Transcultural and Transnational Transfer of Therapeutic Practice

Healing Cooperation of Spiritism, Biomedicine, and Psychiatry in Brazil and Germany

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Abstract This article investigates transformation processes of local practices of healing cooperation when transferred from one context into another by means of migration and transnational networks. Healing practices within Brazilian Spiritism and practices of healing cooperation with psychiatric and biomedical health professionals will serve as an example. An introductory anthropological discussion of distinct theoretical approaches to healing cooperation will serve as a starting point, before exploring explanatory models of health, illness, and healing within Brazilian Spiritism. Case studies from Marília/São Paulo and Itabuna/Bahia in Brazil will facilitate the understanding of healing cooperation of Spiritism, biomedicine, and psychiatry. In a further step, the implementation of Spiritist healing practices by Brazilian immigrants and local supporters in Germany will be of central interest. Case studies from Munich/Germany will show that transference of healing cooperation from one context to the other is possible, but that due to different contexts a diversification of discourses and practices will take place. However, the discussion of the presented data will show, that the outcome of transnational transfers of healing practices and models of healing cooperation does not so much relate to social, cultural, or religious frameworks, but to individual resources, personal expectations, and political processes.

Keywords cultural psychiatry – complementary and alternative medicine – CAM – spiritism – migration – Brazil – Germany

Transcultural and Transnational Transfer of Healing Cooperation

Due to globally increasing numbers of psychiatric diagnoses and insufficient therapy resources especially in the Global South, the World Health Organization demands efforts towards cooperation of so-called traditional/religious and scientific/secular health professionals in local contexts (WHO 2014). At the same time, processes of migration and globalization facilitate the transnational and transcultural transfer of religious ideas and related healing practices around the world (Kirmayer 2006, Csordas 2009, Basu *et al.* 2017). This correlation raises the question, how not only distinct culturally and religiously informed therapy approaches, but even models of healing cooperation might be globally transferred from one local context to the other. It implies the need for a closer look at actual practices of healing cooperation and their transformations within transnational networks of healing.

According to Kleinman (1988a,b), explanatory models shaping disease categories, illness experiences, and related social implications are not static but dynamic and flexible within a given cultural context and social situation. Kirmayer (2014) assumes that there has always been a constant exchange, circulation, mutual transformation, and proliferation of distinct medical systems. He observes an increasing demand within Western societies for so-called complementary and alternative medicines (CAM) as a hybrid integration of various and sometimes antithetic therapeutic practices and discourses (*ibid.* 33). Baer *et al.* (2013: 368) criticize relations between CAM and biomedicine as asymmetrical but acknowledge the subversive powers of local healing traditions, challenging biomedical hegemony and political implications. Both, Kirmayer (2014) and Baer *et al.* (2013) draw a picture of opposing medical systems that challenge and compete with each other. Eeuwijk (2010) criticizes this approach and postulates to focus on practices and dynamics of diversity, where difference does not necessarily

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imply opposition but enables complement (*ibid.* 140). Transnational networks of healing cooperation would contribute to new complex and heterogenic practices, integrating aspects of the local and the global (*ibid.* 157 f.). Accordingly, KRAUSE *et al.* (2012) stress the importance of investigating related processes of therapeutic diversification regarding interaction, entanglement, and fusion of different therapeutic actors (*ibid.* 15 ff.).

CSORDAS (2017) describes a case of healing cooperation between academically trained mental health professionals and native spiritual healers within a Navajo reservation in the USA. According to him, the establishment of a local psychiatric unit which integrates indigenous spiritual concepts and practices would enhance the success of therapy. In addition to pharmaceutical and psychological treatment, he stresses the importance of a sweat lodge where patients would encounter and deal with disturbing spirits which are interpreted as at least one cause of affliction (*ibid.* 132 ff.). Inferentially, local religious and psychiatric explanatory models can complement, inspire each other, and fuse into new practices of cooperation. BHABHA (1994) would describe such intersections as "third spaces" where controversial approaches and interpretations develop towards alternative and innovative resources. Accordingly, religious and psychiatric explanatory models do not necessarily exclude each other, but can produce complementary spaces of healing cooperation (KURZ 2015: 177).

Medical diversity in Brazil may serve as an example for the coexistence of multiple psychiatric institutions and their intersection with diverse religious movements specializing in the treatment of emotional, spiritual and mental distress. HESS (1991: 162) refers to a spiritual continuum which comprises of Afro-Brazilian religions and Spiritist institutions in their attempt to restore mental health in terms of spiritual transformation. Mediumistic practices are central to the healing process, integrating individual, social and spiritual aspects. Initiation into religious communities such as *Candomblé* (KURZ 2013, SELIGMAN 2014), *Xangô* (HALLOY 2012) or *Vale do Amanhecer* (PIERINI 2016) provides an embodied learning process towards altered perceptions and experiences of self and social relations (see SCHMIDT 2016). However, many patients who seek and find relief within mediumistic and religious healing practices will not become mediums themselves, and this clientele is usually overlooked within academic studies on practices of spirit possession and mediumship (KURZ 2017: 202 f.).

This latter observation is especially important regarding *Kardecism*, another form of Spiritist practice within the Brazilian spiritual continuum. Due to the self-denomination of Kardecists as Spiritists (*espírita*), I will use the terms *Kardecism* and *Spiritism* as synonyms throughout this article. Kardecism originates in various 19th-century European Spiritist currents which were finally unified and codified as a Spiritist doctrine by French scholar and Spiritist Hippolyte Léon Denizard Rivail (1804–1869), using the pseudonym of Allan Kardec. By the end of the 19th century, Kardecist doctrine also reached Brazil and partly fused with indigenous and Afro-Brazilian spiritual practices and concepts. Kardecism shares with these traditions and Anglo-Saxon Spiritualism the idea of mediumship, that is communication with spirits through sensitive individuals. It differs from the latter by its concepts of reincarnation and karma, which shift the focus towards personal spiritual progress throughout many lives. In Brazil, Kardecists developed a focus on healing and well-being, partly due to the aforementioned intersection with other spiritual practices. However, they do not engage in practices of spirit possession and provide spiritual healing in a more institutional and allegedly "scientific" way (ENGLER & ISAIA 2017).

