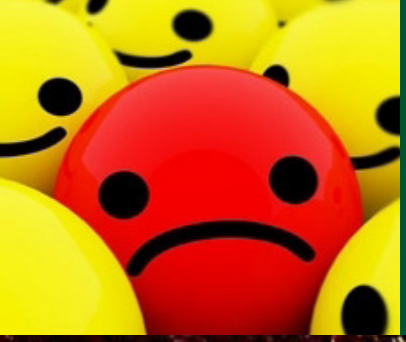

Trauma: How to Overcome It?

Research in Health and Spirituality

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Health of the Soul

Reflections on Anorexia, Bulimia and Bigorexia

Dr. Olinta Fraga

Illustration Source:
sprintwallpaper.com

Editorial

EDITORIAL

We live in a world full of potential causes of psychological trauma. Some people develop their own way to deal with and to recover from traumatic events. Others have a more difficult time to overcome a shocking experience without help. Who is susceptible to emotional trauma? How do we recognize the manifestations of this type of trauma? Can religiousness/spirituality help to overcome the effects of psychological trauma? In this issue of ***Health of the Soul****, Dr. Julio Peres combines his experience in clinical psychology and his research expertise in behavior and neuroscience to address these questions and many other issues related to psychological trauma.*

The relationship between emotional balance and physical health is evident in many disturbances. Among those, we find a set of eating disorders including anorexia, bulimia and bigorexia that especially affect individuals at a young age. Dr. Olinta Fraga, a clinical psychologist, explains in her article how these three disorders develop. In addition, based on her knowledge of and experience in Spiritism, Dr. Fraga explains how experiences from a past incarnation may be related to the origin of these current behavioral disturbances.

Spiritism clarifies the cause of a number of physical and emotional disorders. The best tool to convey this knowledge to non-Spiritist healthcare professionals is through scientific research based on solid methodology. A growing number of researchers in the U.S. and around the world have performed studies on spirituality. More recently, some of these distinguished researchers have been collaborating with pioneer Spiritist researchers from Brazil, notably Dr. Julio Peres and Dr. Giancarlo Lucchetti. In the past three years, Dr. Lucchetti has published about 30 articles under the sponsorship of the Spiritist Medical Association (SMA)-Brazil, most of them in international journals. This is a very important step for the accomplishment of the main mission of the SMAs: to bridge Medicine and Spirituality. In this issue of ***Health of the Soul****, Dr. Lucchetti gives us an overview of his trajectory as a researcher of the SMA-Brazil.*

Sonia Doi, MD, PhD
President, SMA-US

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The psychologist and researcher Julio Prieto Peres, with articles published in major international journals, magazines and sites specialized in Psychology and Neuroscience, discusses in the book *Trauma e Superação: O que a Psicologia, a Neurociência e a Espiritualidade Ensinam* (Trauma and Coping: What Psychology, Neuroscience and Spirituality Teach), simply and objectively, the latest findings related to the subject, thus providing the bases of studies and clinical practices for overcoming suffering coming from painful experiences, sometimes not clearly perceived. The Brazilian magazine ***Saúde da Alma*** (Health of the Soul) talked to the author who besides being a psychologist also holds a Ph.D. in Neuroscience and Behavior from the Institute of Psychology of the University of São Paulo (USP). He also completed postdoctoral fellowships at the Center for Spirituality and Mind of the University of Pennsylvania, and at the Clinical Radiology/ Diagnostic Imaging of the Federal University of São Paulo (UNIFESP).

What is trauma?

"Trauma", in its Greek etymological root, means lesion caused by an external agent. The concept migrated to the psychological field, connected to the meaning of wound: an excitation greater than the cognitive processing capacity of the individual. Therefore, trauma occurs once the natural physiological defenses are surpassed – but it is not exclusively caused by an external agent. The subjective processing of the episode can characterize or not the configuration of the trauma. Loss of loved ones, accidents, illnesses, abortions (spontaneous or provoked), separations, and natural disasters, and especially violence caused by man, as robberies, kidnappings and sexual abuse, are among the major potentially traumatic events.

Can we say that people today are more susceptible to psychological trauma?

