental Hygiene, explained the destructive influence of Spiritism 'while Judaism and Catholicism, on the contrary, act first and foremost by neutralizing self-destructive tendencies.'

Roxo (1938) affirmed that Spiritism was for uneducated people who in suffering 'seek Spiritist ceremony instead of going to a doctor or a preacher'. Even as late as 1957, Pacheco e Silva supported the Church's fight against the proliferation of Spiritist groups in Brazil.

*Manifest truth, authoritarianism and paradigm adherence*

Thomas Kuhn (1970) emphasized that once a successful paradigm has been established, scientists adhere to it and may become resistant, sometimes indefinitely, to accepting changes. This enables work towards improvement of that paradigm, but it may then obstruct progress towards scientific revolution.

Karl Popper, the philosopher, was a significant opponent of authoritarianism, which often holds to the doctrine that truth is manifest. The theory originated in Ancient Greece, but Descartes and Francis Bacon developed the modern concept of it: that impersonal and cautious analysis of a fact naturally leads to the truth. Mistakes derive from prejudice, from incapability to analyse, or from social pressure to keep one in a state of ignorance. That perspective would finally lead to authoritarianism and intolerance, because if manifest truth does not prevail, this means it was maliciously suppressed. Popper (1995) stated:

This false epistemology, however, has also led to disastrous consequences. The theory that truth is manifest – that it is there for everyone to see, if only he wants to see it – this theory is the basis of almost every kind of fanaticism. For only the most depraved wickedness can refuse to see the manifest truth, only those who have reason to fear truth conspire to suppress it.

Authoritarianism, then, has an almost daily need to determine what the manifest truth should be at any moment. If, in contrast, truth is not manifest, then alternative explanations and paradigms are possible. To us, this seemed to be the case in the period we studied.

The psychiatrists had two main explanations as to why Spiritists could be so fundamentally mistaken – either financial interests, or mental and intellectual deficiency. In his doctoral dissertation with honorable mention at

the School of Medicine of Rio de Janeiro, Pimentel (1919) wrote about Spiritism and concluded that the Spiritist medium is a bluffer or 'a negligent, a deviant, an ill person who must be taken to a hospital of the insane and start medical treatment with specialists.' Leonídio Ribeiro (1967) used to say that Spiritist centres were 'pretty well-organized commercial businesses under rigorous administration, which enables good profit.'

Professor Franco da Rocha (1896) stated: 'The majority of Spiritist believers, if not every one of them, who follow phenomena as sectarians of that religion, don't even think of finding a scientific explanation to the facts'. In another part of this text, he added: 'The degenerated ones are always those who allow themselves to proceed enthusiastically into those practices; their tendency to what is wonderful, and their inability to perform examination and reflection that characterize them'. And he concluded: 'This new religion is regretfully imprudent and completely pointless, contributing to nothing else but increasing the number of mad people.'

#### *Inductivism and 'verificationism'*

Although psychiatrists did not specify the 'method' they used to reach the conclusion that Spiritist practice is the 'antechamber to madness', it was most probably inductivism. Many patients declared they heard voices of spirits and an increasing number of patients revealed having previously attended Spiritist sessions. The psychiatrists found it 'evident' that they faced a cause and effect relationship, namely that mediumistic practice was a growing cause of madness.

Álvaro Guimarães Filho estimated the impact of Spiritism on hospitalized patients of Juquery Hospital in his doctoral dissertation (1926):

S.V., uneducated, attended Spiritist sessions regularly and went to Juquery

A.F., uneducated, no pathological family history, but used to drink. His family credits his madness to simple-mindedness and to having attended Spiritist sessions. Diagnosis: alcoholic psychosis

Another four patients had their life histories told by their families who reported Spiritism as an important factor in the disease manifestation

The above mentioned cases evince that Spiritism *obviously* operates as a predisposing factor to mental diseases [original emphasis].

The number of 'supporting' examples increased once the theory, which was already defended by European alienists, was constructed. As Popper (1995) stated:

Examples of confirmatory evidence could be seen everywhere. The world was replete with *verifications* of the theory. [...] The nonbelievers were undisguisedly those who did not want to see it: they refused it so that they did not conflict with their own interests [...]. Most typical seemed to be the continuous stream of confirmation, of observation that verified the

theories under consideration, a continuously emphasized issue. [...] Analysts gave assurances that their theories were constantly validated by clinical observation. [...] It is easy to come across confirmation or verification to almost every theory – as long as one seeks it.

