

## Philosophical Discussion

# Mental Healthcare in Brazil's Spiritist Psychiatric Hospitals

Emma Bragdon, Ph. D.

*Abstract: The origin and workings of Spiritist Psychiatric Hospitals in Brazil is described. The practices include: laying-on of hands, prayer, blessed water, fraternal assistance, consultation with medical intuitives and 'disobsession.' Trained volunteers donate time as part of their spiritual growth, which makes the treatments cost-effective. The hospitals report many successes and offer a good model of integral mental health care: combining conventional psychiatric care with Spiritist protocols that help patients of all religious and cultural backgrounds. Little standard research on outcomes has been done and more research on the positive impact of the healing practices is called for.*

### **The origin of mental illness**

According to Spiritism, a philosophy that is popular in Brazil, more than 60% of mental illness, including addiction, originates through interaction with negatively motivated spirits who attach themselves to a weakened human being for a period of time (Kardec, 1986). These spirits influence that person's thoughts and diminish his/her willpower by insistently repeating specific negative thoughts which these individuals assume belong to them. These negatively motivated spirits are thought to be confused, often not knowing they are dead, and are still attached to the pleasures of material life (such as drinking alcohol). Other spirits are seeking retribution for harm caused to them in previous lifetimes, such as having been murdered in a past lifetime by the person to whom they are now attached in this lifetime.

Spiritists believe that when patient are motivated to do some negative behavior exacerbated by the attachment of a spirit, he or she is "*obsessed*." Often, such behavior is caused in part by the patient's own weaknesses. When a person has no ability to exercise will over the negative influence that manifests as habitual negative thinking and behaviors, that patient is considered to be "*possessed*."

The Spiritist way to mental health is to learn one's purpose in life, align with that purpose, understand universal principles such as the law of karma (cause and effect as it applies to human relationships), and align with those principles so as to become wiser and more compassionate. Spiritist therapies help facilitate this process. They also suggest steps to release the relationships with negatively motivated spirits and replace these with direct connections with highly evolved guardian spirits, including Jesus Christ and other elevated spiritual beings.

### **What is Spiritism?**

Brazil's government census (IBGE, 2000) that quantifies religious membership reports that more than 2.3 million Brazilians call themselves Spiritists. However, 20 to 40 million Brazilians make use of the resources of more than 12,000 Spiritist centers in Brazil. Why? Spiritism is not a religion.

Spiritism is a social movement, a "way of life," a set of principles which include reincarnation, karma, and the notion that life is truly about spiritual growth. The specific

Spiritist centers and hospitals I refer to all draw their original inspiration from books (Kardec, 2000a; 2000b) written by Léon Dénizarth-Hippolyte-Rivail (1804-1869), a Frenchman living in Paris, and more recently from a few Brazilians. These Spiritists are not following the principles or practices of other spiritualist groups originating from Afro-Brazilian or indigenous Brazilian cults.

Spiritism serves the spiritual needs of people of all religions and cultural backgrounds through its centers and hospitals. Like a grassroots welfare system, it's a free service that coordinates charitable pursuits to serve all people in need as well as spiritual development. All of the centers are supported by private donations and function independently from any formal religion, political entity or governmental agency. Although there are some centralized offices that are supportive of their satellite centers, many centers prefer to remain independent.

According to the 2000 IBGE census, the number of those attending Spiritist centers is growing, with the majority of new people coming from among the most well-educated and wealthy in Brazil. Judging by the numbers of people attending Spiritist centers, the current expansion of their popularity, and the fact that some centers have been developing their protocols for more than 130 years, we must assume that the treatments used have enough success to engender continued participation. The Federation of Spiritists of San Paulo, FEESP, serves 7,000 people *each day* in one building. Most of these people are coming to attend classes and/or have spiritual healing — as well as to become more balanced individuals capable of successfully meeting the challenges of daily life.

There are more than 160 Spiritist centers in 34 countries outside of Brazil. More than 70 of these are in 18 states in the USA (USSC, 2011). There are also fifty Spiritist psychiatric hospitals in Brazil. Patients can elect to have Spiritist treatments in addition to conventional psychiatric care (psychiatric medication, psychotherapy, various therapies including art, music, and occupational and physical education).