Exposure to traumatic situations has been constant throughout the history of mankind, and psychological trauma occurs in individuals of very diverse age groups and social classes. Epidemiological studies (in population from various countries) estimate that the lifelong prevalence for the occurrence of potentially traumatic events may reach 50% to 90%, while the prevalence of the Post-Traumatic Stress Disorder (PTSD) in the general population is estimated between 8% and 10%. In practice, this means that most of us have experienced or will experience at least one event likely to cause psychological trauma. In the last decades, potentially traumatic episodes have intensified. The statistics indicate increasing number of violent factors caused by man, which

together with the high levels of stress and loneliness in metropolises, tend to generate more exacerbated suffering responses that progress to psychological trauma – this can be mitigated and overcome with specialized therapeutic intervention.

Can the psychological trauma exceed the boundaries of the emotional sphere and trigger physical symptoms?

Yes, the traumatized persons frequently present a series of physical symptoms, often diagnosed within an array of somatic functional syndromes, such as migraine, fibromyalgia, irritable bowel syndrome, chronic fatigue syndrome, among others. One of the earliest evidence in this regard was demonstrated by a study, published more than ten years ago, which investigated the patterns of chronic pain in war veterans with psychological trauma. Recently, a study with 3,982 twins showed a common traumatic etiology in nine conditions (chronic fatigue syndrome, back pain, irritable bowel syndrome, headaches, fibromyalgia, temporomandibular joint disorder, depression, panic attacks and PTSD). We emphasize a possible relationship between chronic pain and effects of psychological trauma in our publication in the journal Current Pain Headache Report (see in ARTICLES at www.julioperes.com.br).

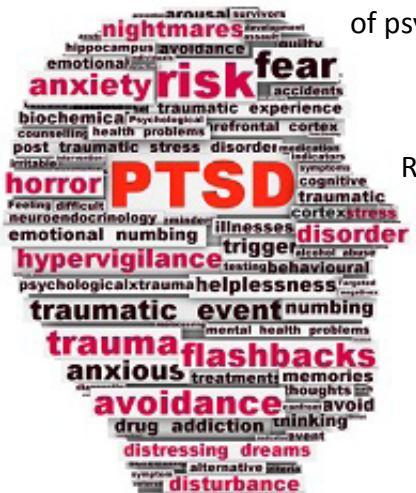


Image source: www.drugfree.org

In your book, you address the issue of mirror neurons. What are they and how can they help us understand the traumas?

Today, the body of neurofunctional investigations in humans allows Neuroscience to describe the activity of mirror neurons as a mechanism through which we experience empathy, recognize the intentions of other individuals observing their behavior, mirror this reference and merge it with our repertoire to generate a similar behavior.
It is important that psychotherapy applied to traumatized people facilitate the perception of new possibilities to generate adaptive behaviors. I tell patients that "visualizing the path before walking it is a key step." The observation of examples of people who have learned from their own traumatic experiences and have recovered, helps the individual who recognizes his/her values, talents and recovery capacity, but still lacks references to overcome the current trauma. The same way we observe and mirror the behavior of our fellows, we are mirrored by those watching us. Our own examples of peace in coping can inspire our children, colleagues, patients and friends. In this regard, a good example was left by Galileo Galilei, for the inspiration of our "mirrors", when he said: "We cannot teach people anything; we can only inspire them to learn."

How can neuroscience help psychology? Do neuroimaging studies show changes in cases of mental stimulation of traumatic event memories?

Neuroscience has demonstrated that psychotherapy, in addition to alleviating or constructing suffering, can modify brain

function. We published two Brazilian studies that investigated the neurobiological effects of psychotherapy through functional neuroimaging (Psychological Medicine 2007 and Journal of Psychiatric Research 2011). These studies showed that as the cognitive classification (narrative) develops, the sensory and emotional fragmented expressions (characteristics of the trauma) decrease. The suffering decreased as the assignment of a new meaning for the experience occurred in individuals undergoing psychotherapy, compared with the control group (not subjected to psychotherapy). The greater relative activation of the prefrontal cortex found in the post-psychotherapy tests indicated a better activity of the individual in the ability to synthesize, categorize and integrate the traumatic memory into a new learning perspective. Our studies show that when people verbalize their suffering in an oriented manner during the psychotherapy, they are able to reconstruct, reclassify their traumatic event and gradually diminish the deregulated expression of emotional circuitries. The construction of bridges between psychotherapy and neuroimaging should continue to foster the understanding and the refinement of effective treatments for those psychologically traumatized.