Kardecism became a resource for the Brazilian (mental) healthcare system and for healing cooperation between institutions of Spiritism, biomedicine, and psychiatry (see KURZ 2015). Healing cooperation here integrates many actors and actants: patients, healers, spirits, study groups, books, voices (see KURZ 2017). However, throughout this article I will mainly refer to healing cooperation between Kardecist and official medical institutions and persons, a delimitation that sometimes is blurred by the fact that a psychiatrist might be Spiritist and academically trained medical doctor at the same time (*ibid.* 198). Throughout the 20th century, Kardecist-Spiritist associations have administrated many inpatient psychiatric hospitals and remain doing so, opposing current Brazilian health politics and its deinstitutionaliza-

tion strategy of shifting mental healthcare from in- to outpatient treatment (Ministério da Saúde 2007).

US-American medical anthropologist Theissen (2009: X) sharply criticizes Spiritist psychiatry in a Foucauldian way, arguing that it seems to her as a national project of paternalistic social control by white elites. She interprets Kardecism as an institution where psychiatric diagnosis promotes a moral judgment instead of sustained treatment (*ibid.* XIII) and accuses psychiatrists of referring to moral transgressions and responsibilities of their patients (*ibid.* 129 ff.). Even though her argument provides some interesting aspects, she misinterprets her data due to severe methodological failures. To start with, she declares right in her very introduction her private rejection towards the object of research. Further, her main informants belong to the Brazilian antipsychiatry movement, and she does not describe any observation of healing practices, nor does she refer to interviews with patients and family members. Thus, she lacks insight into the therapy process and misses to recognize its potential for personal (spiritual) transformation and development of agency (see Kurz 2017: 202 ff.). Moreover, her critique of a national project of social control developed by white elites does not bare any evidence. Taking into account the Brazilian national census of 2000 (IBGE 2000), the denomination to Spiritism of persons of different ethnicity reflects the national average. It relates more to aspects of education, literacy and regional fashion than to race, gender, or socioeconomic position (*ibid.* 37, 43, 50 f., 93 ff.; see Schmidt 2016: 47 ff.).

Brazilian psychiatry reform is progressing (Ministério da Saúde 2007, Goulart & Durães 2010), but resources for outpatient and community care are hardly and insufficiently developing (WHO-AIMS 2007, Mateus *et al.* 2008, Bernardo & Garbin 2011). With their partial autonomy from public health policy and the devotion of volunteers, Spiritist psychiatric hospitals increasingly become the only remaining spaces of inpatient mental healthcare, providing medical and spiritual support at the same time (see Kurz 2017: 197 ff.). While both refer to the same institution (*Hospital Espírita André Luiz*/HEAL in Belo Horizonte, Minas Gerais), US-American psychologist Bragdon (2012) in contrast to Theissen (2009) praises the efficacy of healing practices within Spiritist psychiatry in terms of spiritual transformation and development of personal agency and new perspectives in life. She even argues for their universal importance and their implementation into regular North-American psychotherapy (Bragdon 2004).

From the perspective of medical anthropology, discussing the transnational expansion of Spiritist healing practices does not mean to postulate their universal validity but to assume that they are universally transformable, integratable, and contestable according to patients' needs and experiences. In the case of Spiritism, this might be obvious, since it combines different global concepts, such as German philosophical currents of the early 19th century, Mesmerism, Christian ethics, Anglo-Saxon Spiritualism, and Asian concepts of reincarnation and karma (Sawicki 2016). However, throughout the 20th century, it has been strongly influenced by Brazilian religious culture and sociopolitical developments (Schmidt 2016, Engler & Isaia 2017).

By introducing some case studies regarding Brazilian Kardecism and related practices of healing cooperation, I will argue that illness explanatory models and healing practices—in contrast to paradigms in cross-cultural/transcultural psychiatry (see Kleinman 1988a; Machleidt 2013)—are not reducible and exclusively linked to social and cultural frames or contexts, but also refer to personal expectations and individual resources. They should not be reduced to local *idioms of distress* (Nichter 1981), *cultural metaphors* (Kirmayer 1993), or *culture-bound syndromes* (Littlewood 2000), but referred to as people's individual experiences in certain life situations. Thus, in revising the concept of *idioms of distress,* Nichter (2010) suggests that personal resources and emotional aspects should be integrated into the understanding of different explanatory models and therapy systems. For the context of Brazil, Schmidt (2016) has proven that denomination to certain religions and related healing practices is not reducible to ethnicity, social status, cultural background or gender, but to aspects of individual (embodied) experience. From the perspective of critical medical anthropology (see Scheper-Hughes 1994, Farmer 2003), I also consider temporary political frameworks independent from larger sociocul-

tural contexts central to the experience of illness and treatment.

I will introduce and discuss different sites of (attempted) healing cooperation between Spiritism, biomedicine, and psychiatry regarding personal experience and I will outline dynamics of transformation of these healing practices due to contextual political processes. The data presented is based on qualitative research (participant observation, narrative and semi-structured interviews, media research) in Brazil and Germany conducted between 2015 and 2017. From October 2015 to April 2016, I participated in Kardecist healing practices within the Spiritist psychiatry *Hospital Espírita de Marília* (HEM) and the associated Spiritist study center *Centro Espírita Luz e Verdade* (CELV) in Marília/São Paulo and conducted thirty interviews with Spiritists, health professionals, patients, and family members. From October 2016 to April 2017, I participated in Spiritist healing practices within the Spiritist study and healing center *Centro Espírita Claudionor de Carvalho* (CECC) in Itabuna/Bahia and conducted fifteen interviews with Spiritists, health professionals, and patients. Marília and Itabuna resemble in their local importance as political and economical urban centers in an agricultural environment, with approximately 200.000 inhabitants. They differ in their regional socioeconomic contexts: while Marília is located in the relatively wealthy Southeastern state of São Paulo, Itabuna belongs to the economically lesser developed Northeastern state of Bahia.

