

Original article

Suicide in the grey religious literature: Kardecism as privileged bibliography source

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Abstract

Durkheim was the one who first noticed the impact of religion on suicide rates. Studies have migrated from the social sciences to medicine. This present work investigates the existence of considerable religious grey literature of spiritual orientation on suicide, with particular emphasis on prevention. We have conducted a bibliographic study on the topic of suicide and its relationship with religion, ethnography and netnography. In such study, we have greatly considered grey literature on the written or media cultural production held in Brazil. We have observed that the bibliographic production of spiritual orientation, in areas of grey literature, overcomes that of other religions. Considering religion and faith as protective factors for suicide, this study raises hypotheses for this prevalence: intrinsic aspects of Kardecist cosmology, problems concerning the Catholic theology, the peculiar character of spiritism's psychography, and the role of grey publications in religiosity. Kardecism has the privileged role of reporting on suicide. Health care strategies should take this fact into account, considering the need for creating social network assistance for primary care.

Keywords

Suicide; religion; spiritism; kardecism; grey literature

Durkheim made public, in a social and deliberately non-medical context, the hypothesis of the role of some religions over the modification of suicide rates (1996). This conjecture was built on the relationship between suicide and social disaggregation, anomia and selfishness. Social sciences have shown interest on religion in several ways, and studies such as Marcel Mauss' were emblematic (MAUSS, 1974; DURKHEIM, 2003). Proto-anthropologists, such as Bachofen, Spencer, Tylor and even Frazer, have valued religions on animism, totemism, *Opfermahlzeit* and "primitive religions", as well as Augusto Comte sought a social evolutionism that

would explain the connection between modern monotheist religions and primitive stages. With Malinowski and English functionalists, there is an emphasis on magic and witchcraft. Freudism, psychoanalytic or not, extremely valued the paternal series of law origin, that Totem und Tabou and Moses and Monotheism would be examples, while Max Weber revealed how the constitution of modern capitalism depended indirectly on protestant ethics. For Lévi-Strauss, animism has no more sense as immanent explanation, but only as the ethnographer's transcendental cosmology. In his works we will obtain some synthetic trials about the wild thought sign

and symbolic efficacy. It is about explaining how magic and witchcraft work.

The disenchantment with the world, moment in which religion was simply people's opium, was followed by a crescent interest for transcendence, then approached as a scientific object. As a topic in a ethnology dictionary says:

The craziest ideas about "primitive" religion have occurred and still circulate, since the belief that this "disgraceful mankind" was excessively frustrating and immoral to know something as noble as religion, up to the [inverse] postulate that everything around would be integrally religious, since it was considered that the scientific spirit was absent. Today the positions are even more nuanced, being because our Occidental religions are in full crisis or because this scientific spirit we are so proud of has suffered violent attacks for epistemological and ideological reasons (PANOFF et al., 1973).

A certain emphasis granted to mental perturbation as religious phenomena, - of possession, for example, and vice-versa, of shaman or sorcerer as a virtual mental sufferer -, was progressively opening to the examination of common and daily religiosity of those who anonymously get sick in a mass society, with dense urban agglomerates and megacities. A modification of perspective on studies about intersection between religion and health can be perceived through contemporary clinical epidemiology, when religion was no longer an obstacle to science to be faced as a way of life among populations, ethnics, groups and minorities intend to be approached in public health. Thus, we could ask if there is no risk of a new ethnocentric imperialism, undertaken by medical anthropology second to social anthropology. We refer to its bad conscience, historically implied on the so-called "applied anthropology", dedicated to acculturation of savages, integration and colonial policy.

Anyway, the study of the impact of religions in health aggravations has become relevant and pragmatic, especially concerning religious practice falling upon mental health. It is interesting to notice the relation between psychic crisis, which suicide is a possible closure of, and religiosity. The report from Health World Organization (2004), for example, mentions evidence of knowledge about risks and protection factors that are very malleable, including, among them, religiosity.

This way, actions in mental health have valued more and more the aggregating potential of some religions, becoming interested on built social networks and resources cast derived from its role on popular education (VALLA, 1997). Adhesion to treatments, therapeutic itineraries, experience and sickness

narrative are some of the conceptual emergent aggregates that feature religions as a faceable dimension for the investigation of the health-sickness process in public health. Researches prove not only that there are effect modulations such as, in many cases, positive effect over psychosocial manifestations, which cannot be despised facing its potential contribution (KLEINMAN, 1980). Tobie Nathan, on the other hand, features the importance of the reversion of study focus to ethnopsychiatry of patients for therapists (NATHAN et al., 1995).

Religion and mental disease in Brazil

An original article by Dalgarrondo raises the main studies about religion and mental health performed in Brazil (2007). He reminds that in *Manifestações psíquicas inconscientes ou raras e Espiritismo*, Whitaker observes that spiritual sessions taken part by a young patient were able to soothe nervous crises: *He analyzed mediums as a heterogeneous group; some neurotics whose unconscious manifestations are interpreted as spirits and some perfectly normal, believable, sincere and in good faith, moved by a strong suggestive influence (p. 28)*, he comments emphasizing the implicit experimental design.