What are the main traumas or sufferings that lead people to seek psychotherapy?

Among the most frequent traumas of people who seek psychotherapy we can list: Loss of loved ones (especially family members); abortions; accidents; couple separation (infidelity, conflict, etc.); mugging, kidnapping (with captivity, abduction, household); sexual violence; deceptions (broken trust, cheating, etc.); drastic life changes (surgery, illness, job loss, etc.); witness or personal target of violence; family conflict (serious arguments, fights, etc.). In general, trauma involves the elements of surprise and helplessness during the occurrence. One must seek psychotherapy whenever suffering is significant enough to limit daily life activities.

Is it good or bad to talk about the event that triggered the trauma?

Studies with traumatized individuals show that silence may increase the subjective dimension of the trauma, as well as amplify the suffering. Conversely, every time we tell and retell a story we are inserting new cognitive elements and modifying it. It is very important to talk about the trauma. Psychotherapy guides this “oriented conversation” towards overcoming the trauma. People who do not have access to psychotherapy should speak with family members, friends, religious leaders (respecting their beliefs) that can be trusted and that can simply listen, at the first moment. Subsequently, it is important that the conversation conveys an orientation for learning about and overcoming the difficulty. Elie Wiesel, a Holocaust survivor, writer and Nobel Peace Prize winner in 1986, wrote and rewrote his experiences and certainly can frame and reframe his traumas through his work.

Image source: milesneale.blogspot.com

This example of overcoming leaves us an important lesson: “Look, you must speak. As poorly as we can express our feelings, our memories, but we must try. We have to tell the story as best as we can.

In truth, I have learned something: Silence never helps the victim. It only helps the victimizer... If I remain silent, I poison my soul” (Elie Wiesel, 1996).

What to do when people express symptoms and behaviors suggestive of trauma with no recollection of the events related to the suffering?

Indeed, many patients with symptoms of PTSD, certain phobias, panic disorder, among other anxiety disorders, and specific relationship difficulties (children, spouse, ethnicities, etc.) do not remember the events that originated their complaints. Other medical specialties also observe the “power” of the psyche on certain diseases, such as in somatoform disorders (formerly called psychosomatic illnesses) influenced by unconscious memories, manifesting for example as excessive sweating (hyperhidrosis), chronic urticaria, generalized pruritus, baldness (alopecia areata), compulsive abrasions, hair pulling (trichotillomania), lip biting (cheilophagia), skin biting (dermatophagia) nail biting (onychophagia), psoriasis, seborrheic dermatitis, and vitiligo, among others. In such cases, patient access to the meaning attributed to the origin of their complaints can also happen during psychotherapy. The Terapia Restruturativa Vivencial Peres (TRVP, The Peres Re-living Restructuring Therapy), developed by the psychiatrist Maria Julia Peres since 1980, consists of a process of self-resolution of conflicts and has resulted in effective therapeutic results for those who have symptoms, subjective suffering, dysfunctional patterns of behavior and are unable to explain their “whys” or their roots. It was a privilege for me as son and psychologist, to follow the TRVP development and then the positive results with the patients. TRVP associates the foundations of cognitive behavioral therapy to the use of the Modified State of Consciousness (MSC). The patients are brought to a mental and physical relaxation based on the diaphragmatic breathing to make connection with the unconscious contents that may explain the causes of their suffering. When this connection is established, the therapy reaches cognitive restructuring, i.e., the trauma is therapeutically re-framed by getting to learn what was re-lived. It has been observed that contents, symbolic or factual, that emerge in MSC, are directly related to current individual’s anxieties and difficulties. The mental images appear during the state of wakefulness with the attenuation of the filtering resistance manifested by logic reasoning. The re-lived contents represent a subjective emotional truth of the individual. One observes the lived experiences of childhood, adolescence, adulthood, birth, intrauterine life, symbolic situations, or events that the individual perceives as from previous lives. The therapist asks the patient what is the relationship between the experienced contents and the current symptoms and difficulties, thus promoting the awareness of the dynamics and internal dialogues that maintain the dysfunctional patterns of feeling, thinking and behavior. One sentence that summarizes the therapeutic learning of each re-lived experience is elaborated by the patient, and the new mental and behavioral dynamics are gradually exercised and strengthened until symptoms fade away.

What is your advice for traumatized people?