### **Measuring the success of the Spiritist healing path**

*If the spirit is not acknowledged as existing and real, psychiatrists will only pay attention to effect. They will be impeded from divining the root causes and will never cure effectively... New theories—with solid experimental foundation—point at illuminating and unveiling the spirit. But, we need courage, not only to acknowledge these theories, but also to examine them.*

J.L. Azevedo, MD, (1997, p.66)

Even though contemporary research studies are few, unusual successes in healing at these Spiritist centers are reported through narratives and informal statistics. In April, 2004, the president of the Federation for Spiritism in San Paulo (FEESP), Avildo Fioravanti, said that FEESP has more than a 90% success rate in helping addicts and the suicidally depressed recover normal functioning, without dependence on drug therapy. Social psychologist Canadas (2001) reported that 70% of the community experience great improvement and a definite cure of their problems, including all manner of physical and mental illnesses at Grupo Noel, a center in Sao Paulo, Brazil.

Let's compare this to our own country's expectation of success: according to a recent report in the USA (US Dept. HHS, 2003), an estimated 22 million people suffered from

substance dependence or abuse in 2002. The US Dept of Health and Human Services' Office of Applied Studies (2011) reported that 6.8% of the population in the USA are considered "heavy" drinkers, that is, "five or more drinks on the same occasion on each of five or more days in the past 30 days," but not dependent or abusers, whereas 18.6% are reported as having alcohol dependence or abuse issues in the year 2000-2001. In other words, we have a big problem with alcohol dependence in the USA. A 2003 report by Fuller and Hiller-Sturmhofel noted that the best success rate (outpatient care) for alcoholics after only one year is 35%. More typical is a success rate lower than 30%. Substantiating the success rate of FEESP would be an important contribution to research literature, possibly pointing the direction to valuable new options for more effective treatment of addictions.

Some researchers in the USA (Maisto et al., 2002; Maisto, Clifford and Tonigan, 2010) indicate that 10-years after formal treatment, *total* abstainers report significantly higher rates of a perceived purpose in life and a higher quality of life. Let's speculate then that finding one's purpose in life is essential in increasing the likelihood of healthful lifestyle choices. I take the view that Spiritism has been so successful in its treatments because it facilitates individuals clarifying their purpose in life and aligning with that purpose.

It is now apparent that the US standard of care has grave problems. James Lake, MD. (2011), in his Foreword to *Spiritism and Mental Health*, sums up the limitation of our current methods of psychiatric care:

*While contemporary pharmacologic treatments used in conventional mental health care frequently provide temporary symptomatic relief they seldom adequately address—and certainly do not cure—the root psychological, biological or spiritual causes or meanings of mental illness. Biomedical psychiatry continues to accrue important scientific advances in the basic neurosciences, pharmacology, molecular biology and genetics however its successes are limited by many factors, including:*

- *Incomplete understandings of the postulated mechanisms of action of many drugs;*
- *Limited efficacy of many drugs in current use*
- *Significant safety problems and related compliance problems caused by toxic side-effects or drug-drug interactions;*
- *Lack of affordability or limited availability of drugs that are regarded by Western trained physicians as the most effective treatments for a particular mental illness.*

*Psychopharmacologic treatments are demonstrably not only inadequate but the dominant contemporary model of mental health care based on their exclusive use is often inappropriate and may interfere with or delay patient care, especially when significant cultural or spiritual factors manifest as mental and emotional symptoms.*

*The foundations of contemporary biomedical psychiatry become even more problematic when one examines its theoretical foundations. The best research evidence from genetics and functional brain imaging studies suggests that multiple indirect relationships probably exist between functional dysregulation of the brain at the levels of neurotransmitters and neural circuits and predispositions to develop cognitive, affective or behavioral symptoms. To date, however, only the most basic mechanisms of brain function at the level of discrete neurotransmitters, single neurons or simple circuits of neurons in non-human animal models have been clearly elucidated. Taken together these issues have resulted in growing controversy among health care providers and patients over the appropriate and reasonable uses of pharmacological treatments in mental health care, and there is on-going dialog in the general public and the medical community about whether the risks and limitations of psychopharmacologic drug treatment outweigh their potential benefits. Challenges to the conventional biomedical dogma of contemporary Western psychiatry invite systematic, open-minded examination of diverse non-pharmacologic treatment modalities including herbal medicines, other natural products, mind-body therapies as well as postulated “energetic” or spiritual treatment methods.*