Bastide, in *Sociologia da Doença Mental*, observes that there are sects and religions provoking a positive impact on mental diseases. Others, however, reinforce psychic conflicts. Torres (1986 *apud* Dalgarrondo) could not demonstrate the association between religious orthodoxy and fear of death in an extrinsic religiosity group. However, for the intrinsic religiosity group, religious orthodoxy and fear of death were inversely related, with suicide acceptance decreasing with the orthodoxy degree. Almeida (2004 *apud* DALGARRONDO) studied 115 mediums, applying the SRQ-20 and EAS tools. He concluded that the group presented good social adaptation and low prevalence of mental disturbances. With life quality evaluation instruments (WHOQOL), Fleck and Rocha (2002) concluded that religiosity and spirituality dimensions were connected to a higher punctuation on the instrument. Baptista (2004), however, has found in a sample of 6,161 elderly people in RS, a relationship between attendance to Evangelical church or Spiritism services with the prevalence of mental disturbances and mental symptoms.

In *Misticismo e loucura (1939)*, Osório Cesar narrates a group suicide in Pedra Bonita, Pernambuco, where followers of mystical João Santos believed to be a sacred area. The works of Victor Valla (2003) among Pentecostal witness initiatives of investigation in public health, revealing his passage in violent areas or highly refractory to Government. Luis Fernando Duarte (2001) reminds "new age religiosity" as

contemporary tendency in psychology in Brazil, which has to be distinguished from the seek for alternative treatments that has been studied by Madel Luz (2005).

In suicidology, it is consensual among researchers the notion that suicide involves social-cultural, genetic, psychodynamic, philosophical-existential and environmental questions, without a single factor being appointed as exclusively responsible for attempt or suicide per se. The factors composing this phenomenon make a group. Multifactor models are more adequate to the comprehension of sickness process, especially when there is chronicity. In psychopathology, guided polar models, such as Nemeroff's stress-diathesis, do not exclude resilience factors (ESTELLITA-LINS, 2002). Medicine based on evidences (MBE) is committed to recognize conditions that increase vulnerability, risk factors and inclining or concurrent comorbidities. Thus, we have found researches aiming to describe from trustable and valid variables to identify risk factors on suicidal behaviors to those that bend over variables conducting to a follow-up treatment, after an attempt. This interest is due especially to evidences that some intervention modalities on primary attention can drastically reduce risk factors and invigorate protection factors, decreasing incidence and prevalence of suicide cases. Among protection factors, we can number: have access to treatments; count on social support; cultivate affectionate links; feel integrated in a group or community; follow any religion or believe in spirituality, among others.

According to Botega et al. (2006), people with a bigger religious involvement in general have lower suicide rates (p. 215). The availability of a belief system providing meaning to life and suffering, rules referring to healthy lifestyles (prohibition of alcohol abuse and drug use) and, overall, social support from religious groups are helping mechanisms on the resolution or adhesion to treatment. It is notorious, however, that different cultural values have ascendancy over these rates. This is because religiosity forms are developed inside specific contexts, and may act as a protection factor and also vulnerably factor.

In the Brazilian context, there is no reliable information about the real dimension of suicide attempts or death closure in global terms, neither about religion incidence over this phenomenon. Aiming to identify valid and trustworthy variables on the determination of risk factors for fatal and non-fatal suicide behaviors, especially emphasizing social factors, Brazil has adopted the SUPRE-MISS population survey, which is part of the Suicide Prevention Program (SUPRE), released by OMS in 2002. The religiosity factor appears on this research protocol as one of the main social-cultural indexes to

be researched on suicidal behavior. On item 4 of the survey, we have found the following questions: *What is your religion denomination?; How often do you go to church (or any worship place)?; Do you consider yourself as a God believer?*

Another important reference that points to the recognition of the relationship existing between suicide risk and religious manifestations appears on the *Reasons for Living* scale, an evaluation tool built from preventive reasons for suicide, with reliability and rigor. Among 73 questions of the extensive scale, we have found three questions clearly mentioning the theme: *Do I believe that only God has the right to take my life?; Am I afraid to go to hell?; Do my religious beliefs forbid that?* (LINEHAN, 1983).

The utilization of questions directed to religious experience in instruments with established psychometric properties indicates, therefore, interest in circumscribing the religious phenomenon on the sickness narrative frame, calling attention for the interest of science about the complex relationship that exists between religiosity and mental health.

Occultism, Kardecism and mental medicine

The birth of the modern hospital (medical and clinical) happened from the XVII century due to *epistemic* fractures that affect organization manners in hospitals. Military hospital and school hospital have emerged. First, we used to find a medical practice that had nothing to do with hospital practices from XVII and XVIII centuries, since it was about institution of assistance to poor people with individualist activities, reserving to the transmission of prescription that were, many times, secret, instead of transmission of experiences (FOUCAULT, 1979).