In Europe, the request for spiritually informed therapies is on the rise (see Voss 2011, Singer & Baer 2012: 143 ff.) and this increasingly accounts for Kardecism, too. For example in Germany, Brazilian communities established Spiritist centers in various major cities, most of them associated with the *Deutsche Spiritistische Vereinigung* (DSV, "German Spiritist Association"). Already for a few years, some of their members are discussing the possibility of not only providing spiritual support for Brazilian immigrants and open-heartened Germans but also to develop further therapeutic supplies according to the healing cooperation models in Brazil to be implemented into German healthcare. From July to September in 2016 and 2017, I conducted participant observation and fifteen narrative interviews within the Spiritist study center *Grupo Espírita de Estudos Allan Kardec* (GEEAK, "Spiritist Study Group of Allan Kardec") in Munich, where I was able to observe contested approaches and positions regarding the integration of Spiritism into German religious and health related approaches, which would eventually initiate the separation of the group.

Refining the initial question regarding the development of healing cooperation, their transformation, and the prospect of integration in Germany, several new questions arise: How do the different actors practically establish and experience healing cooperation? How do these practices relate to secular, religious and/or spiritual explanatory models? How do Spiritist explanatory models contribute to the cooperation and interaction with psychiatric categories, and who contests them? How are they implemented in different cultural contexts like Brazil and Germany? What impact do political developments and processes of migration have on the (transnational) transformation of these practices and discourses related to health, health-seeking behavior and healing cooperation?

I will first introduce Spiritist explanatory models and healing practices within their local historical contexts before presenting four vignettes of case studies (one each in Marília and Itabuna, two in Munich). I altered the names of my research participants, and the fact that they are all female does not indicate any tendency towards a more prominent gender profile within Kardecism. On the contrary, as aforementioned, affiliation to sex, gender, ethnicity or social class does not play any major role in the decision to become a Spiritist (see Schmidt 2016: 47 ff.). I will thus conclude with the discussion of my argument that it is—independent from social or cultural belonging—the quest for explanations, coping strategies, and solutions for human conditions and experiences, along with some (health) political aspects, which inform processes of transnational and transcultural transfer and transformation of models of healing cooperation from Brazil to Germany.

Spiritist Explanatory Models and Healing Practices in Brazil

It is especially within institutions of Kardecism where healing cooperation of Spiritism, biomedicine, and psychiatry are established. Kardecists

do not perceive themselves as members of a religious community but of a philanthropic movement approaching spiritual aspects with scientific standards (PRANDI 2013: 59). The term relates to Allan Kardec, who fuses concepts of Mesmerism, Christian ethics, parapsychology and oriental religious concepts into an ontology of the human spirit. Reincarnation and the urge of personal progress throughout many lived existences are central to Kardec's doctrine, translated from original French into various languages, and reproduced within a vast record of Brazilian Spiritist literature throughout the 20th and early 21st centuries. Allegedly, it bases on messages from deceased individuals, or in emic terms, "discarnate" spirits. Kardec, but also Brazilian authors like Adolfo Bezerra de Menezes, Francisco Cândido "Chico" Xavier, and Divaldo Pereira Franco reveal the proposed purpose of life: to correct past (life) mistakes and to develop towards an individual who practices (self-)love and charity (see MOREIRA 2013).

Despite the fact that Kardec is more interested in the etiology of the spirit world and its relationship with the world of the living (see KARDEC 1986, 1996), in his "Journal of Psychological Studies" (1858–1869) he also discusses cases of behavioral disorders, suicide attempts and changes of sensory perception (see MOREIRA-ALMEIDA & LETUFO NETO 2005: 572). Without rejecting the biological, psychological, and social causes of mental disorders, he adds the spiritual sphere regarding negative influences of discarnate spirits ("obsession") (*ibid.* 570). Bezerra de Menezes (1831–1900) integrates these ideas into early Brazilian mental healthcare discourses (BEZERRA DE MENEZES 1920). His main argument relates to the question if there might be an explanation for mental distress without any organic brain defect (*ibid.* 3). Deducting from Kardec's teachings and his personal studies of philosophical writings on the human existence, he postulates that humans consist of a spirit (soul), a material body, and, as a connection between both, the human brain (mind) (*ibid.* 64). In a further step, he reflects on experiences of mediumistic sessions and argues that the spirit survives death and might influence other living beings, for example as obsession, which would fluidly interrupt or influence the spirit-brain-connection of the afflicted person (*ibid.* 65 ff.). He thus states that "madness" can be either of organic reasons or due to spirit obsession (*ibid.* 120 ff.). Himself not being a psychiatric practitioner, Bezerra de Menezes suggests that once there is a twofold cause of insanity, treatment modalities also should be differentiated in terms of biomedical and spiritual approaches (*ibid.* 582). The first psychiatrist who turns this theory into practice is Inácio Ferreira de Oliveira (1904–1988), director of a Spiritist psychiatric hospital in Uberaba/Minas Gerais from 1934 to 1988. He implements combined treatment, including mediumship training and participation of patients within mediumistic sessions (see HESS 1991: 187 f.). In this way he creates a model for a new orientation within Brazilian psychiatry, as between 1930 and 1970 around fifty Kardecist psychiatric hospitals evolve in Brazil, mainly in the state of São Paulo (MOREIRA-ALMEIDA & LETUFO NETO 2005: 572). With some modifications, this approach is still valid in the beginning 21st century, and Bezerra de Menezes is honored as the spiritual mentor of many Spiritist mental healthcare institutions in Brazil. His tripartite model of a person has been further developed to the spirit (soul/mind), the material body, and the "perispirit," a semi-material energy field which connects spirit and body and is central to contemporary Spiritist healing practices (see KURZ 2017).

