

organize a health care system in times of conflict and insecurity, and how medical training is sha-

ped by governmental plans and expectations.

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ROCHA, CRISTINA (2017): John of God. The Globalization of Brazilian Faith Healing.

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Brazilian cultural anthropologist CRISTINA ROCHA moved to Australia in 1998 and is currently the director of the *Religion and Society Research Cluster* at Western Sydney University. Her academic research focuses on religious exchanges between Australia and Brazil and this monograph has been dedicated to the phenomenon of the transnationalization of Brazilian Spiritist healing practices. She considers the case of spirit healer João de Deus (John of God) from the small town of Abadiânia in the state of Goiás / Brazil and the international attention he has received by patients and media alike. In the past, Brazilian Spiritism gained in popularity through the phenomenon of Dr. Fritz, a German medical doctor who died during the World Wars. While being incorporated in a medium, he would perform surgical interventions on his patients without anesthesia or hygienic precautions (cf. GREENFIELD 1987, 2008). Most comparable contemporary ‘spirit doctors’ (e. g. Dr. Frederik, Dr. Hans, Dr. Hermann, Dr. Wilhelm) due to legal issues only perform energetic treatments on the *perispirit* of patients (the energetic subtle body of human beings, cf. KURZ 2015, 2017, 2018), but John of God attunes to both practices, seeking moral and energetic support in the prayers and meditations of his followers.

The starting point of ROCHA’s argument is the US-American talk show host Oprah Winfrey. In 2010, Winfrey hosted US-American citizens who were allegedly healed from severe diseases by John of God in his *Casa do Dom Inácio* (“House of Master Ignácio”) in Abadiânia. Rocha then declares Winfrey’s subsequent visit there in 2012 as

“[...] the culmination of a trend that had started in the late 1990s. At that time, John of God was merely João de Deus, an illiterate, mostly unknown, faith healer in a village in the middle of nowhere in Brazil. A decade later, John of God has become an international faith healer superstar – visited not only by Oprah, but also by thousands of the

desperately ill, the wealthy, and an increasing array of media” (p. 3).

According to ROCHA, a transnational spiritual community has been developing ever since, which comprises not only the ill and those who seek spiritual growth but also healers, tour guides and business people. Her book is the result of one decade of research on the social and cultural forces that left a local healer from Brazil becoming a “global guru in the 21st century” (p. 4) and the prominence of spiritual healing in late modernity. The main questions are (1) What attracts foreigners to John of God’s cosmology and healing practices?; (2) How do they understand their own experiences of healing or lack thereof at the *Casa de Dom Inácio*?; (3) How well do the sacred objects, healing practices and cosmologies travel?; (4) How are they localized in different ways in the West?; (5) How are conflicts ironed out when foreigners’ worldviews and John of God’s cosmology do not dovetail?

In her methodology, Rocha orientates herself to the ontological turn in the social sciences, which takes experiences and narratives seriously and avoids any form of evaluation or discussion of efficacy. She finds that the healing practices of John of God are related to a transnational spiritual movement reflective of the worldview of a global popular culture. Regarding the conceptualization of “culture,” ROCHA critiques the work of SIDNEY GREENFIELD, a US-American anthropologist who studied Spiritism and other forms of Brazilian faith-healing for decades and developed a cultural-biological model

“[...] that equates culture with nation, and singles out ‘Brazilian culture’ as the reason for the efficacy of [...] spiritual surgeries. For him, Brazilians easily enter altered states of consciousness, and once they are ‘hypnotized’ they are able ‘to control pain and alter their flow of blood – to slow down bleeding or speeding it up to heal wounds

more rapidly' (GREENFIELD 1991: 24). In contrast to Western culture, they are assumed to be easily hypnotized because belief in spirits is part of 'Brazilian culture' (1991: 23). Indeed, 'Brazilians go into trance about as easily and as often as, for example, Americans fall in love' (GREENFIELD 1987: 1103)" (p. 19).