The privilege of pathologic anatomy on the constitution of medical vision guides the birth of clinics with Paris School. Experimental medicine, whose "ownership" was disputed between Claude Bernard and Magendie is located on the origin of these epistemological ruptures (CANGUILHEM, 1978). The transformation in the meaning of a hospital medicine occurred by the need to avoid diseases in hospitalized people to spread around town. The most important on this passage was the reorganization of the hospital by disciplinary techniques that analyzed spaces, appealing to a classification and a combinatory method. Discipline implies continuous registration and transfer of information. The organization of permanent registrations made the doctors obliged to face their knowledge, contributing for the evolution of different treatments with bigger success. Now the hospital is, besides a cure location, a place for knowledge transmission, formation of physicians and a complex disciplinary space (FOUCAULT,

1979). On this context, the modern clinical medicine was born, making necessary to separate mysticism, classificatory medicine and sickness-pathology, understood from experimental science. The end of century positivist view, which established Paris School as a model of medical-sanitary knowledge, has equally performed a complex sharing among mesmerism, hypnosis, talking tables, Kardecism, psychiatry and psychoanalysis (STENGERS *et al.*, 1990), whose echoes are also in the history of Brazilian medicine. Spiritism is born in France as an anticlerical, rationalist and progressive religion on XIX century (LAPLANTINE *et al.*, 1990). As Lewgoy states:

(...) Napoleon III's France, where science is a illuminist symbol and a instituent flag of progressive and laic movements of several political matrices, such as socialists, masons and spiritualists. Not fully crystallized, the scientific field at the time has a brief flirtation with allies from a Scientifics ideological horizon still under expansion, on which the psi research seemed to adjust to a series of expectations that remounted to illuminist criticism to religion and belief in the liberating powers of "science" and "reason". In fact, the XIX century has an acute conscience of unknown as a tangible phenomenon, material and researchable, evocable by pioneers, scientists and literates, who looked at this contact as the pioneering of the last scientific frontier (2006, p. 157).

Hypnosis and paranormal theories constitute the occultist aspect that fascinated Paris or Vienna in the end of the century, as well as Comte was a powerful spreader of the Broussais principle - postulating the continuity of the normal and the pathological, conjugated by him with "scientific religion" and positivist catechism - and Balzac, another Paris School enthusiast, which described it in details in *La Maison Nucingen*.

João do Rio, *flâneur*, journalist and precious ethnographer, reconstitutes in *Religiões do Rio (1976)*, the country's capital full of subterraneous, secret sects frequented by all social layers. Kardecist Spiritism assumes great importance, being described as a two-faced Janus - one prestigious and serene, animated by positivist intellectuals, and a venal one, similar to the witchcraft market. It is observed that his candomble and umbanda interpretation also brings the ambivalent trace which he uses to describe Spiritism in First Republic's Rio de Janeiro. The difference lays in the fact that "witchcraft" was practiced by ex-slaves (tough frequented by artists and *dandis*), while Spiritism included the rich and medium classes seeking grace and spiritual help.

A look over production and delineation of a methodology

The interest for the religiosity and suicide topic started from a qualitative research entitled "Approaching suicide on AP3&AP1 through the psychiatric emergency service at CPRJ/SES", still on course, seeking to know experiences with suicide risk and their closures. It is about giving voice to social factors involved, considering the medical speech and social practices connected in crisis situations. The preliminary results of the material codification reveal religion as an important component in the speech of persons with a history of suicide or suicidal ideation, as in their relatives' speech, likewise.

The mention to faith exercise, with no commitment to any religious denomination, appears in a recurrent manner, assuming a protective character. On the users' speech (patients or relatives), religiosity assumes different connotations. Sometimes it is associated to sickness (*Church put those small sickness on peoples' heads...*), sometimes to an impeditive factor (*I cannot take my own life because I will lose my salvation or He Who has given life, only He can take it away, or even, I used to think: God, please take me! I don't want to end my life because I don't want to lose my soul to Satan*). It also appears as a strategy to deal with crisis (*Seek the Bible, the church, Sunday School, Sunday. Oh, holy medicine! or He gets rid of medications and goes looking for a spiritual treatment*) and starts to be part of the description of ambivalent suicide idea (*There was a spiritual battle happening in my mind*). The role of medical care mediator performed by religion deserves attention (*The pastor told me to come to the psychiatric emergency*) or the occurrence of medical prescriptions recommending to "look for a center" (generally the expression is applied to an umbanda or spiritual center).

From these reports, it was sought to make an extensive bibliographic inventory about the theme of suicide and its relationship with religion. We concentrated our investigation on indexed scientific production based in evidences such as grey literature and, especially, on the written or mediatic cultural production performed in Brazil and/or produced by Brazilians. The possibility of treating an editorial compilation in a scientific area by adding indexed texts, grey literature, vulgarization or open press articles and other mediatic resources is justified by the interest on revealing an amplitude of reflections about suicide that, as we already know, constitutes a theme that has migrated to biomedical domain through the century without losing importance in other knowledge areas. As resource, we have looked for the compilation raised from bibliographic

production about suicide and suicide risk from 1996-2009, previously performed by the group, involving bibliometric and scientometric initiatives using bases from Brazilian theses and dissertations, basis from indexed periodicals (MedLine, PubMed, Psychoinfo, BVS, Bireme and Scielo), bases from newspapers of big circulation and online editors and bookshops. The analysis of the material found was performed from exposure of the researchers to this bibliographic compilation, followed by group discussion; organization of common codes and systematic creation of analysis categories of the content. This path has led us to value a certain fraction of the grey literature on which Kardecism has shown prominence.