Complementary to this, Divaldo Pereira Franco (*1927) develops another approach. The famous Brazilian medium and long-time figurehead of the *Federação Espírita do Brasil* (FEB, "Brazilian Spiritist Federation") claims that the spirit of the post-medieval nun Joanna de Ângelis produces through him her "Psychological Series" (FRANCO 1997, 1999, 2002), linking Kardecist approaches to transpersonal and Jungian psychology (see MOREIRA-ALMEIDA & LETUFO NETO 2005: 584). Patient's current and past life experiences are central to this approach, as they would unconsciously influence thoughts, acts, and behavior. Ethical behavior and reflexive introspection become more distinct health practices than dealing with external spiritual influences (*ibid.* 585). Suggested therapy models are mental hygiene and spiritual development through the lecture of the "Gospel According to Spiritism" (KARDEC 2008) and Christian discipline as a resource for self control (FRANCO 2009: 20 f.), including moral education, training and reformation, charity, and prayer.

Additionally, “disobsession” (as a form of “gentle exorcism”) could enhance the personal moral development by indoctrinating disturbing spirits and helping them to find their way back to the spiritual realm (*ibid.* 98, 115). Fluidal treatments, like energetic laying-on hands treatment (“*passe*”) and drinking spiritually energized water for the sake of vitalization of the energy fields, would sustain complementary support. They should not be perceived as a miracle or magical healing, but as a guide towards gradual personal progress (*ibid.* 26). Another important Brazilian medium is Francisco Cândido “Chico” Xavier (1910–2002), who published several hundred psychographic books with over 20 million copies only sold in Brazil. Especially his works with the “ghostwriters” Emmanuel and André Luiz have been influential in the development of Brazilian Spiritist healing practices. The latter is the main character of “Nosso Lar” (Xavier 1944), one of his most famous works, which as a movie (Assis 2010) became a blockbuster in Brazil. The main topic is the life and death of medical doctor André Luiz, who develops from a suffering towards a helping spirit and becomes an inhabitant of a colony in the spiritual plane with a hospital where afflicted and afflicting spirits are treated—an idea that is essential for the disobsession process.

The importance of Spiritist explanatory models and healing practices for the Brazilian healthcare system is undeniable, as Kardecist perspectives on mental disorders exert considerable influence in Brazil and promote explanatory models for related experiences (Moreira-Almeida & Letufo Neto 2005: 570). Already over thirty years ago, Stubbe (1987: 176) argued that the Brazilian healthcare system does not provide sufficient therapy resources, especially regarding psychological and psychiatric afflictions. The more recent WHO-AIMS (2007) report on the mental health system in Brazil shows little improvement: the psychiatry reform since the early 2000s leads to the closure of inpatient psychiatric hospitals without providing sufficient outpatient resources. Additionally, patients do not agree with biomedical psychiatric treatment approaches, once that bodily, cultural and psychosocial aspects are ignored, and therapy often is reduced to expensive medicalization (Leibing 1995, Rabelo & Souza 2003). These are some reasons why Spiritist healing practices provided free of charge are of such high significance in complementing the official health sector (see Stoll 2003, Greenfield 2008, Kurz 2017), even though until today not being officially accepted as complementary therapies (see Ministry of Health of Brazil 2008).

Fig. 1: Hospital Espírita de Marília, Photo: Helmar Kurz.

Healing Cooperation between Spiritism and Psychiatry

Marília in the state of São Paulo is a historic center of Brazilian Spiritism and accordingly consists of a high density of Spiritist institutions. An elected council of actors within the network of about a dozen Spiritist centers of Marília has administrated the psychiatric *Hospital Espírita de Marília* (HEM) since 1956. It offers treatment for up to 250 psychiatric patients within various emergency, long-term, and short-term units which are divided into sub-units according to gender, age, health insurance affiliation, diagnosis and personal resources. HEM is affiliated with the public Brazilian unitary health care system *Sistema Única de Saúde* (SUS), but also offers special accommodation and treatment facilities to patients with a private health plan. Additionally, a day clinic for patients with resources at home, and an asylum for mentally disabled individuals without any social resources are maintained, the latter being a charitable act of the hospital as no official funding exists. The asylum and SUS units are in a marginal state, because of lack of official funding, and HEM is only able to maintain its services with donations and the income of the private health plan section. Employed psychiatrists spend a few hours a day here, since they also affiliate with the public hospital of Marília or their private clinics. Treatment mainly reduces to pharmaceutical and occupational therapy, complemented by efforts to maintain basic psychological and physiotherapeutic supply, at least for patients who can afford a private health plan. Volunteers of the close-by *Centro Espírita Luz e Verdade* (CELV, "Spiritist Center of Light and Truth") and other Spiritist centers of Marília contribute their leisure time, energy, and empathy to fulfill HEM's promise to "treat people with love." They read and discuss Spiritist literature with patients, provide *passe* to them (laying-on hands as energetic treatment), and perform disobsession without the patients being present (for more details see Kurz 2017).

Case Study I: Ana Paula

In 2013, Ana-Paula is in her late forties and works as a clerk within the city administration of Marília, taking care of public healthcare issues. She is of Catholic background, married, has two children, and lives with her family in their own house.