Psychiatrists often emphasized the vast numbers of insane people generated by Spiritism. Oliveira (1931) reported: 'we conducted a study of statistics for a period of 12 years, from 1917 to 1928, in the Observation Pavilion. We registered 18,281 insane people admitted, of whom 1,723 were induced to psychopathy exclusively by the practice of Spiritism'. Guimarães Filho's dissertation (1926) comments: 'this is the Spiritism that must be stopped, so that mankind is sheltered from its evil effects. The number of people persuaded by those ideas is unimaginable'.

Popper (1995) wrote that our tendency to seek regularities in nature instigates dogmatic thinking or dogmatic behaviour. We have difficulty in accepting observations that contradict our expectations, which are considered 'background noise'. We are loyal to our expectations even when they are inadequate and we should accept having been defeated. Likewise, Kuhn (1970) said that a paradigm defined much of what we 'saw' in the world. He questioned: 'will it be possible to accept as accidental the fact that astronomers only began seeing changes in the sky – which was previously immutable – during the half century that followed the presentation of Copernicus' new paradigm?'

These factors may account for the difficulty that psychiatrists had in searching for other explanations, and for their disregard of any opposing opinions. Authors who wrote against Spiritism did not quote any sources of contrary views. Debates between physicians from both sides were available only in lay publications. Most explanations found for the wrongly deduced conclusions about Spiritist madness were published in the contemporary literature, but were ignored.

An interesting example is the work of Osório César. A physician of the Juquery Hospital, he published the book *Misticismo e Loucura* (Mysticism and Madness) in 1939, in which mediums were described as neuropathic and hysteric. Authors who supported 'Spiritist madness' referred to this book quite commonly, but they did not mention his subsequent works (César, 1941, 1942) at all. In these publications, César declared that most mediums did not present any kind of mental pathology and that in his previous work he had made a 'serious mistake [...] due to hasty psychological analysis of the patients and of phenomena'. He continued: 'Psychiatrists are mistrustful people and they have the bad habit of frequently classifying ideas, facts that conflict with common sense of the time with a hint of madness.'

Odilon Galloti (1935), Professor of Psychiatry in Rio de Janeiro, said:

In my opinion, Spiritism is scarcely ever a straight cause of psychopathy [...]. In general, it works as a pathoplastic factor, it conditions the shape of mental disorders. [...] In 10 years of my practice, I had 6,400 patients

and in only one case could I make a diagnosis of Spiritist-related delusion. I confess I don't know whether the evolution of the case confirmed my hypothesis or not.

Aníbal da Silveira (1944), psychiatrist at the Juquery Hospital, said in an interview:

With regard to Spiritism, in no way can it be considered a cause of mental diseases. [...] It's time to be reasonable and make such scientific prejudice vanish. [...] Of course mediumism [...] consists of the release of mental automatism. [...] Pathologic mental automatism represents the main source of hallucinations or delusions, which characterize most mental diseases. However, the difference between the types of automatism is like that between deep sleep and coma, or the muscular flexibility of a contortionist and that resulting from central nervous system injury.

Pinto de Carvalho (1939), psychiatrist at the School of Medicine of Bahia, stated: 'I am being openly untruthful if I say that I have seen many mental victims of Spiritism.' He also gave an assurance that he had never seen a case of 'Episodic Spiritist Delusion', as Professor Roxo called it. In addition, he criticized the lack of explicit criteria when collecting data for statistics on Spiritist madness.

Finally, Hélio Gomes (1946), Professor of Psychiatry at the University of Brazil, declared:

The fact that a person presents mental disturbances after having attended one or more Spiritist sessions does not prove that this is the cause of alienation. It is possible that the person was already ill, but in the prodromic or initial phase of the mental disease.

## **Methodological problems in the history of 'Spiritist madness'**

### *Precise definition of 'Spiritist madness'*

No study or research is valid without a precise definition of the madness supposedly caused by Spiritism. While many psychiatrists saw a myriad of examples, other psychiatrists said they had never seen one in decades of clinical practice. Frequently it was sufficient if a family member said that the patient had attended Spiritist centres, or that he was interested in Spiritism, or that the family said that his disease was due to Spiritism, and it was then already considered the cause of that mental disease (Guimarães Filho, 1926; Marques, 1929; Ribeiro and Campos, 1931; Rocha, 1896).

It is well known that the cultural context of patients influences the content of hallucinations and delusions. Thus, the content of psychotic symptoms could simply be related to the fact that Spiritism was popular at that time in history, in the same way that many patients today have symptoms related to the internet, or cloning, and so on.