We have performed a pilot in websites of book marketing on the web, which was repeated throughout the last six months and systematized when this article was published (see Table). We have compared publication categories per genre in bookshops with digital websites with search string on their available stock (sic). We have opted to include companies that respected a consumer public stratification in classes: a, b, c, d; as well as dichotomy: general public or religion-expertise. In the case of religious editors, we have compared two Christian editors: one Catholic (hegemonic religion), one Spiritist (major editor of minor religion). Editorial information show them as the main companies acting in the field. We have adopted a used book sales website, a “virtual old bookstore”, with a good national sampling that would be outside the previous method rules, offering a counterpoint of books no longer available in the market.

The search was performed with the index “suicide” without worrying about the base sensitivity to similar terms. No booleans operators were used. Books were analyzed through summaries, authors and editors, seeking the catalographic file. Theological works dealing with bioethics were not considered on this study because: 1) they do not treat suicide as an assistance or public health question; 2) they are frequently linked to scientific publishing; 3) they belong to theological-scientific debate turned to a skilled public. The ambition of the obtained frame [see attachment] is providing a view of what the public consumes, reads and can obtain easily, which means, that would be representative of the formation of Brazilian culture concerning suicide under religious perspective and its influence.

We have defined grey literature as the bibliographic compilation that is not part of the indexed bases of peer-reviewed periodicals and, therefore, has no ambition to be characterized as scientific neither to increase knowledge by means of a experimental rationality. The traditional sense

that Librarianship granted to the term, next to a group of manuscripts or non-published written production was not used. The results explore exclusively the book compilation, excluding the scientific ones: textbooks or vade-mecum, that form the esoteric circle, using Ludwig Fleck’s terminology.

Provisory results

It is brought to attention the fact that among the main topics of the broad bibliographic compilation about suicide from 1996 to 2009 are prioritized works about religion, emphasizing spiritism doctrines. This first perception led us to a directed bibliographic survey, that included religious bookstores and editors, in which we identified the relevant presence of books about suicide that have not been mentioned in their group, but seem to be representative of a national orientation.

A brief comparison between canonic literature of three monotheist religions, besides the spiritist segment, allows to affirm that Kardecist doctrine demonstrates a special concern with the suicide phenomenon, including raising prevention actions. Besides the broad grey literature produced by authors or with Kardecist themes - located in free access databases (for example sites such as Livraria Cultura, Submarino, Saraiva), the crossed ethnographic analysis between field data, data obtained in focal groups and deep interviews, have confirmed the importance of spiritualist and Pentecostal religions on the suicide experience involving idea, attempt, stigmatization and recovery, especially on depressive and psychotic nexus. The correlation between editorial phenomenon and religiosity is shown as worthy of reflection, and no studies on this nexus have been found.

Kardecist websites and spirit editors are dedicated to the publishing of the most recent scientific data about suicide and depression. On these environments, clippings of national and international scientific researches are easily found, newspaper topics related to the subject, as well as a work of divulgation and journalistic coverage of scientific events. On this sense, another relevant finding on the field comes from the netnography work (AMARAL *et al.*, 2008) around the problem, exemplified by the report *Um quinto dos casos de intoxicação são tentativas de suicídio*, done with research collaborator Rosany Bochner, coordinator of the National Poisoning Information System (*Sistema Nacional de Informações Tóxico-Farmacológicas*) at Fundação Oswaldo Cruz - Sinitox/Fiocruz, and published in Epoca Magazine, in June 2009. The group was surprised to find out that the article was totally reproduced in a spiritist website: Espiritismo.net; it provided a space for comments to create discussions

about the topic. This initiative seems to reveal a great concern about the theme, militancy in prevention and seek for a scientific-religious interface. The character of this web mirror-publication still brings questions about the divulgation and imprint potential that a specific religion-doctrine acquires when assuming certain scientific presuppositions.

Spiritist publications about suicide witness a social representation of it that depends directly of a religious cosmology that presupposes reincarnation and a karma re-reading. These texts are frequently positive, affirmative, have self-assistance literature character, as well as exemplary moral fables of pedagogical character. A brief classification would split them into psychographic romances, doctrinaire books and assistance books. It was also identified a manual of doctrinaire recommendations and clarifications edited by Brazilian Spiritist Federation (FEB). This character is articulated with preventive actions in suicidology as information, creation of agenda, recommendation of treatment, hope and reaffirmation of positive prognostic.

Discussion of results

The considerable production of spirit guidance titles calls the attention in areas of the research grey literature, in absolute contrast with other religions on the same extract and with the absence of reflection about this editorial phenomenon on scientific literature or similar indexed.