"Then out of the blue and without any reason, I suffered a heavy depression. I got lost in time and space, did not know where I was, and forgot about anything. I could not take care of myself, and my family did not know what to do." (Interview 2015–11–15)

She stays about a year in the private health plan unit of HEM. In addition to medical treatment and occupation therapy, she starts to attend lectures on the "Gospels According to Spiritism" (Kardec 2008) by the Spiritist volunteers. Those come here every morning and sometimes in the afternoon to read out and discuss spiritual issues and aspects of (self-)love, (self-)responsibility and the need for moral change to facilitate personal progress. Ana-Paula listens for the first time about the survival of the soul, karmic issues and the possibility of obsession by revengeful spirits of past-life enemies. Medical treatment hardly shows any progress, but Ana-Paula enjoys the daily lectures and discussions and experiences relief during the *passe*. Even though they hardly had any contact with Spiritism before, the family starts to think that her affliction might be due to an obsessing spirit. After a few months with only gradual therapy success, she may leave HEM once a week to attend fraternal care and an eight-week-treatment in CELV. On the first meeting, a Spiritist volunteer without any psychological education discusses her case with her in spiritual terms and passes on a message from the spirit world, which seems to confirm the influence of an obsessing spirit. Ana-Paula learns that it is her responsibility to change her situation but that she will receive spiritual support. For the following two months, she attends a weekly one-hour lecture on Spiritist doctrine, receives the lay-on-hands energetic treatment, and drinks fluidized water. She starts to read Spiritist literature and gradually gets better, while still taking her medication. Finally, she is even released from HEM and returns home, but after a few weeks, she experiences a relapse. Ana-Paula repeats the eight-week-treatment twice, but only when she starts to attend study groups at CELV and to participate in various charity activities towards less fortunate people, she enjoys sustained relief. By 2015, she feels "new-born," and the attending psychiatrist who is a Spiritist herself further reduces her medication. Ana-Paula starts

working again, continues participating in the activities of the Spiritist center and wants to contribute to the therapy of psychiatric patients as a volunteer herself.

HEM and CELV constitute an example of symmetrical and almost symbiotic healing cooperation between Spiritists and psychiatrists. The administration of HEM organizes the cooperation between biomedically educated psychiatrists, other health professionals, and voluntary, religiously oriented individuals who are associated with the various Spiritist centers of Marília and act as spiritual therapeutics. In the case of Ana-Paula, we are able to observe a complementary therapy of "medicalization and evangelization," resulting in her full recovery after engaging in Spiritist practices and becoming a volunteer herself.

It should be mentioned, that during my fieldwork HEM developed from a sole psychiatric hospital towards a general clinic. According to the administration of HEM, the psychiatry reform of Brazilian health policy does not financially cover psychiatric hospitals anymore, in contrast to psychiatric units in general hospitals. Thus, with the support of donations and volunteer workers from the Spiritist community of Marília, in 2016 a surgical unit has been established, warranting the status as a general clinic with a psychiatric unit and thus financial funding by SUS.

Healing Cooperation between Spiritism, Psychosocial Assistance, and Biomedicine

The *Centro Espírita Claudionor de Carvalho* (CECC) in Itabuna/Bahia is located in a rather poor neighborhood which might be referred to as a *favela* ("slum"). It is one of about half a dozen local Kardecist centers in Itabuna, but the only one offering elaborated healing practices. The spirit of deceased medical doctor Claudionor de Carvalho incorporates in chief medium Marcos and spiritually treats patients, especially those who suffer from symptoms related to diagnoses of depression or cardiovascular problems. On Mondays, he receives patients and decides if they need spiritual treatment at all. This way, he offers complementary therapy to biomedical approaches without demanding the discontinuation of conventional therapy. He requires that patients participate at least once a week in the lecture of Spiritist doctrine before their treatment, and follow certain dietary, sexual and behavioral restrictions according to their energetic state. Treatment continues for at least eight weeks, but can even continue for years. People diagnosed with spiritual problems will receive energetic treatment in terms of an elaborated form of *passe* focusing the *chakras* of the patient by about twenty assistants.

The center resembles a private clinic with a waiting area where people read or listen to Spiritist doctrine, examination rooms and offices, and a therapy room with six beds where patients lay down to receive spiritual treatment in a quiet atmosphere with darkened, greenish light and mellow music in the background. Information of any patient is logged in a personalized file, and they are supposed to write a diary where they report their daily practice and spiritual progress. According to this, Dr. Claudionor will give instructions for the future treatment. On Tuesdays, he receives patients with cardiovascular and related problems and actively participates in the treatment, going from bed to bed, checking the state of the patients and, according to him, performing spiritual surgeries by applying different wadding with liquids and band-aids (for hospital mimicry in Spiritism see KURZ 2015). After that, his assistants will perform *chakra* treatment as on Mondays, according to a detailed application manual. If Dr. Claudionor diagnoses influences of obsessing spirits, these are dealt within disobsession meetings on Thursdays. A group of mediums and assistants will meet for several hours, and the procedure is always the same: three people will sit together, a medium, an instructor, and a secretary. The secretary will read out the case from the personal patient's file, and immediately the medium will receive the obsessing spirit and reveal its motives. The instructor will then get into a conversation with the spirit, trying to get more information and to convince the spirit of its wrong behavior, in best case having it passing on to the spiritual plane, where it will get further help by supporting spirits. The secretary notes every detail in the patients' files so that Dr. Claudionor afterward will be able to decide about future steps. His medium Marcos stresses the fact, that this is a clinic, not a religious site, and that many medical doctors would send their patients here when not knowing anymore how to treat them, especially when

dealing with chronic diseases. Treatment is free of charge, but donations are readily accepted. Other acts of charity are performed on Wednesdays, when the people of the relatively poor neighborhood come to listen to spiritual lectures, have a free soup, and have their children being attended by social workers and other volunteers to discuss life issues, school problems, or just spend the afternoon in a friendly and relaxing atmosphere. Families, whose members come every week, receive donated staple foods once a month.