Here are some tips that may help: (1) Having confidence in the good. Anyone who believes that the future will bring comfort, lives better the present; when one discovers the importance of moving forward the trauma loses strength; (2) Finding comfort in religion, respecting one’s

beliefs, can alleviate suffering. Studies show that those who have good religious foundations can usually minimize pain. The belief in a welcoming God that watches over everything can strengthen the support to move forward; (3) Creating positive alliances with difficulty, seeking the lesson brought by the painful experience. Positive summaries predispose and encourage psychological overcoming; (4) Generating new life goals. Engaging in a new project and making one's own experience a dissemination vehicle of the good, makes the trauma overcoming easier.

Image source: sophlylaughing.blogspot.com

Image source: www.hottraining.co.uk

What are the main factors related to growth after trauma?

Contrary to what was believed, psychologists and psychiatrists begin to recognize the trauma as an opportunity for individuals to transform their lives for the better. Traumatic experiences can create opportunities for personal growth with the introduction of new values and perspectives towards life. Anguish and posttraumatic growth can go side by side. The improvement of life quality after psychotherapy usually involves five factors: (1) development of new interests and goals, (2) appreciation and valorization of life, (3) better interpersonal and family relationships, (4) rescue of religiousness and spirituality in everyday life, (5) and discovery of personal strength and resources to overcome adversity. In line with some recently published studies in the Journal of Traumatic Stress, I observed that posttraumatic growth is directly related to character strengthening and development of virtues (such as courage, justice, temperance, wisdom, patience, love and hope). After psychotherapy, many patients report that their quality of life is relatively higher than what they had before the traumatic episode occurred.

What is resilience and what is its importance?

The term resiliency comes from physics and relates to the ability that a body has to undergo a deformation by the action of an external agent and return to the natural form. Likewise, when an individual faces a stressful situation and feels its enormous impact, but gets back to his/hers adequate quality of life, he/she possessed or developed resilience. The literature on traumatic stress has numerous reports on incidents that revealed vulnerability and failure to provide effective protection against psychological trauma. It is important to remember that resilience is not a mantra or a desired relentless "security envelope" for some surprising risk situations. The crucial factor for the development of resilience is how individuals perceive their ability to deal with events and control their outcomes. The internal dialogue of self-pity, helplessness, victimization and self-deprecation can highlight the negative emotions related to the traumatic memory and exacerbate psychological distress. Gradually, the persons who cultivate internal dialogues of coping, trying to positively modify the present can overcome the psychological trauma. Resilience is not something that some people possess and others do not. It can be developed even by individuals with psychological trauma, and can be promoted by psychotherapy.

Can religiousness and/or Spirituality help in overcoming trauma?

Yes, but there were no studies about it available

until the last decades. The first discussions about religion, under the scope of psychology, were brought by Freud, who considered religion an illusory remedy against helplessness. Belief in survival after death would be based on fear of death, analogous to the fear of castration, when the situation to which the ego would react against was that of being abandoned. Currently, religious experience is no longer considered a source of pathology and, in many circumstances, has become recognized as a provider of personal rebalancing and health. Religiousness and spirituality are deeply rooted in a personal quest to understand life, its meaning and its relations with the sacred, the transcendent, and can offer support for individuals to respond to traumatic situations in which fragility, vulnerability and human limits are confronted. Thus the spiritual and/or religious beliefs and practices may contemplate this need to search for a meaning to life and influence the way people interpret and handle traumatic events. Hundreds of studies have investigated the relationship between religious involvement and mental health. Most of them reveal that the higher the religious involvement, the greater the wellbeing and mental health. The positive use of religion has been associated with better physical and mental outcomes not only in patients with severe illnesses, but also in victims of psychological trauma.

Julio Peres is a clinical psychologist and a PhD in Neuroscience and Behaviour at the Institute of Psychology, University of São Paulo. He completed postdoctoral fellowships at the Center for Spirituality and the Mind, University of Pennsylvania, and at Clinical Radiology / Diagnostic Imaging, UNIFESP. He is a researcher of the Health, Spirituality and Religiousness Program (PROSER) of the Institute of Psychiatry of University of São Paulo. Author of the book “Trauma e Superacão: O que a Psicologia, a Neurociencia e a Espiritualidade Ensinam” (Trauma and Coping: What Psychology, Neuroscience and Spirituality Teach).