The verification of the evidences found demands discussion. The search methodology does not mean to be exhaustive or quantitative, other than coherent sampling with the field qualitative impressions. The option for open web bases, with commercial goal, can be criticized for its contingency, with no clear rules for feeding the basis or catalogue, dependant of stock and sellout of editions, arbitrary choices, etc... The search centered in a single indexer - "suicide" - is also assumingly provisional, due to polysemy involved. Due to that, we can raise some previous questioning. On one side, there is the question about a search artifact, when a bigger amount or influence of spiritist titles found would exist. In spite of the aforementioned problems, we disagree stating that this sampling offers an authentic transversal cut that was able to cast new works, recognized in several bases, recurrent, opinion-forming and confessional guidance.¹

Another objection would be that there are more titles, however, without expression or effective value, that would then deal with a circumstantial accumulation explained by a transitory fashion, the presence of a film in the movies or an editorial epiphenomenon. Only bibliographic and ethnographic field experience and netnographies used could

deny this affirmation, and effectively, they do it. We only have to admit that there is considerable qualitative influence of spiritist publication, which means that these works are bought and possibly read, a hypothesis that gains bigger dimension when we compare this number with the few catholic publications, self-assistance or scientific divulgation.

From now on, we have to ask why this exuberant grey literature occurs predominantly involving Spiritism. We have raised some provisory hypotheses to explain this privilege. Some of demographic, sociologic or anthropologic character, other of theological meaning, with no deep problematics ambition.

The first of them is related to religious distribution and demographic profile. There are few Brazilians that declare themselves as spiritists, maybe there are more, but we can only suppose there are many influents. In spite of the religious diversity of the Brazilian population, Brazil is today the biggest catholic nation in the world, with around 126 million adepts, that is, 74% of the Brazilian population, while evangelics represent 15.4% and spiritualists only 1.3% [2,262,401], according to IBGE's last census in 2000. It can be noted that the Brazilian population has grown four times in absolute number, but concerning religion, on the same period, evangelics grew from 2.6 to 15.4% of the population while spiritualists went from 1.12 to 1.3%. *According to the board attached, catholic religion has increasingly decreased during the 90's. Jews [86,825], 0.05% of the population, and Islamics [27,239], representing 0.01%, constitute religions that attract the world politics attention for decades due to territorial, confessional and fundamentalist conflicts, having, therefore, a very narrow expression in the country. Although admitting views of populational inquiry that allow a sub-representation of spiritists and spiritualists, as well as a super-represented estimation of roman apostolic catholics due to their hegemony, tradition, normalizer or anodinous character, it can be realized that the cultural presence of spiritists is evidenced in the country's biggest cities, expressing in several publications, for example.*

Another hypothesis is based on the importance of text and transcendental communication on suicide. On the bibliographic compilation, spiritist is not only texts, but, as a rule, writings that intend precious communications from another world ("another plan") thus replacing the difficult problem of the suicide note: the production of a text in the existence limit. Rigorously speaking, the suicide note constitutes the only communication between the dead person and living people that is possible outside a non-scientific cosmological system. The suicidal psychography represents their mediunic

counterpart. The one who says farewell expresses his pain, addresses his properties in a will (not recognized by law) or yet affirms his failure or love for someone. This special type of narrative is written to be read next to the corpse, in an absolute “no longer” time, where two canonic types of narrative, speech and history perform a short circuit, if we think of Tzvetan Todorov’s narrative theory (2003). Werther’s epistolar style, from Goethe, has this dimension of suicide note. A suicide note in the epidemiological point of view is associated with a death closure, depression and psychopathological gravity. It is generally about a written communication with a coherent and organized message, directed to the ones who will remain dead.²

The psychography statute on the Kardecism magical-religious effect replaces the problem of scripture and information production as messages from *Beyond*, that establish a circulation between the living and the dead, yet inside a cosmology on which there are no effectively death but only reincarnation. As Lewgoy observes with property (2006), “an experimental language to redescribe a specter of phenomena that belongs to the jewish-christian popular tradition, such as communication with the dead, dreams with deceased relatives and ghost apparitions” (p. 156-157) was possible and necessary, yet not evident to its hypothesis, that we could approximate what Latour says about writing as a scientific act by excellence, of this sacred literary resource. This problem grows when we realizes that spiritist pedagogy concerning suicide has a bigger vocation and preventive character when dealing exactly with previous suicide experiences, “past lives” that have the semantic key for the closure repetition as well as its avoidance. On this meaning, the psychographed narrative of a suicidal acquires a special pedagogic value.

Psychographed reports gained strength with the example of pioneering, more celebrate psychographies by suicidals, being *Memórias de um Suicida* their most vigorous representation. The book, psychographed by Yvonne Pereira with spiritist authorship attributed to Portuguese poet Camilo Castelo Branco, narrates the suffering endured by the souls of suicidals and constitutes an icon of the explosion of titles in the psychographed genres on which the author and her double are projected. Possibly, this work offers a useful view for the comprehension of subsequent texts, since almost all of them share its formal structure. We must remember that mediunic psychography does not involve a double, however, always results in a double authorship of a work.

In the spiritist cosmology, the cure or treatment process has analogies with assistance practices of clinical medicine. Spiritual surgeries are performed; famous mediums were

doctors or had the doctor title next to their names; spirits of important physicians to the doctrine or community are present on spirit centers. In summary, a group of spiritual interventions of assumingly medical metaphoric character can be indicated. Rituals and liturgies gain scientific form. The magic character of communication, in a Malinovskian sense, seems to instigate analogous rites to medicine. These practices, on which the pass represents the minimum cure structure - and disobsession/dispossession/exorcism, the most extreme level -, gain a scientific language and an appearance close to scientific rites of Kardec’s contemporary experimental medicine. Here, Latour or Knorr Cetina help us, by placing close to each other the technical scientific performance of the rites described by ethnographers, on which maybe it was perceived that Spiritism would be less scientific than medicine performed to the extreme.