Case Study II: Renata

Renata is 35 years old, unmarried, and mother of a five-year-old daughter. She works as a nurse at the public hospital of Itabuna and has a Master degree in public health studies. She criticizes the conditions of the Brazilian health system and "her" hospital in specific:

"It used to be a great hospital, where everyone was attended but due to recent health policy it is on the level of cavemen." (Interview 2017–02–17)

Renata relates to herself as a medium, and she has attended sessions in various Spiritist centers since she grew up with a Spiritist mother. However a few years ago, she stopped working as a medium due to exhaustion from work and the education of her daughter. This is when, in her terms, she started to feel that she was becoming "crazy." She mentions diagnoses of depression and anxiety, which she initially has had treated by a psychiatrist, but then she decides to visit the CECC. Dr. Claudionor diagnoses that her affliction has been due to her undeveloped mediumship, which allows spirit obsessors to fluidically and energetically harm her perispirit (subtle, energetic body), and thus her body and mind. For many months, he and his helping team which includes psychologists, physiotherapists, teachers, and former patients take care of her. She attends study groups and lectures and slowly starts to work as a medium again, even within the disobsession meetings. More than that, Renata helps to establish the project "Francis of Assisi," a family health project taking care of problematic children of the *favela* environment. She and other Spiritist volunteers visit families' homes and provide psychosocial support. With her nursery skills, she also provides first aid and amnesic for people in need and maintains a network of medical doctors who treat people for free, aside from the public health system which would mean long ways, extended waiting, and marginal treatment (see Kurz 2017: 197 ff.). One of these doctors, a Spiritist herself, even visits CECC once a week to provide free diagnosis and medication. Relating to this, Dr. Claudionor's medium Marcos assures that he only treats the spiritual part of the problem and that he leaves the somatic aspects to his "earthly colleagues."

Contrary to Marília, Itabuna offers marginal living standards to the majority of its inhabitants, including a high rate of unemployment and restricted access to official healthcare. CECC addresses people of the *favela* environment not in terms of complementary treatment but as a substitute for the marginal official healthcare. However, we can observe healing cooperation in a sense that spiritual and academically trained health professionals support each other in this context of failed national health policy. For the patients to seek assistance in CECC it is not the cultural aspect of belief in spirits, but the economic and infrastructural factors which drag them there. On the side of the volunteers, we meet healed former clients and some wealthy contributors who wish to establish a place of care within an uncaring environment.

Transnational Encounters and Transformations: Spiritism in Germany

Spiritist biomedical doctors and psychiatrists organize within the *Associação Medico-Espírita* (AME, "Association of Spiritist Medicals"). AME members travel around the world and participate in international medical congresses to discuss Spiritist approaches to health and healing. In Germany, the organizers of the annual *Psycho-Medizin-Kongress* ("Congress for Psycho-Medicine") in Bad Honnef attune to Spiritism and regularly invite Brazilian speakers to discuss Spiritist explanatory models and healing practices with the objective to integrate them into German health care. For example, in 2016, around 150 German and Brazilian descendant listeners followed lectures on reincarnation, obsession, mediumship, and energetic aspects of therapy. Some members of different German-Brazilian Spiritist groups continually engage in the discussion of these concepts, as those of the *Grupo*

Espírita de Estudos Allan Kardec (GEEAK, "Spiritist Study Group Allan Kardec") in Munich. GEEAK, existing for about twenty years, recently gained the status of a legal association, and intends the practice of "Christian-Spiritist belief by fraternity, prayer and the joint study of spiritist philosophy according to Allan Kardec." About fifty to sixty members regularly participate in lectures and study groups of Kardecist doctrine, mediumship training, and energetic treatment (*passe*). Twenty percent are Germans, while the other eighty percent are Brazilian immigrants with legal residential status. Brazilians without legal status cannot become members because the chairpersons do not want to risk the status of a registered association. However, any person in distress is welcome to experience spiritual and psychosocial support, and it is mainly young female Brazilian immigrants seeking relief of a subjectively experienced distressing cultural environment (regarding the female gender of the majority of Brazilian migrants see MARGOLIS 2013: 103 ff.). GEEAK is one of about fifteen Spiritist groups in Germany organized within the *Deutsche Spiritistische Vereinigung* (DSV, "German Spiritist Association") which is part of the *Conselho Espírita Internacional* (CEI, "International Spiritist Council") which again is dominated by the *Federação Espírita do Brasil* (FEB, "Brazilian Spiritist Federation"). DSV aims to provide solidarity and fraternal unity, support, and coordination of Spiritist practices in Germany. Members engage in various "pro-life projects," confronting abortion, suicide, or euthanasia. In 2016, they hold their annual meeting in Frankfurt/Main alike a scientific event with keynotes, lectures, presentations, workshops, and book tables. The meeting mainly serves the communication of Brazilian Spiritist communities in Germany, and a much-contested topic is the importance of German language within these communities. While some participants argue that the Spiritist centers should be a refuge for Brazilians to maintain their cultural identity, others declare them as spaces of integration and distribution of Spiritist doctrine within the German context. Further, the aspect of spiritual support and possibilities of healing cooperation in line with Spiritist doctrine *and* in accordance with German healthcare restrictions are becoming the focus of continued and controversial discussions between different protagonists of GEEAK. In 2017, some Brazilian and all German members leave the group to create a new project aiming at the "debrazilianization" of Spiritist practices and the establishment of healing cooperation in terms of a "holistic bio-psycho-social-spiritual approach." The basic idea is that Spiritism is not regarded as a Brazilian cultural practice, but a universally valid and scientifically rooted way of life which has only been "preserved" in Brazil (see XAVIER 1938) and now would have to be distributed to the world again. Thus, it would have to be purified from any cultural specificities (like a strong Christian connotation in Brazil) to make it accessible to everyone. But once again, the personal level of individual experience has to be taken into consideration to understand the meaning of Spiritist (healing) practices for different people involved.