ROCHA questions this homogenization of national culture and postulates a more differentiated view, which emphasizes global hybridization and interrelations, especially since so many foreigners have adopted the healing practices of John of God. With APPADURAI (1996), she deciphers the complex cartography of religious globalization and states that, especially in the age of mass media and internet, global flows do not only derive from the global North but are multi-directional. This dynamic is enhanced by Western spiritual tourists with their travel guides, websites, books, and package tours and these patients seeking a cure for their incurable diseases make use of the information, communication technologies and the global circulation of material culture in terms of capitalistic structures.

In an attempt to contribute to the debate on the differences between religion and spirituality, ROCHA claims that there is a global increase of the number of spirituality-as-personal-transformations as opposed to religiosity-as-public-institutions. However, she also observes that spirituality within the John of God movement is public in the sense that it embraces commodification and intertwines with global popular culture. Further, John of God travels the world performing healing events on a large scale. Tickets are advertised and sold online, and the events are accompanied by books, DVDs, meditation and healing sessions, organized tours, t-shirts, crystals, crystal beds, rosaries, herbs, and blessed water. Unimpressed by this very public institutionalization and apparent commodification, ROCHA, with HEELAS (2006), develops an image of the followers of John of God in which the "spiritual self" becomes the new authority and the external authority of religious institutions is rejected in favor of the cultivation of a more self-reflexive view of identity and belonging. The reviewer contests this dualistic view of personal spirituality as opposed to public religious institutions, especially when ROCHA relates John of God to the Brazilian Kardecist Spiritist move-

ment: even though it focuses on self-transformation, Kardecism in Brazil is highly institutionalized (cf. KURZ 2015, 2017, 2018) and the John of God movement shows all the symptoms of a religious institution, too, with a charismatic leader and hierarchical structures among his followers. When arguing that "[t]his choice of lifestyle and the rejection of external authority also extends to how people relate to biomedicine" (p.8), it might be better to speak of a shift from one external authority to another. However, ROCHA observes a rise in complementary and alternative medicine (CAM) which she attributes to disillusionment with biomedicine, especially in cases involving chronic illness, egalitarian relationships between doctors and patients and the empowerment of patients, the search for the meaning and context of illness and the decline of faith in technology and science. Another important issue is the sense of community: the imagined transnational community of the John of God movement produces a new spiritual habitus inflected by the New Age movement. Rocha explains this intersection of Spiritism and New Age by pointing to their common roots in Theosophy, Mesmerism, Swedenborgianism, Rosicrucianism and Freemasonry, another perspective that the reviewer wants to contest: the histories of (Kardecist) Spiritism and the global New Age movement are too complex to be related in such an equation. It seems to make more sense to interpret Kardecism as a distinct root of New Age (whatever this might be), not as part of the same root.

Between her introduction and conclusion, ROCHA develops her argument in seven subsequent chapters, producing summaries and conclusions at the end of each. Chapter one integrates a personal account of the long process of establishing rapport with John of God and the issues she had with contradicting insider/outsider perspectives. An anecdote clarifies this issue: while trying to perform her first interview, ROCHA was rejected by John of God after he found out that she was a Brazilian. He even threatened to press charges if she were to write about him. He would only allow foreign scientists and journalists to write about his healing practices, as Brazilians would only try to criminalize him or refer to him as a charlatan. ROCHA tries to work out this sharp contrast in the healer: on the one hand, he is an

enlightened, generous, loving being and, on the other, a hostile authority upholding asymmetrical power relations not only in Brazil but globally. In a somewhat bitter critique, ROCHA concludes that Brazilian Spiritists welcome male Western researchers—the bearers of modernity, science and rationality—because they would impart legitimacy to their practices. Rocha found that it was only possible for her to gain information by becoming an insider at first and participating in the healing practices, including the abovementioned surgeries, which from an ethical point of view is questionable, at the very least.