Spiritism and Spiritist psychiatric hospitals have something important to teach us regarding an integrated approach to the diagnosis and treatment of mental illness, and perhaps more importantly, pinning down the origin of mental illness related to spirituality and articulating a path to mental health.

In the USA both mental illness and the disabilities that result from psychiatric medications are on the increase, and we still don't know the cause of mental illness (Whitaker, 2010). Consider one example: major depressive disorder affects approximately 9.9 million American adults in a given year (NIMH, 2001). As Lake wrote above, the most frequently given therapeutic intervention for depressions are pharmaceuticals which blanket the symptoms and do not treat the cause, as many people can not afford to also have psychotherapy.

### **Spiritist Healing Treatments in the Hospital**

A few of the key practices used for all patients who elect to have Spiritist treatments are laying-on of hands, blessed water, prayer, fraternal assistance and listening to inspired speech. Some patients, especially those who have more severe problems and/or are not responding to conventional treatment, have sessions with a medical intuitive (a person who can see into the subtle and physical body and recognize problems without material intervention through a 6<sup>th</sup> sense) and may be the focus of a group of highly trained and gifted intuitives practicing ‘disobsession.’ Each of these practitioners donates his/her time at no charge which amounts to a few hours to more than 40 hours per week.

#### ***1. Laying-on of hands (“passé” in Portuguese)***

The Spiritist trained mediums/healers enter into a ward of patients at an arranged time, generally twice a week. Those patients who choose to participate sit in rows on

chairs, or in a circle previously set up by the staff on the ward. The healers are volunteers who have been trained on-site or at other Spiritist centers so they know the healing protocol as well as the proper way to interact with psychiatric patients in the hospital. They have next to no verbal communication or physical contact with patients within the treatment or outside of treatment. Thus, their interaction is focused on the healing work only. Although typically regimented to circumscribed gestures where the healer passes his or her hands 3 to 6 inches above the body of the patient, individual styles are permitted.

Treatments last only a few minutes per person, during which time each patient remains seated, eyes closed, if at all possible. One at a time, the practitioners of the healing stand in back or in front of each patient, one-by-one. Each healer will be focusing on transmitting a perceived Divine energy (e.g., the Holy Spirit of God or Christ) to the patient. To begin, the healer becomes focused, which usually involves shifting to an altered state of consciousness (Hageman et al., 2010). The healing then takes place through a continuum of transmission of energy: from the Divine source to the spirit of the incarnate healer, and from the healer to the spiritual body (“*perispirit*”) of the patient.

Kardec (2004a, p. 190) described the perispirit as “*a subtle, ethereal, nearly massless covering... a kind of energy body that serves as a blueprint for the human form.*” This etheric body permeates the physical body in every detail, creating an exact duplicate of every organ and limb. Its main function is to transmit energy to the physical body. Congestion of energy in the perispirit, or a weakening caused by stress, negative thinking, being overly judgmental, lack of forgiveness of self or others, or depression, can link to a particular organ or system in the body. These can cause a physical or mental manifestation of illness. Intervention through focusing a high vibration (associated with pure love) in the “pass” of the hands changes the blueprint in and around the physical body and lays the foundation for the healing of the physical body as well as the psyche. Spiritual healing is also practiced as preventive care to preclude the development of disease states by maintaining an appropriate flow of energy in the perispirit, and, in turn, to the body.