*Precise definition of Spiritism*

The word Spiritism was created by Kardec (1857/1994) to specify a doctrine he conceived in the middle of the nineteenth century, distinguishing it from other spiritualist beliefs. However, authors of the time used the term Spiritism to refer to an array of religious expressions: *candomblé*, voodoo, clairvoyant, popular shamans, Christian Rationalism, etc., as well as Spiritism itself.

At times, psychiatrists made a distinction between 'high' and 'low' Spiritism, but there was no precise definition to either version. 'High Spiritism,' frequently exempted from criticism and even acclaimed, generally applies to Charles Richet's metapsychics, and to the studies of William Crooks, Cesare Lombroso, Oliver Lodge and Alfred Russell Wallace (Pacheco e Silva, 1950b; Rocha, 1896).

One of the Spiritism centres most commonly mentioned by critical psychiatrists was the *Redentor* Center in Rio de Janeiro, although it clearly stated that Kardec's principles were not accepted there: 'that messy, unfortunate and perverse thing, under this name, has been practised until now in every corner of the world, called Kardecist Spiritism'. The centre was presumed to be the main focus of spiritist activity because its members declared themselves supporters of 'Rational and Scientific (Christian) Spiritism'. The group was often mentioned because it was fairly influential and, moreover, it fitted the issue in question. It considered that all cases of madness derived from 'spiritual obsession' and offered quite violent 'treatment' consisting of restraining the 'obsessed individuals' and, not infrequently, 'punishing them severely' (Centro Espírito Redemptor, 1927).

In Taubaté in 1885 there were reports of disturbed and agitated behaviour among a group that practised strange religious rituals, different from any practice of Spiritism. Nevertheless, the participants said they were in communication with spirits and the incident was notoriously known in the country as a 'epidemic insanity induced by Spiritism' (Rocha, 1896).

Despite the repeated attempts of Spiritists to distinguish between these varied practices, misinterpretation of concepts persisted. Systematic investigation of the consequences of any of these practices was hindered by considering all people who observed such heterogeneous religious expression as a single group.

*Precise definition of activities to be investigated*

Even if Spiritism had been defined precisely, it would still be necessary to consider the range of activities involved in Spiritistic observation. For instance, Spiritist practice could comprise attending lectures, reading books, receiving *passes*, prayers, being a medium, attending mediumistic gatherings, voluntary work, and so on. Only by considering individual activities would it be possible to determine whether any of them was liable to disturb the sanity of participants.

*Prevalence comparison of spiritist and other religious practices among 'mad people' and the population*

The reality that the number of Spiritist 'mad people' was increasing could be related to the simple fact that the number of Spiritists was also increasing (as was indeed the case at the time). If the prevalence of Spiritists among the 'mad people' were similar to the prevalence of Spiritists in the population, no relationship between Spiritism and madness could be established.

*Risk of spreading clinical observation to non-clinical population*

Psychiatrists in their clinical practice have contact with individuals with various forms of mental disorder, perhaps especially at the beginning of the twentieth century when the focus of attention of psychiatry was severe cases of hysteria and psychosis. If a psychiatrist's patients are his sole contact with Spiritists, his sample of that religious group is biased. It would be more meaningful to consider the social-demographic and psychiatric profiles of Spiritists in the social group and to compare them with the remaining group. Although Spiritism was mainly a religion of the middle class, psychiatrists contended that it spread most among the 'uneducated and unfortunate' class.

*Association is not causation*

Even if all steps were followed, finding greater prevalence of Spiritists among 'psychopaths' would not necessarily demonstrate a causal relationship. In a cross-sectional survey, it is very difficult to establish time relationships to association (Hennekens and Buring, 1987). In other words, did the person 'become mad' after converting to Spiritism, or did he seek 'treatment' in Spiritist centres because he felt somehow disturbed? In considering these questions, three points should be borne in mind: (1) there was great lack of psychiatric services available to the population; (2) even today, patients frequently look for 'alternative' treatment; and (3) many Spiritist centres assured people that they could help in the treatment of mental diseases. Nevertheless, when the first results of a study match one's interests and prejudices, deeper analysis and other hypotheses are often dismissed, so the results of superficial analysis are declared meaningful (Chalmers, 1994).