Chapter two outlines these healing practices in the Brazilian religious arena, as a hybrid of popular Catholicism, Kardecist Spiritism and the Afro-Brazilian religion of Umbanda. In a brief overview, ROCHA also discusses the development of French Kardecism, its implementation in Brazil and interconnections between Kardecism and Spiritism (cf. KURZ 2018). Chapter three provides case studies of people seeking physical, emotional and spiritual healing at the *Casa do Dom Inácio* and how their experiences informed and changed their understanding of health and illness. Entering the transnational context, chapter four focuses on the relationships between locals and foreigners in Abadiânia as a “touristic borderline”, with parallel worlds shaped by power relations, economic interests, cultural exchange and local discontent (especially by Evangelical churches). Chapters five to seven discuss portability and transposability (cf. CSORDAS 2009), cultural translation and problems of friction (cf. TSING 2005) and cultural untranslatability (cf. SRINIVAS 2010). These concepts are related to spiritual tourism and the transnationalization of the healing practices of John of God in the West, especially in Australia and New Zealand, where they attune to local indigenous and non-indigenous healing practices in what the author calls a “New Age appropriation”.

Overall, ROCHA produces a rich ethnography of an example of the transnationalization and global distribution of healing practices. She further develops the concepts of global and popular culture and counterculture as opposed to local or national culture. In this regard, she shows how the global flow of religion and related CAM is multi-directional and informed by a growing frustration with

biomedicine by patients all over the world. Thus, this book is not only a “must read” for medical anthropologists and health professionals working in this field but its vivid, narrative style makes it of interest to anyone curious about the phenomenon of (Brazilian) Spiritism and its intersection with health and healing.

ROCHA concludes the work by speculating about possible successors and/or substitutes of John of God due to rumors spreading about his physical health. Regardless of the truth or falsity of the rumors, this question might become more urgent than even ROCHA could have imagined. In his monograph on mediumistic healing in Germany, VOSS (2011: 226ff) already mentions that John of God was not allowed to leave Brazil and travel to Germany some ten years ago due to patients’ accusations of sexual abuse. These charges were investigated by the Brazilian Justice Department once again in 2018. John of God has been in custody for rape and sexual abuse since December 2018 and sexual abuse, accompanied since January 2019 by his son, who was charged with illegal weapon possession and threatening victims and possible witnesses, one of whom supposedly killed herself recently. An ex-wife of John of God already allegedly killed herself over thirty years ago and it is indicative that the grandson of John of God denounced his grandfather and father for the sexual abuse of his mother more than ten years ago, thus initiating current investigations (cf. BATISTA JR. 2019).

Beyond the question of whether the entirely touristic, spiritual-orientated economy of Abadiânia will survive this blow, the development also indicates how anthropologists should be very careful in positioning themselves and evaluating so-called complementary and alternative medicines, whether positively or negatively. It is our job to describe and analyze healing practices within a particular social, cultural, political, religious and/or economic context without discussing questions of efficacy or morality. CRISTINA ROCHA certainly has that skill.

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References

- APPADURAI A. 1996. *Modernity at Large*. Minneapolis, MA: University of Minnesota Press.
 BATISTA JR J. 2019. Suicídio nas Redes. *Veja* 52(7): 56–57.