*The soul...forms a single unity with the perispirit, and integrates with the entire body, which constitutes a complex human being... We can imagine two bodies similar in form, one interpenetrating another, combined during life and separated at death, which destroys one while the other continues to exist. During life, the soul acts through the vehicles of thought and emotion. It is simultaneously internal and external—that is, it radiates outwardly, being able to separate itself from the body, to transport itself considerable distances, and there to manifest its presence.” (Kardec, 2004b, pp 154-155)*

## **2. Inspired speech/ Prayer**

Prior to the beginning of the healing session in the ward, one of the supervisors of the mediums who works at the hospital will offer a prayer and some inspiring words about the nature of health and healing. Rarely is anything said of a negative nature, although it is believed that patients may be mentally ill as a karmic consequence of prior negative behaviour, which led to hurting others. The inspired speech directs the patients to focus on the value of compassion and love, helping them recollect loving relationships

they may have had, or long for, assisting them to commit themselves to more self-acceptance, compassion and tolerance of others.

### **3. *Blessed Water***

At the end of the healing session small cups of water are passed to each individual who has had a healing by the healers. Each paper cup contains 4 ounces of water that has also been given a “pass” and thus holds the vibrational frequencies of Divinity and the elevated intentions of the healer executing the “pass.” Bio-physicist, Beverly Rubik, PhD (2011) writes that water can absorb and hold frequencies that contain information, such as high vibration, so these practices are not just placebo effects. Some patients bring plastic water containers filled with water to be blessed during the healing session. The patients then take that blessed water back to their bedrooms and drink it as they wish between healing sessions.

The healers then leave the ward, often waving to the patients with friendly words. Nurses on the wards report that patients are noticeably more calm and peaceful for two or three days following these interactions with the healers.

### **4. *Fraternal assistance***

Volunteers who are Spiritists and trained to interact appropriately with patients sometimes come into the wards and speak individually with patients and their families on request. They offer them explanations of both Spiritist therapeutics and philosophy. The volunteers are responsible for listening to the patients and their inner conflicts, as well as providing guidance about how patients can take advantage of the spiritual assistance they can receive at the hospital and in Spiritist centers in their communities.

### **5. *Disobsession***

Spiritist psychiatric hospitals also offer a form of ‘disobsession’ in which a team of highly-trained mediums work together to liberate the patient from one or more obsessions, in which one or more disembodied spirits have exacerbated habits of negative thinking and destructive behaviors (Bragdon, 2004; 2008; Moreira-Almeida, 2011). This work is done remotely with only the mediums and their supervisor present – although all patients or their families have previously authorized the intervention. Patients remain in the wards for the most part; they are not even aware that the work is being done to benefit them at the time it is being done.

During the session, one or more mediums may channel and then incorporate the spirit(s) who is causing the obsessive behavior. The supervisor verbally counsels the obsessor to help him or her release the patient and proceed onto its next level of growth. In this way both obsessor and obsessed are freed from the negative relationship they have with each other in which one has been the dominator and the other the victim.

Each patient may receive one or a series of disobsession sessions, depending on the nature of his/her mental disturbance and the progress of healing.

### **6. *Further diagnostics***

In the event that a patient is not responding to conventional care plus the treatments above, the staff may suggest more intense interaction with Spiritist mediums for case review. In the André Luiz Spiritist Psychiatric Hospital in Belo Horizonte (de Souza & Paulo), a meeting is held once a week with about 17 members, including 12 who are intuitives or mediums. Of these 12, five are medical intuitives; five are supportively giving energy to the more active practicing mediums, when necessary, and two perform healing through the laying-on of hands to the patient. The medical intuitives are able to

sense the drama patients are facing presently or have faced in their previous lives, and their current psychological and spiritual condition. The healing mediums are able to observe each patient's spiritual body, and assess the type of issues that affect the spiritual body through the patient's spiritual associates who are present (patient's disincarnate friends and enemies). Three doctors, an event coordinator, and an assistant (usually an expert in the area of spiritual assistance) complete the team. The doctors involved in the meeting assess the medical records of each patient and then share all the relevant details they are allowed to divulge to other team members, respecting the privacy and ethical standards of medical practice.

When it is a patient's turn, he or she walks into the room where the team is located, sits in a chair and is invited to remain silent, if possible. Two team members responsible for laying-on of hands apply this therapy to the patient. Meanwhile, the other team members maintain their concentration and perform their work; some only observe; some take notes about the patient; others hold their concentration in order to provide the spiritual-energetic foundation that is needed for the work to be performed.