Also, a gloss of a certain amerindian perspective can be supposed (VIVEIROS DE CASTRO, 2002) involving alterity and the world of relationships (affinity and cannibalism on the generalized predation): we look at the spirits and recognize them as the Other (through the medium, the ritual, and specific contexts), but we are made of the same mud, we are incarnated spirits, which implies in a reconciliation operation - different from the Hindi animal metempsychosis on which the alimentary prohibitions and vegetarianism regulate the impossibility of communication with the *Beyond*. Death becomes a transition of states, and communication practices, including psychography, allow us to realize how the spirits see us through their perspective. The death guide the living, as usual. The peculiarity is in communications about the voluntary interruption of life establishing “affinity” relationships. We are spirits that drank too much of the Lethès river, however capable of recognizing the reason of the disincarnated to see us wasting our lives and their implicit karmic mission.

The three great monotheisms repudiate suicide. Also, some aspects of the catholic scripture, distinct from the Jewish Bible (only Pentateuch) and protestant-evangelic, can be featured in this exercise of explaining a smaller production related to the theme. In the Bible, the Christians find rare suicide reports, reduced to non-judgmental descriptions of epic or heroic character, although in some cases it is possible to interpret that it is about a desirable and natural closure, since it would be committed by guilt or to avoid a dishonor. On Catholic Church, another relevant aspect goes away from the biblical text and seeks shelter on the directions of pontifical documents. The Orleans Council, 533 A.D., forbade the funeral rites to suicidals, granting their properties to the Church and the State. This position will only be reviewed in the

XX century, in a more explicit manner on catholic catechism than on canonical law (CODE, 1983).

In every way, the condemnation of suicide is connected to the hermeneutics of the fifth commandment (“Thou shall not kill”) and generates arguments for the bioethical debate about life, assuming an institutional and general perspective. For Fecchio (2008: p.72): “The moral question of suicide is, [in the catholic doctrine] nowadays, very related to the euthanasia problem”, heading that allows to suppose that suicide on Catholicism is not an ethical issue in the Kantian sense, however, of moral and costumes (*Sittlichkeit*), but that, paradoxally, does not create prescriptions, but an extensive discussion about principles. Maybe it is about a justification for the emphatic *furor publicandi* in bioethics represented by catholic theologians, until the moment showing a main interest on the contemporary discussion of assisted suicide. The discrepant numerical reason originated from publications of both christianism sectors is not evidently wasted on this type of conjecture.

In the Judaism case, the aversion to suicide is explicit in the prohibition of burying the suicidals according to traditional ceremonies, performed in a separate area of the cemetery. Islamism also repudiates suicide, based on parts of the Koran that affirm death is a determination from Allah and cannot be anticipated. Since Muslims believe that certain sacrifices open the door to Heaven, interpretations from some *wahabbis* groups, however, give margin to political-religious suicides, whose modern representation is pictured on bombmen.

But the canonical book of the spiritist doctrine, rewritten as a series of questions answered by “enlightened” spirits, *O livro dos espíritos*, dedicates a subchapter, totalizing 15 of its 1,019 questions to the topic of suicide. It is considerable if compared to the Catholic Bible, which refers to suicide in a direct manner in seven brief passages, five of them from the Old Testament. From the first question of the series [n. 943], suicide is credited to lack of faith, besides idleness and satiation, when “discontentment of life that with no plausible reasons, takes possession of individuals”. And, although it permeates all questions to the idea that only God can dispose of the human life and those who commit suicide will suffer serious sanctions on the spiritual plan or in their future incarnations, an addendum to the second question could allow a parallel to be traced with the medical-scientific understanding that contemporarily exists about suicide. “The madman who kills himself does not know what he is doing”, replies the spirit, liberating from guilt and punishment the sick of the mind. Further on, the text refers to the ones who take their lives in moments of despair and again affirms

that madness and deliriums lessen the gravity of the act and its consequent punishments. We admit that a more contemporary health-sickness model seems, however, to be compatible with this thought.

At the moment it is estimated that 90% or more cases of suicide occur due to mental disturbances. For the text, we could respectably affirm, however, that the beings on the superior plan does not seem to agree with statistics. Posterior replies strongly criticize those who seek suicide for not bearing the death of close people or for “passions that would rush their endings”. It is difficult not to associate such situations to events capable of serving as triggers for depression or abuse of chemical substances. On these cases, however, the doctrine is shown as intransigent and, again, are remembered as reasons “lack of courage, bestiality and ostracism from God”. In spite of affirming each suicidal spirit will find the expiation compatible with his act and intention, Kardec affirms in the end of the chapter that some penalties are common to all cases: prolongation of spiritual disturbance and anguish and horror feelings that can last for the time his eternal existence would last. Admonitions, that seem to be more intense than those from Catholicism (which must be studied in more detail), do not contradict the pragmatic-scientific modulation of Kardecism. But, on the other hand, those who commit suicide for cultural reasons, such as women burned alive when they become widowers (age reports on India), are absolved, or those who are burned to defend someone else. It is interesting to observe that the doctrine - in this case, explained by Kardec and not by the spirits - suggests that, before putting himself into sacrifice, the individual must ask if his life will not have more value than his death. Anthropological relativism arguments emerge. There is a death collectiveness that incorporates the collective health project, for example.