Mednesp
Challenges of the Spiritist-Medical Paradigma:
In education, in research, and in the clinical practice 2013

Speakers:

The Brazilian Medical Spiritist Congress
Maceió, AL, Brazil – May 29 to June 1, 2013

Dear Friends,

MEDNESP, the annual national congress organized by the Brazilian Spiritist Medical Association (AME-Brasil) will be held in the beautiful city of Maceio (Alagoas, Brazil) from May 29th – June 1st, 2013.

This enlightening event will feature lessons about health and spirituality associated with the most beautiful expressions of Christian fraternity.

In the main auditorium with 1,300 seats, topics from medicine, psychology, ethics and education will be discussed at a level easily accessible to the lay public. In the firs day of the event, lecturers will address topics on the dawning of the existence, from conception to its prelude to death, with analysis of aging and the decline of physical health. In the following days, the complexity of diseases and treatment will be discussed, with special emphasis on the complementary Spiritist therapy. In addition, we will address fundamental questions of ethics and a more humane practice of medicine.

In a smaller auditorium (500 seats). the Two Williams – dedicated to William Crookes and William James – more specific topics of Science and Medicine will be discussed using scientific language. Sessions in this auditorium will focus on scientific research conducted by the Spiritist Medical Associations in Brazil and abroad. We will discuss the Spiritist theory about the thought, including the contribution of quantum physics. In addition, these discussions will include scientific aspects of reincarnation and of evolution of the species, as well as the influence of the Spiritist personalistic bio-ethics on the humanization of medicine. We suggest that only those who really enjoy scientific discussions and research register for the sessions in the Two Williams auditorium.

Another auditorium will be dedicated for some specific discussions including: Assistance and guidance to drug addicts; assistance to outpatients through the Health Institutes, and to inpatients by the Spiritist chaplain service, both in partnership with hospitals. In summary, sessions in this auditorium will be geared to the development of one of the fundamental pillars of the Spiritist Medical Associations: Benevolence.

This is just a summary of the 2013 Mednesp program.

We look forward to seeing you in this event!

Warmest regards,

Marlene Nobre, M.D.
President, AME-Brasil & AME-International

Reflections on Anorexia, Bulimia and Bigorexia

Dr. Olinta Fraga

We face three complex disorders whose origin is multifactorial, but whose pathological origin rests on dissatisfaction with personal relationships, with attempts to compensate for less or for more, as well as the unbalanced world food situation, which arouses our personal dormant core. Today, a fifth of the world's population lives in absolute poverty while the other part lives in excess. This affects us much more than we can imagine, according to our Spirit Mentors.

The etymology of the names that designate these disorders indeed conceptualize them. Anorexia derives from the Greek an = absence + Orexis = appetite, or lack of appetite. It is a psychic disorder that leads to loss of appetite or extreme fasts and/or induced vomiting due to the fear of gaining weight. They are characterized by a body mass index lower than 17.5, a high degree of distortion of one's own image and denial of an emotional-sexual life.

The word Bulimia also originates from the Greek: bous = ox + limos = hunger, or hunger of an ox. This disorder is characterized by compulsiveness and exaggeration. They manifest as recurrent episodes of compulsive eating with excessive worry of body weight gain, which leads to inappropriate compensatory behaviors, such as self-induced vomiting, use of laxatives, diuretics and other drugs, as well as excessive exercise. It also leads to excess both in sexual activity and the use of alcohol.

Bigorexia is also known as muscle dysmorphia or body dysmorphic disorder. It originates from the Greek word dysmorphia, which means ugliness of the face. It refers to dissatisfaction with appearance and an excessive preoccupation with a minuscule or imaginary body defect, which leads to the excessive practice of exercises and the use of drugs to gain body mass.

These three disorders have in common a body image distortion, leading both men and women to eating and behavioral disorders.

Body image is a mental representation that a person has of his/her own body. It is related with self-esteem and confidence, which in turn results from the composition of an alchemical mixture of factors such as psychological vulnerability added to the exposure to an open and friendly environment, positive feedback in the first significant relations, and more flexible family beliefs.

Prevalence

According to the scientific etiology, these disorders affect individuals as early as pre-adolescence, when preoccupation with appearance is intense and youngsters are naturally

more susceptible to the opinions of others. However, they may occur at any stage of life, including childhood.