After patients have been seen in this way they are taken back to their wards. At that time, additional notes are appended to each one's medical records when the intuitives report what they have observed or written. The review team then suggests some guidelines that assist the multidisciplinary team in reassessing their work with each specific patient.

In each meeting, one of the hospital team members also goes through the same process that the patients receive. This way the team member not only benefits from the work itself, but also is reminded of the magnitude of the work he or she is performing as part of the team.

All serious cases are reassessed weekly, so that the work of the multidisciplinary team can be readjusted according to changes that are noted in the patient for as long as the patient is in the hospital. In cases with imminent suicide risk, violence or treatment sabotage, the team decides how to report to medical staff or others who need to have the information.

A final assessment of each patient is performed at the time of his or her discharge from the hospital. At that time, patients receive a formal series of recommendations for the continuation of their spiritual assistance. This follow-up can take place in Spiritist centers (independent of the hospital), in which patients can continue to receive laying-on of hands, as well as participating in prayer and discussion groups to support their living a balanced life and continuing personal growth.

### ***7. Post-hospital care***

The educational classes offered at Spiritist centers discuss life principles and thus awaken the mind through sharing many points of view, including those derived from modern science and current events. The activities are not dependent on blind faith, but founded on everyone's natural desire to progress. They are given without charge.

The basic class is a prerequisite for all participants who wish to use the resources of the center. This class emphasizes the concept that every action has a consequence—what the Eastern philosophies refer to as the natural law of karma. Becoming more aware of the workings of karma awakens the will forces of all participants. Each begins to realize that he/she is responsible in life for how he/she reacts to life circumstances. Under the guidance of a teacher, students discuss the most essential life questions, such as:

Why are we alive?

Is there a God?

What happens at death?

Does life go on for our loved ones who have passed on?

Which human beings represent a model of an enlightened way of living life that is consistent with what the evolved spirits recommend?

The books of Allan Kardec (pen name of LDH Rivail) and other current Spiritists are read to stimulate discussion. News from contemporary media illustrates how the Spiritist principles come to life in today's world. Chico Xavier (1910-2002), who wrote more than 400 books, is the most popular author in the Spiritist lineage—much beloved as he dedicated all the proceeds of his books to charities.

When a person recognizes his/her purpose in life is continued spiritual development and that we are influenced by cause and effect, he/she is encouraged to take charge of her or his life. This orientation leads to both a positive outlook and mental equanimity. The practice of positive thinking, as well as feeling joy and gratitude for life grow with the practice of prayer and meditation within the supportive community of Spiritists. There are also deliberate exercises to attune to the Divine aspects of oneself. This attunement generally opens each person to inspiration and guidance. Being positive strengthens the immune system and enhances physical functioning as well as emotional and spiritual wellbeing.

## **Conclusion**

*You recognize a true Spiritist by their moral transformation and the effort they make to dominate their negative tendencies.*

*—Allan Kardec*

Spiritism, in its essence, is a path of inner transformation, whereby we become more rational, more compassionate and wiser. Ultimately Spiritists become more able to align their actions with their true purpose in life. In this way, mentally ill patients learn how to reorient their lives, release congested energy from the subtle body, and participate in a supportive community. Spiritists believe we must also study books related to Spiritism to deepen our understanding of life and death, why we are each here on earth, and what gives life meaning. This is a path of healing and also a way to accelerate spiritual growth. Without study and cognitive understanding, people do not comprehend the steps of spiritual evolution and have less commitment to be responsible for their own growth. The standards for establishing the statistics of Spiritist center successes need to be further studied to insure their accuracy. The International Medical-Spiritist Association in Brazil (AME) wants to increase dialogue and encourage further scientific research about spiritual healing protocols in Brazil.

The techniques employed by Spiritists as a free service at Spiritist centers and Hospitals may be a partial answer to our need to improve our protocols for care for the mentally ill, moderate the skyrocketing costs of our current health care system, and renew the education of the public about how to maintain mental health and wellbeing.

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Correspondence should be sent to:  
Emma Bragdon, Ph.D.  
[ebragdon@aol.com](mailto:ebragdon@aol.com)