Another social explanation for the Kardecist approach to suicide would be its flexibility while decentralized and little institutionalized religious doctrine, more permeable since it adopts scientific and modern ideals. In spite of the importance of religion as a social protection network on the field of mental health, there are few studies about the specificities of each movement in Brazil, a country rich in autochthones Pentecostal denominations. It is possible that more recent religions, however derived from traditional trunks, in phase of implantation or expansion, are more capable of creating powerful social networks. Even when built mostly by weak links, these networks must not be despised in their efficacy. (GRANOVETTER, 1973)

Arthur Kleinman (1978; 1980), when discussing the elaboration of personal and social meanings of sickness experience, also underlines the role of religion concerning the experience of symptoms, decisions related to the treatment and therapeutic practices. According to the author, the common sense knowledge resources, that includes familiar references both from friends and religion, usually are the first to be used by people when facing a disease. In this sense, he emphasizes the importance of taking into account in the therapeutic itinerary not only the professional and popular subsystems, but also the first one translated as familiar, where religious beliefs are included, for example. It is precisely at the interface of these three subsystems - that is, in function of availabilities and explanations culturally accepted by the individual and his group - that the therapeutic process should be supported. The pietistic character of Kardecism, organized around family, suggests the importance of the scripture-book as a base of home cult, complementing the spiritist center dedicated to spiritual care, help and treatment. It would be relevant to investigate the transmission of the religion through publishing and the role of doctrinaire works in the articulation of a practice around writing.

Steven Stack find three recurrent blocks of arguments on the literature about the relationship among religiosity, suicide and depression (STACK, 2003). First, he emphasizes the Durkheim theories that describe the integrator role of religion, but suppose a vast and intricate group of rites and beliefs with the supplementary role of avoiding suicide. On the perspective of religious commitment, investigated by Stack, we find the serviceability of very few - but absolutely fundamental - operator beliefs. A model not only leaner than Durkheim's, but proved by robust epidemiologic experiments. Finally, for Pescosolido and Georgianna (1989, 1990), social networks provide a more pertinent explanation, unwinding into several levels around a determined religious practice, with importance on the suicide effect modulation.

On the research field about the experience with suicide (in press), it was not possible to circumscribe the intricate dialogue between the protection factors against suicidal closure and some risk factors to it, as well as the negotiation with moral and religious conduct ordinances to justify or minimize its guilt in case of success in the suicide attempt. Besides suicide prevention, themes such as prejudice against psychiatric patients, the social-familiar impact of the disease and desire/expectations of patients for information about their diseases may have a connection to the value of operator beliefs guaranteed by spiritualist religions as well

as depending on the social network that more recent and flexible religions put at the believers disposal.

The positioning of the Kardecist doctrine seems to meet one of the challenges suggested by OMS for mental health: reinforce and divulge, in a systematic manner, the existing scientific databases, in order to inform practices and public policies of field planning (OMS, 2004). The production of health scientific knowledge, understood as socially determined practice, and its appropriation by society are seen as priority matter for Brazilian policies of Information in Science and Technology (ICT). There is a clearly unbalanced relation between the information production and its circulation in different society sectors. The fundamental role of scientific divulgation is to adequate the academic language to another compatible language for laic users (GONZALES GOMEZ *et al.*, 2001). In suicidology, the literacy issue strongly emerges (FRANCIS, 2002; JORM, 1997, 2000, 2006; ESTELLITA-LINS *et al.*, 2009). Surprisingly, the concerning of religious groups and self-assistance is verified to divulge information and creating means of obtain them in a bigger scale than public health services. A fact that would provide pertinent analyses for itself.

This seek confirms, therefore, the (relative) hypertrophy hypotheses of spiritist publications and a welcoming, not stigmatizing tendency about the question. We should, therefore, ask ourselves about the role some religions assume in culture and also their intersection with strategies and speeches linked to suicide prevention. The Kardecism case is considered absolutely relevant in Brazil.

Conclusion

The confirmation that there is a vast Kardecist literature about suicide emphasizing the prevention inspires us to broaden our view in the face of this issue. Scientific knowledge cannot despise this type of cultural production's considerable protection potential. If we want to better understand prevention actions in Brazil, we need to stratify, value qualitative, ethnographic studies about suicide, including those associating the theme to religion. As Herrera (2007, *apud* DALGALARRONDO) states: *curiously, the Kardecist Spiritism, in spite of demographic and sociological importance, has received little emphasis on studies.*

Besides, it is necessary not to discard the life paths, as well as sociological studies from believers explaining the religious military to benefit suicide prevention in function of its relation to suicidals (friends, colleagues, relatives). There are even books written by relatives that make a retrospective

to try to understand what led to closure. Talking possibly about hybrid groups with Kardecist and afro-Brazilian components, Roger Bastide notices that these sects open space to the “anxious and depressed”, while traditional religions control and reprimand them.