Case Study III: Fernanda

Fernanda is from the city of São Paulo, 32 years old, and studied industrial design in Brazil. Born into a Catholic family, since adolescence she has developed an atheist and antireligious worldview. In 2009, at the age of 25, she enters Germany with a student's visa to study German language and culture. However, she never attends university classes but starts trying to work within her profession. But as her Brazilian academic graduation is not accepted in Germany, she ends up feeling exploited in low-wage internships, which humiliates and frustrates her a lot and leaves her depressed. According to her, she restarts to believe in God in Germany, since she has been suffering so much and needs something to hold on and to support her. In 2013, she meets her future German husband Peter, who emotionally supports her and warrants her legal status in Germany. From 2014 on, she starts to frequent GEEAK. She actively participates in the Brazilian and German lectures and study groups, convincing her husband to accompany her in the latter. To Fernanda, participation within GEEAK has been crucial to get back to tracks, as she did not know anymore how to deal with her situation as a skillful and ambitious young woman who with her immigrant status became marginalized in German society. Nowadays, it is important to her to support others who are having comparable experiences, and she believes that GEEAK provides some possibilities to do so:

"Since I have been there, I did an inner reform. I have been working on my inner self … a lot by reading and lectures … I learned a lot … and I think, that helped me a lot … it made a major change. Back in the day, I have been lofty and full of mistakes, which I have been able to work them out … now I am more humble … and I learned that with Spiritism. […] It was a relief to work on myself, because I saw, that the world will not change that easy … so I have to change my perspective on the world." (Interview 2016–09–28)

Fernanda believes that the Spiritist practice and community helped her to overcome her problems in terms of finding ways to deal with them. She is now an independent, self-employed graphic designer and has been enjoying interacting with Brazilians and Germans within GEEAK. She is shocked and sad when she learns that the group will split in 2017, and finally renounces herself from any activity within GEEAK due to this disappointment.

Fernanda's example supports my argument that cultural aspects in terms of a peer group are of certain importance, but personal expectations, individual resources, and political contexts are central to the transnational distribution of models of healing cooperation. Various researchers investigating the context of migration and (mental) health argue that cultural resources of religious and therapeutic practices support the integration process of immigrants into a new cultural system, especially within a hostile political context regarding immigration (see Eichler 2008, Huscke 2013, Thiesbonenkamp-Maag 2014). This is partly also true for Kardecism in Germany, but here we also observe a process which aims at the integration of spiritual aspects into a national healthcare system devoid of cultural connotations, reflecting an ongoing debate of the political restrictions within the German healthcare system, and the wish for a symmetrical relationship between biomedicine, psychiatry, and alternative or complementary medicines (CAM).

Case Study IV: Heike

Heike is a German, 55 years old, unmarried woman and works in the service unit of a public transportation company. She perceives herself as a medium and describes her mediumship as an inner voice, which since the age of six, warns her of dangerous situations and also helps her with daily decisions. She believes that she has the ability to travel to the spiritual world in her dreams and is able to communicate with the spirits of deceased persons. She has been reading literature on mediumship and new age spirituality all her life and came to GEEAK more by accident, researching for additional information on the internet. It would help her to talk to people who share, understand and appreciate her experience, and that she is able to develop her knowledge about it through the lectures and study groups. She has participated in GEEAK since 2012, a time that she describes as very sorrowful. Within a few years, she lost her parents, a friend, and a colleague, which has made her suffer a lot. Other unlucky events and difficult experiences have added up and left her desperate. When she becomes a member of GEEAK, she enjoys the attention and empathy of the new peer group. Especially the *passe* is soothing and helpful to her. Heike believes that it was her misfortune that brought her here, and that God gave her all these issues to resolve and spiritually develop. She perceives the studies and discussions as a regeneration of her inner self, which also helps her to deal with difficult life situations and to avoid stress. She participates in a mediumship training and disobsession group and claims that this is what she always wanted—having the possibility to help afflicted spirits, but also to release negative energies and influences, which she would accumulate in her daily life. To her, it is her vocation, and she is happy that she is able to realize it within this community:

"I am here to carry out my obligations and this mediumship has not been given to me for nothing. It feels right, and there have to be people to increase the vibration of this planet. For this, we have to deal with the spiritual beings, and there are not enough people doing so. I feel that this is right." (Interview 2017–06–13)

Heike is one of the members of GEEAK who will split and participate in the new group, something that leaves her very sad, but to her is due to contrary expectations and objectives of members and participants. In her opinion, many Brazilians would rather create "their little nest to hide in," while other members are more ambitious regarding the implementation of Kardecist doctrine into German (health) discourse and practice. She

considers it to be a cultural problem and criticizes the approach of Brazilian Spiritists who only talk about God, Jesus, and Kardec. There would be many possible paths, and she wants to do what feels good and right to her. Asked about the interrelation of Spiritist practice and health, Heike declares that she does not perceive it as therapy, but that it definitely helps to be more attentive to oneself and to reflect on causes and effects of personal problems.

Both, Fernanda and Heike, refer to GEEAK as a place of well-being in a difficult life situation, but their narratives differ regarding their personal experiences. Fernanda suffers from a hostile political context regarding integration of immigrants and develops a clinical depression from which she is only able to recover through a support group with a reference to Brazilian solidarity practices, even though Spiritism has not been her life orientation before. At the same time, participation in the German study group helps her to integrate into the new cultural context, and she is very disappointed about it's loss by separation. Contrary to her, Heike has spiritual experiences which she cannot communicate to others without the danger of being labeled as mentally ill, and she is seeking a place where she can express her experiences. These different narratives reflect a general pattern of diverse pathways to Spiritism in Brazil and Germany. However, like many other long-time Brazilian and German members, she is annoyed by the impact of Brazilian (religious) cultural aspects and wants to adjust Spiritist practice to the German context and its healthcare requirements.