The manifestation of anorexia in children can be an instrument of emotional blackmail, and, according to researchers, sexual abuse may be a precipitating factor of both Bulimia and Anorexia in this phase of life.

These disorders can also be triggered by a stressful situation, such as losses and major changes, and by psychiatric comorbidities, as in the Obsessive Compulsive Disorder, Mood Disorders, Anxiety Disorders and Personality Disorders.

Eating and somatoform disorders generally affect women due to their obstinacy in following the cultural standards of beauty. However, lately there are several records involving men. These disorders greatly affect athletes, whose bodies are expected to be beautiful, with very low fat content, such as marathoners, olympic gymnasts, jockeys, dancers, and swimmers. Artists and models are also among the compulsive group in pursuit of the ideal body image. Among the activities involving strength and muscle volume, we will find the bodybuilders and professional wrestlers.

Image source: www.womenshealth.gov

The ideal body

In pursuit of the ideal body, disseminated by the media as competence and success, eating and somatoform disorders continue to affect sensitive and insecure youth. Increasing attendance to gyms can turn into a social, "nurturing" place for those with relational difficulties, and a triggering factor for these disorders.

A person with bigorexia, for example, in search of his/her own identity, designates his or her own body as the reference value. The gym becomes his/her social life, and starts to take over the day. Encouraged by the daily praise on his/her body performance, the load of exercise is increased, which in turn stimulates the production of endorphins that induces a feeling of satiety, inhibition of the sensation of pain, and dependence on the activity. The next step is the use of diets and substances that will lead individuals to suffer from chronic and disabling diseases, as it occurs with anabolic steroids. According to researches from the Sao Paulo University Medical Center (Hospital das Clinicas de Sao Paulo), the use of these substances without medical supervision can lead to atrophy of the testes, infertility, and loss of erection ability, in addition to causing kidney and liver damage.

In the case of anorexia, girls starve throughout the day, and even when they are bones and skin, they still feel fat. The extreme diets can lead to general organ dysfunctions, disruption of menstrual cycles, gastrointestinal disorders,

hair loss, decrease in bone density, depression, isolation, and aggressive behavior. According to a study conducted by researchers at the University of British Columbia (Canada), 10% of anorexic patients die from health problems arising from aversion to food. Furthermore, both anorexia and bulimia can lead to irreparable brain damage.

A good environment for physical activity should stimulate energy renewal and muscle workout, promoting a healthy mental and emotional life.

In the pursuit of happiness, human beings tend to transform a single organizing factor into a nurturing source, and through this misperception deposit in it all their expectations, moving away from so many other aspects of life, such as affective and family relations, professional achievements, artistic and religious endeavors. Then, they obviously end up getting sick.

Spiritual etiology

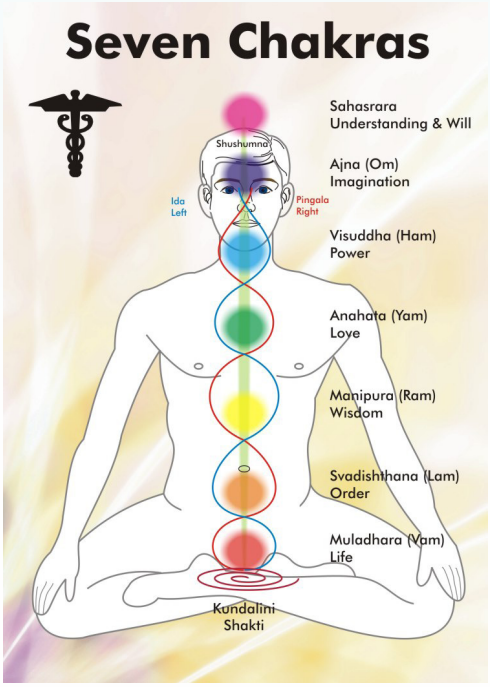
Although they seem to be modern disorders, their origins can be found in our distant spiritual past. Briefly, anorexia can be found in fasts proposed by some ancient religions for purification of sins and meeting with God, as well as experiences in periods of extreme scarcity, such as wars and deaths by starvation.

Bulimia recalls ancient rituals that induced gluttony and provoked vomiting, and takes us back to Rome and the feasts of the powerful. The cult of the body has its origins in Greece, a civilization that believed that the practice of physical activities was connected to the well-being of the body and the soul.