## **Solving the conflict**

Until the mid-twentieth century, the prevailing position in psychiatry was to withstand Spiritist and mediumistic practice in general. The historic outcome of the solution of the conflict is still an open question that our group continues to investigate. Lopes (1979) argued that the change came about because of psychiatrists broadening their anthropological knowledge. This was doubtless influenced by the work of the French ethnologist Roger Bastide in Brazil, in the



1950s and 1960s. For many years he studied Afro-Brazilian cults (that were based on mediumistic experiences). He demonstrated the biases and ethnocentrism that influenced previous studies on the subject. He concluded that, although mental pathology explains some cases, 'possession trance is sociological before pathological' (Bastide, 1978). Henceforth, psychiatric theory and practice started developing cultural sensibility, also influenced by the development of transcultural psychiatry and ethnopsychiatry (Lewis-Fernández and Kleinman, 1995; Martins, 1969; Ribeiro, 1982). This allowed a more careful approach to the issues, being less prescriptive and more respectful towards cultural and human variations.

## Conclusion

Although we have emphasized the importance of epistemological factors in the study of 'Spiritist madness' in Brazil, this does not mean that they are the sole nor the main factors. Epistemology is merely one perspective from which the problem can be approached.

Our study shows the importance of a critical approach to organized knowledge and to standard practice – even if they seem 'evident' and defended by important 'authorities'. One must realize that the complexity of the real world frequently challenges and overrides the current attempts of scientific explanations derived from controlled environments. The recognition of limitations to scientific knowledge must be balanced against mystification and overenthusiasm. The unfounded idea that science goes far beyond its actual limits is still strong today. For this reason, social and political problems are constructed as if they were scientific, and 'solutions' are offered in a simplistic way which ignores the complexities of the real-life social and political issues in question (Chalmers, 1994).

Finally, Popper (1995) emphasizes a humble intellectual posture, since from every solution to a problem, new unsolved problems arise. He said:

I believe that it would be worth trying to learn something about the world even if in trying to do so we should merely learn that we do not know much. This state of learned ignorance might be a help in many of our troubles. It might be well for all of us to remember that, while differing widely in the various little bits we know, in our infinite ignorance we are all equal.

## Notes

1. Information on Kardec's works and on the spiritist doctrine can be found on the following home-pages (in several languages): [www.spiritist.org](http://www.spiritist.org) and [www.geocities.com/Athens/Cyprus/1579/](http://www.geocities.com/Athens/Cyprus/1579/)
2. Professor of Legal Medicine at the School of Medicine of Rio de Janeiro (the most important in Brazil at the time), honorary member of the Anthropological Society of Paris and Legal Medicine of France. In 1933 he received the Lombroso Award from the Royal

Academy of Medicine in Italy. Curiously, Cesare Lombroso was a mordant critic of Spiritualism, but at the end of his life he investigated it extensively with Eusápia Paladino (a famous medium), and finally accepted the spiritualist theory. Lombroso's last published book (1909/1983), *Ricerche su Fenomeni Ipnotici e Spiritici*, summarizes his researches in the field; this was translated into Portuguese, and also English (with the title *After Death – What?*).

3. University Professor of Psychiatry at the School of Medicine of Rio de Janeiro, President of the Brazilian League of Mental Hygiene, associated member of the Société Médico-Psychologique de Paris and honorary president of the International Committee of Mental Hygiene.
4. University Professor of Psychiatry of the School of Medicine and Surgery of São Paulo (now University of São Paulo (USP), today's largest university in Brazil).
5. 1864–1933. Founder of the Juquery Hospital, a milestone in public health history of the state of São Paulo. Founder of the first psychoanalysis society in South America. In 1918 he became University Professor at today's University of São Paulo.
6. 1862–1906. Ethnographer, criminologist, pathologist, sociologist, pioneer in African studies in Brazil. He played a crucial role in the implementation of legal medicine in Brazil. Lombroso considered him 'apostle of criminal anthropology in America' (Anonymous, 1906).
7. Professor of Public Medicine at the University of Rio de Janeiro and Director of the Legal-Medical Service of Rio de Janeiro.
8. Four psychiatrists (Henrique Roxo, Franco da Rocha, Pacheco e Silva, Pernambuco Filho), two neurologists (A. Austregésilo and Faustino Esposel), one pathologist (Raul Leitão da Cunha), one lawyer (Tanner de Abreu), three sanitarians (Julio Porto Carrero, João Froes and Carlos Seidl) and one engineer (Everardo Backeuser).
9. Professor of the School of Medicine at the University of Rio de Janeiro and physician at the National Hospital of Psychopaths.
10. Process in which a disincarnate spirit causing harm and symptoms to someone would come forth and receive words of advice, according to Christian principles of conduct, to abandon its evil action on the patient.
11. Spiritism and homeopathy were closely connected in Brazil for a long period of time (Silveira, 1997).

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