The fact suicide is recognized as a serious public health problem worldwide evokes an evident asymmetry when compared to discussions about the use of preservatives by Catholic Church, as well as its orientation about contraception. The condemnation of abortion approximates the Christians, but something makes the Kardecist spiritist literature peculiar facing the medical-sanitary preventive speech, deserving to be better investigated.

It would be equally relevant to perform studies about charity in its assistance nexus. From the tradition of charity hospitals to spiritist orphanages and schools for autistics and rehabilitation clinics, charity brings pertinent questions for the health-religion interface, that could compose the intelligibility picture of spiritist publications about suicide.

Intervention programs in primary health care must combine communication and information with local community activities involving volunteer organizations, schools, local media and religious institutions. This network job imposes a seek for new spaces for the promotion of mental health, taking into account the community and its own characteristics. On this context, religious practices seem to contribute. This movement would stimulate the decrease of individuals' vulnerability to certain common mental disturbances and the follow-up to other cases in their specificities, the formation of a support and care network, the performance of direct and indirect actions, and the development of new approach strategies in mental health. This proposal meets the guidelines and principles of the Unique Health System.

Leaders and spiritual congregates are privileged actors, not only for the transmission of information but also on the identification of people under risk of killing themselves. It is not about granting them or the faith they teach the responsibility for treatments or any other solution, but building a bridge between social spheres that may collaborate for the promotion of mental health and prevention of suicide. And, in this case, the example of Kardecist doctrine seems to stand out positively, especially supposing there is a complex and socially articulated correlation between these publications and their readers. Deeper studies in this direction are necessary and could contribute to understand the specific role of doctrines and religions, as well as for the dissemination of preventive strategies with effective impact.

Notes

1. It could be objected that one of the most impacting recent Brazilian books about suicide, the romance “Nove noites”, by Bernardo Carvalho, published in 2002 and still on catalogue, does not appear on lists because it was not indexed with the word suicide or was not recognized by search mechanisms. However, it seems to us that it is a rare and singular example that does not invalidate the rule used.

2. O suicídio político-heróico dos homens bomba palestinos implica geralmente em um dispositivo do partido revolucionário que transforma gravações de vídeo, com despedida religiosa dirigida aos familiares e aos vivos, em bilhetes videográficos suicidas que são consumidos pela comunidade local.

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Table1 - Titles in virtual bookstores addressing suicide

	Total of titles	Date of search	Spiritism	Catholicism	Evangelics	Other religions	Self-assistance	Scientific publication	Romance/literature	Scientific health	Scientific - Others	Others
Travessa	22	05/10	1	1	0	0	1	0	7	2	10	0
Cultura	77	05/09	6	5	2	0	1	0	11	17	26	9
Saraiva	33	05/10	7	2	2	x	1	0	3	8	10	0
Submarino	37	05/10	9	1	1	0	1	x	4	9	12	
Fnac.br	22	05/10	2	1	0	0	1	0	3	8	7	0
Estante virtual	67	05/10	8	1	2	x	1	2	5	22	26	
Edições Paulinas	1	05/10	0	0	0	0	0	0	0	1	0	0
Federação Espírita Brasileira, Editora e	1	05/10	0	0	0	0	0	1	0	0	0	0
Livraria FEB	12	05/12	12	0	0	0	0	0	0	0	0	0

Source: the authors

Links used

<http://www.travessa.com.br/>

<http://www.livrariacultura.com.br/>

<http://www.livriarasaraiva.com.br>

<http://www.fnac.com.br/>

<http://www.submarino.com.br/>

<http://www.estantevirtual.com.br/>

<http://www.paulinas.org.br/>

<http://www.febnet.org.br/site/livros.php>

<http://www.febivraria.com.br/>

Figure 1 – IBGE'S 2000 Census - Religions Percentage

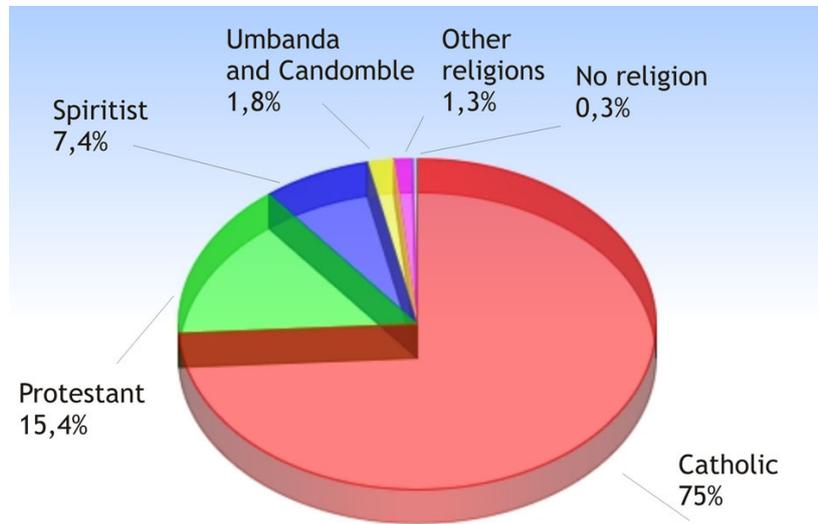


Figure 2 – Comparison between 1991 and 2000 IBGE's Censuses (percentage)