Physical training of the body would be a means of building the spirit and morality. Undoubtedly, the proposal of the wise Greeks was to keep a balance, which, when distorted by us, originates disease. We use what is licit – food, drinks and sports – in an illicit way.

To all that, we also add the illnesses of the soul, which led us to selfish attitudes towards other human beings, and since the Higher Law is implicit in our consciousness, egoic acts are recorded in our soul, claiming for reparation. In our studies, assisted by Spiritual Mentors, searching for the spiritual etiology of these disorders, we found that many individuals had caused death of their slaves, enemies, etc., by starvation, or practiced cannibalism or caused poisoning, while other individuals with religious powers had convinced slaves to fast in order to decrease the expenses of landlords.

These are experiences of pathological exchanges, psychic postures in various reincarnations, which left imprints in our astral body, more precisely in the gastric and frontal chakras. The gastric chakra houses the center of our personal power and the control of our emotional energy. Its dysfunction can lead to discouragement, lack of confidence and will, and also affective problems and authoritarianism. The frontal chakra houses the center of comprehension, memory, and imagination. Its dysfunction hinders empathy and creativity, issues that complicate the establishment of healthy exchanges, especially with the absence of spirituality and the resistance to change.



Source: http://yogasiddha.blogspot.com/

This pathology leads to an inability of identifying bodily sensations, a feeling of strangeness with respect to the body, and the difficulty of establishing boundaries. Low self-esteem deprives the individual from identifying his/her value, and, not feeling important, the person becomes incapable of believing in selfless love. Obsession then strikes the individual due to his/her self-obsessive tendency, as occurs in mental and emotional disorders in general.

These are disorders of difficult recovery. However, according to researchers, if the problems arise in adolescence the chances of recovery are higher than if they arise in adulthood. However, we should never generalize. Every human being is a universe, and we know that "health derives from the connection creature\Creator," and this connection is not linear. [1]

The therapist (therapy comes from the word therapeuen in Greek) is the person who heals and initiates those who seek him/her towards their own inner healer. Within this function, the therapist opens the way for those who up to that point had been mistaken - from that point on, the definitions become extremely individual.

The bearers of these disorders are individuals in need of a positive experience. The opportunity to make it happen arises when there is an optimal bond with a caring therapist, as these individuals must be touched in the heart. A firm therapist to impose limits, but also spiritualized because these patients urgently need their reconnection with the Creator.

Group therapy, together with individual treatment, favors socialization and reflection, as individuals see their behavior mirrored in others. Group therapy with the family is also important, as it is necessary to create a space for these individuals to review their relationships within the family circle.

The use of allopathic and homeopathic medication is advised, in association with magnetic therapies such as passes and magnetized water, which will aid in energy renewal, facilitating the prospect and acceptance towards a change in behavior. Charitable activities will further provide opportunities of free and nurturing exchanges.

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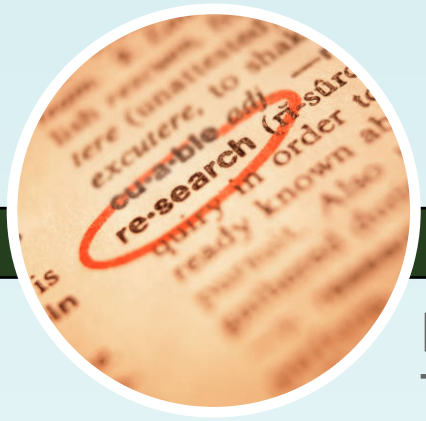
1 Expression used by the Spirit Mentor Joseph Gleber.

Olinta Fraga is a clinical psychologist from PUC-MG, trained in Ericksonian Hypnosis and an expert in the Analytical Psychology of Carl Gustav Jung. She is a member of the Spiritist Medical Association of the State of Minas Gerais, Brazil (AME-MG), an institution that developed a multidisciplinary study on individuals with these disorders, and demonstrated the existence of a spiritual component in the etiology. Anorexia, Bulimia and Bigorexia were the theme of her lecture at the Mednesp Congress in 2011.



Research in Health and Spirituality - The Spiritist Medical Association of São Paulo Revives its Research Department, (DEPAME) - Four Years of History

Dr. Giancarlo Lucchetti

Four years have passed since the revival of the Research Department at the Spiritist Medical Association of São Paulo (Associação Médico-Espírita de São Paulo, AME-SP).