Healing Cooperation of Spiritism, Biomedicine, and Psychiatry in Brazil and Germany

The vignettes of Brazilian case studies reveal a variety of healing cooperation models, which integrate Spiritist explanatory models into general (mental) healthcare. HEM is a psychiatric hospital, which affiliates with the public healthcare system, but is administrated by a Spiritist council and supported by volunteers from various Spiritist centers. Not all of the staff members are Spiritists and psychiatric treatment focuses medicalization and occupation therapy. However, its administration and many of the part-time working psychiatrists pursue a complementary Spiritist approach. The case of Ana-Paula draws a picture of the symbiotic healing cooperation of Spiritism and psychiatry, according to the needs and expectations of the patients. Still, this model is highly contested. First, psychiatry reformers condemn extended inpatient care, and the public healthcare administration does not tolerate sole psychiatric hospitals anymore. Second, members of charismatic evangelic churches specifically reject Spiritist practices and work against them whenever possible, including many staff members of HEM who identify as Evangelicals. But Spiritist explanatory models and related practices like lectures, study groups, fraternal assistance, energy treatment and disobsession play an important role in Marília, and various actors like medical doctors, psychiatrists, and Spiritist volunteers engage in maintaining them as a form of complementary therapy.

The CECC in Itabuna pursues a different approach. Medium and chairperson Marcos perceives it as a clinic for spiritual affliction which may or may not correspond to psychiatric and/or somatic illness. Thus, he only treats people with spiritual issues and passes other patients on to Renata, who organizes free conventional treatment. On the other hand, some psychiatrists and medical doctors pass their patients on to CECC when lacking therapy progress. Those health professionals in Itabuna who cooperate with the Spiritist center do so for different reasons: either they are Spiritists and believe in the necessity of complementary treatment, or they believe in the necessity of charity as a religious obligation. In Spiritist terms, this would also contribute to their personal spiritual evolution. Others are simply aware of the desolate state of the Brazilian healthcare system and try to act according to their Hippocratic Oath, putting the patients' well-being first.

The Brazilian psychiatry deinstitutionalization reform of early 21st century, the insufficient efforts of various Brazilian governments to improve the public healthcare system, and the recent political and economic crises are resulting in a marginal medical supply, especially for the disadvantaged members of Brazilian society. Spiritist and other religious institutions and healing practices fill this gap in cooperation with the aforementioned dedicated health professionals. Healing cooperation of Spiritism, biomedicine, and psychiatry thus seem to be a local phenomenon, according

to the special cultural, social, and political context of Brazil. How does this correspond to the situation in Germany?

In general, many Brazilian immigrants appear to perceive Spiritist centers in Germany as "places of well-being" (see FERRARO & BARLETTI 2016) where they are able to reflect on daily experiences and find social support within a "Brazilian environment" as a community of people with similar experiences. Practices of Spiritist centers in Brazil and the GEEAK in Munich resemble each other except in the integration of the German language. Many participants like Fernanda are aware of the psychosocial health aspect which addresses an inner transformation and dedication to new spiritual practices in way of self-healing (see KURZ 2017: 203 f.). Fernanda experiences relief from a disturbing condition that could have easily resulted in severe mental health problems due to the specific form of structural violence immigrants are suffering from in Germany. She also experiences integration by participation in both a protective Brazilian and a more challenging mixed peer group.

The German and "progressive" Brazilian members are devoted to ongoing and continuous dissemination of Spiritist doctrine and healing practice within German culture. The case of Heike provides several insights which are important for the analysis of Spiritism as an example of the transnational and transcultural transfer of healing cooperation from one context to the other. First, in both cultural frames experiences of distress play a certain role in the decision to engage in Spiritism and a life-long dedication to it. Second, Spiritist explanatory models may be very prominent in Brazil, but they are not limited to it's national borders. Concepts of spirit obsession, energy treatment and personal transformation through spiritual devotion are global phenomena, which might differ in their local form but are similar in their content (see LITTLEWOOD 2000). Spiritist ideas regarding (mental) healthcare have been developed in Brazil throughout the 20th century but they are rooted in Central European practices and discourses of the 19th century. They have been mainly ignored for a century but never completely disappeared in Europe (SAWICKI 2016). But due to Brazilian immigration and transnational Spiritist networks, they are revitalizing again. Interestingly, in Germany, and especially within GEEAK, a tendency of "debrazilianization" of Spiritist practice is observable in terms of reapplying it to the German context. This dynamic leads to permanent conflicts within the group and finally to it's separation. Even more interestingly, it is the German group that is seeking ways to implement Spiritist practices into German healthcare according to the Brazilian model and is checking legal ways to do so. They are in line with other actors such as the organizers of the *Psycho-Medizin Kongress* who engage in the development of healing cooperation of Spiritism, biomedicine, and psychiatry in Germany. Thus, besides the correlation of different experiences related to political aspects of migration and health policy in Germany, these processes reveal a dynamic of contested identity politics regarding the "Brazilness" of Kardecism in Germany. Only the future will show how far they will succeed in their implementation of Brazilian models of healing cooperation into German healthcare.

Various researchers have investigated the global circulation of local healing practices (see ZANINI *et al.* 2013, BEAUDEVIN & PORDIÉ 2016) and distinct models of healing cooperation in certain (sociocultural) contexts (see KRAUSE *et al.* 2014, PENKALA-GAWĘCKA & RAJTAR 2016, contributors of this issue). However, to my knowledge, no research so far has focused the implementation of models of healing cooperation from one context to another. Regarding a general theoretical approach towards transnational and transcultural transfers and transformations of healing cooperation, I recommend comparison with related phenomena as an interesting and enriching challenge to contemporary medical anthropology and related interdisciplinary research projects.

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AME: http://www.amebrasil.org.br
CECC: Facebook/CECC – Centro Espírita Claudionor de Carvalho
CEI: http://cei-spiritistcouncil.com/
CELV: http://celvmarilia.org.br/
DSV: http://www.spiritismus-dsv.de/
FEB: http://www.febnet.org.br/
GEEAK: http://www.geeak.de/
HEM: http://www.hem.org.br/
PSYCHO-MEDIZIN: http://www.kongress-psychomedizin.com/

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