- CSORDAS T.J. (2009): Introduction: Modalities of Transnational Transcendence, In: *Ibid.* [ed], *Transnational Transcendence: Essays on Religion and Globalization*. Berkeley, CA: University of California Press, pp. 1–29.
- GREENFIELD S. 1987: The Return of Dr. Fritz: Spiritist Healing And Patronage Networks In Urban, Industrial Brazil. *Social Science & Medicine* 24(12): 1095–1108.
- GREENFIELD S. 1991: Hypnosis and Trance Induction in the Surgeries of Brazilian Spiritist Healers. *Anthropology of Consciousness* 2: 20–25.
- GREENFIELD S. 2008. *Spirits with Scalpels: The Culturalbiology of Religious Healing in Brazil*. Walnut Creek, CA: Left Coast Press.
- HEELAS P. (2006): The Infirmary Debate: On the Viability of New Age Spiritualities of Life. *Journal of Contemporary Religion* 21(2): 223–240.
- KURZ H. 2015. 'Depression is not a Disease. It is a Spiritual Problem.' Performance and Hybridization of Religion and Science within Brazilian Spiritist Healing Practices. *Cura-re* 38(3): 173–191
- KURZ H. 2017. Diversification of Mental Health Care: Brazilian Kardecist Psychiatry and the Aesthetics of Healing. *Cura-re* 40(3): 195–206.
- KURZ H. 2018. Transcultural and Transnational Transfer of Therapeutic Practice: Healing Cooperation of Spiritism, Biomedicine, and Psychiatry in Brazil and Germany. *Cura-re* 41(1+2): 35–49.
- SRINIVAS T. 2010. *Winged Faith: Rethinking Globalization and Religious Pluralism through the Sathya Sai Movement*. New York, NY: Columbia University Press.
- TSING A. 2005. *Friction: An Ethnography of Global Connection*. Princeton, NJ: Princeton University Press.
- VOSS E. 2011. *Mediales Heilen in Deutschland: Eine Ethnographie*. Berlin: Reimer.

THERESIA HOFER (2018): Medicine and Memory in Tibet. Amchi Physicians in an Age of Reform.

Seattle: Washington Univ. Press, 304 pp.

Die vorliegende Arbeit ist eine sozialanthropologische Studie über die sozioökonomischen Rahmenbedingungen für praktizierende traditionelle Ärzte und Ärztinnen in Zentraltibet außerhalb der Einrichtungen für tibetische Medizin in Lhasa. Die zum Teil sehr unterschiedlichen Erfahrungen zur Zeit vor und während verschiedener kommunistischer Reformen des Gesundheitssystems im zwanzigsten Jahrhundert bzw. der Kulturrevolution sowie in der Zeit der Revitalisierung und Berührung mit der sogenannten "Biomedizin" werden anhand von Interviews mit Praktizierenden aus verschiedenen Generationen lebendig veranschaulicht. Dabei nutzt die Autorin in einem historisch bedeutsamen Zeitfenster gewonnenes Material, welches sie während mehr oder weniger offiziellen Forschungsaufenthalten in den Jahren 2003 und 2006–2007 erheben und das Vertrauen der Interviewten durch wiederkehrende Aufenthalte und persönliches Engagement gewinnen konnte. Dieses Vertrauen von aus unterschiedlichen Generationen stammenden Gesprächspartnern ist umso bemerkenswerter, als es in Tibet nach wie vor für viele Betroffene schwierig ist, über die politisch instabile Zeit der zweiten Hälfte des zwanzigsten Jahrhunderts zu sprechen. Zudem widmet sich die Studie nicht den Gewin-

ner und Gewinnerinnen der Reformen, welche durch eine Ausbildung in staatlich anerkannten Lehrgängen eine berufliche Absicherung erreichen konnten, sondern den Lebensgeschichten der Medizinpraktizierenden außerhalb der staatlich unterstützten Institutionen. Der individuelle Umgang mit dieser Vergangenheit findet sich in allen Kapiteln: Er reicht von ambivalenter Verklärung über die notwendige Anpassung an staatlich verordnete Gegebenheiten bis hin zu stummer Verbitterung. Besonderheiten in den Biographien von Ärztinnen finden sich in verschiedenen Abschnitten des Buches. Zwischen Einleitung und Fazit gliedert sich das Buch in sechs Kapitel. Die jeweiligen Themen werden historisch in ihrem gesundheitspolitischen Kontext vorgestellt und mit den Stimmen, Stimmungen und Erinnerungen der beteiligten Personen lebendig veranschaulicht.

Das erste Kapitel, *The Tibetan Medical House*, widmet sich den Familientraditionen von sogenannten "Laienärzten" (im Gegensatz zu "Klerusärzten") und deren zu sozialen Einrichtungen gewordenen Häusern. Ausgehend von der Architektur dieser Häuser und ihrer Geschichte wird deren gesellschaftlicher Status und soziale Rolle aufgezeigt. Die Bedeutung von damit verbunde-