During that time, Dr. Mário Peres and I decided to revive a department that had been deactivated and lacked a clear vision.

Despite having renowned members and distinguished researchers, AME-SP had no publications in any indexed scientific journals or presentations at any scientific conferences.

Some people argued: "It is impossible to publish under the sponsorship of the Spiritist Medical Association, because the scientific community holds strong prejudice and would never let that occur."

It was in that context that we embraced our "next to impossible" mission: To demonstrate that what mattered was not the institution's "Spiritist" name, but the quality of our work.

In fact, we faced some prejudice at the beginning. I still remember our first participation at a conference in the end of 2008, when we presented a poster about Spirituality, Religiosity and the Elderly Patient. The old logo of AME Research Center (NUPAME-Núcleo de Pesquisa da Associação Médico-Espirita) contained a picture of Allan Kardec. Many people would stop at the poster and point at the image of Kardec - some out of humor, others out of astonishment.

But after seeing the quality of the work, they pondered: What was that institution, what were its precepts, and how could it generate a high-level research?

Each step was an important triumph in our history. I remember our first article accepted in a scientific journal. It was a Letter to the Editor in the journal Circulation (noteworthy mentioning that this is one of the most important journals in cardiology with an impact factor of 14.7). Our joy was to demonstrate that to the contrary of what many people thought, it was possible to publish in prestigious journals under the sponsorship of AME (Associação Médico-Espírita, Spiritist Medical Association) - It was enough to submit a high quality product.

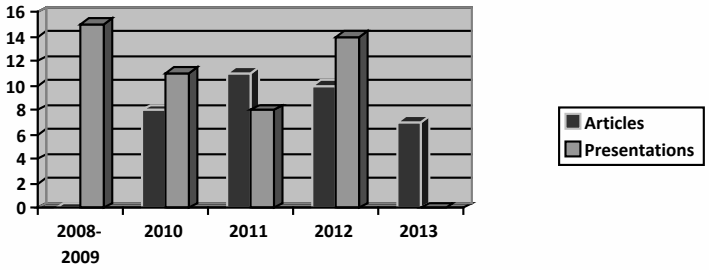
At that time, AME-SP's name was translated to São Paulo Medical Spiritist Association and NUPAME became DEPAME (Departamento de Pesquisas da AME São Paulo).

depAME
departamento de pesquisas da AME-SP "Allan Kardec"

I also remember our first national partnership with Dr. Alexander Moreira de Almeida at the Federal University of Juiz de Fora (Universidade Federal de Juiz de Fora, UFJF) and our first international partnership with Dr. Harold Koenig of Duke University. In 2010, when I sent an unassuming email to Dr. Koenig, I could not imagine that we would end up with more than eight projects in collaboration, and that he would accept this so humbly. It was another proof that what mattered was not the institution's name, but the quality of work. Subsequently, partnerships with Dr. Christina Puchalski (George Washington University) and Dr. Gary Schwartz (The University of Arizona) were established.

Our publications in the field of Health and Spirituality continued to grow. We were now ready to speak about a correlation between spiritism and health. Our first study in this area was a systematic review on the scientific evidence of complementary spiritual therapy, and was published in the world's best journal for complementary medicine - "Evidence-Based Complementary and Alternative Medicine" (impact factor or 4.7).

To date, we have published twenty-nine articles (including those in partnership), have seven articles accepted for publication, and a total of forty-eight poster presentations in conferences. The graph below shows AME-SP's growing scientific production.



With no doubt, we have become one of the leaders in the area of "Spirituality and Health" in Brazil and, why not say it, in the world as well. We believe that the initial discrimination that AME-SP faced in academic circles is receding before our eyes.

None of this would have been possible without the numerous partnerships established, and without our valuable collaborators. You may find more information about DEPAME in our website: www.amesaopaulo.org.br

Thus, we encourage our friends from other spiritist medical associations to follow our successful steps and submit articles to indexed scientific journals.

Below is a list of our publications and presentations from the beginning of this period to date. I would like to thank everyone who shared our vision and worked towards a better future for medicine.

After four years at the helm of DEPAME, it is with elation that I now say that our work paid off!

Giancarlo Lucchetti, M.D.

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