Diversification of Mental Health Care—Brazilian Kardecist Psychiatry and the Aesthetics of Healing*

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Abstract The article links current discussions within medical anthropology regarding medical pluralism and complementary and alternative medicines (CAM) to neuroscientific concepts of interoception by analyzing practices and aesthetics of healing within Brazilian Spiritism. It focuses on the Brazilian mental health care system, the importance of Kardecist-Spiritist institutions within it, and the question of how to interpret dynamics of diversified health seeking behavior. A summary of related discourses within medical anthropology, current developments in Brazil, and some basic facts on Brazilian Spiritism and Kardecist psychiatry will introduce to the topic. The *Hospital Espírita de Marília* serves as an example to discuss Spiritist healing practices and to offer some insight on actor-networks within Kardecism. The author discusses aspects of the "aesthetics of healing" and earlier discourses on mediumship and spirit possession, to develop new ideas regarding the efficacy of these therapies in terms of "working with the senses." Applying the concept of "interoception" to the data and connecting the different threads of argument, the article analyzes the importance of Spiritist healing practices and Kardecist psychiatry for the mental health care in Brazil and abroad. As conclusion, it outlines the need for further discussion on how to investigate the dynamic process of diversification of mental health care in the future.

Keywords Spiritism – Kardecism – medical pluralism – diversity – health politic – actor-networks – healing practice – interoception – Brazil

Diversifizierung seelischer Gesundheitsversorgung – Brasilianische kardecistische Psychiatrie und die Ästhetiken des Heilens

Zusammenfassung Der Artikel verknüpft aktuelle Diskussionen innerhalb der Medizinanthropologie zu medizinischem Pluralismus und komplementären und alternativen Medizinen (CAM) mit neurowissenschaftlichen Ansätzen bezüglich Interozeption durch die Analyse von „Praktiken und Ästhetiken des Heilens" im brasilianischen Spiritismus. Er fokussiert das brasilianische psychiatrische Gesundheitssystem und die Bedeutung kardecistisch-spiritistischer Institutionen darin, ebenso wie die Frage, wie sich Dynamiken eines diversifizierenden Gesundheitsverhaltens interpretieren lassen. Zur Einführung werden diesbezügliche Diskurse innerhalb der Medizinanthropologie, aktuelle Entwicklungen in Brasilien, und einige Eckdaten zum brasilianischen Spiritismus und zur kardecistischen Psychiatrie zusammenfassend dargestellt. Das *Hospital Espírita de Marília* dient als Beispiel, um spiritistische Heilpraktiken zu diskutieren und Einblicke in kardecistische Akteur-Netzwerke zu erlauben. Der Autor diskutiert Aspekte der „Ästhetiken des Heilens" und frühere Diskurse zu Medialität und Geistbesessenheit, um neue Ideen bezüglich der Effizienz solcher Praktiken im Sinne einer „Arbeit mit den Sinnen" zu entwickeln. Durch die Anwendung des „Interozeption"-Konzepts auf die Daten und die Verknüpfung der verschiedenen Argumentationsstränge analysiert der Artikel die Bedeutung spiritistischer Heilpraktiken und der kardecistischen Psychiatrie für die psychotherapeutische Gesundheitsversorgung in Brasilien und darüber hinaus. Als Fazit zieht er die Notwendigkeit einer fortgesetzten Diskussion darüber, wie sich dynamische Prozesse der Diversifizierung der seelischen Gesundheitsversorgung in Zukunft untersuchen lassen.

Schlagwörter Spiritismus – Kardecismus – Medizinischer Pluralismus – Diversität – Gesundheitspolitik – Akteur-Netzwerk – Heilpraktik – Interozeption – Brasilien

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Diversificação no Cuidado de Saúde Mental – A Psiquiatria Kardecista Brasileira e as Estéticas de Cura

Resumo O artigo articula as discussões atuais na antropologia de saúde em relação ao pluralismo médico e aos medicinas complementares e alternativos (CAM) aos conceitos neurocientíficos de interocepção, analisando prá-

* Article from a contribution to the 29th "Fachkonferenz Ethnomedizin" with the theme *Medical Anthropology 2016: The State of the Art,* June 15–17, 2016, Heidelberg.

ticas e as estéticas da cura no espiritismo brasileiro. Concentra-se no sistema de saúde mental brasileiro, na importância das instituições kardecistas-espíritas dentro dele e na questão de como interpretar a dinâmica do comportamento diversificado da busca da saúde. Um resumo dos discursos relacionados na antropologia da saúde, desenvolvimentos atuais no Brasil e alguns fatos básicos sobre o Espiritismo Brasileiro e a psiquiatria Kardecista apresentará o tema. O *Hospital Espiritual de Marília* serve de exemplo para discutir as práticas de cura espíritas e oferecer uma visão sobre as redes de atores no Kardecismo. O autor discute aspectos das „estéticas da cura" e dos discursos anteriores sobre a mediunidade e a possessão, para desenvolver novas idéias sobre a eficácia dessas terapias em termos de "trabalhar com os sentidos." Aplicando o conceito de „interocepção" aos dados e conectando os diferentes tópicos do argumento, o artigo analisa a importância das práticas de cura espíritas e da psiquiatria Kardecista para os cuidados de saúde mental no Brasil e no exterior. Como conclusão, destaca a necessidade de uma discussão mais aprofundada sobre como investigar o processo dinâmico de diversificação dos cuidados de saúde mental no futuro.

Palavras-Chave Espiritismo – Kardecismo – pluralismo médico – diversidade – política de saúde – ator-redes – práticas de cura – interocepção – Brasil

Introduction: Diversification of Mental Health Care

Within medical anthropology, mental health care constitutes a distinct research field at the intersection of individual experience, cultural interpretation, and social-political re-action towards human suffering (SCHEPER-HUGHES & LOCK 1987, LITTLEWOOD 2000, KLEINMAN 2012). Related interdisciplinary discussions increasingly devote to the question if and how to implement cooperation between cosmopolitan medicine and so-called traditional or indigenous healing practices in order to benefit from patients' existing resources and respond to their perceptions of self and explanatory models on emotional, psychological, or psychosocial distress (KLEINMAN 1988, KIRMAYER 2014). In this regard, "religion" appears to be of high significance, linking religious and medical anthropology in an attempt to understand religiously informed therapies (INCAYAWAR *et al*. 2009, VERHAGEN *et al*. 2010).

One focus of research has been to investigate conditions of plural and locally co-existing medical and religious traditions, as well as hybrid and globally expanding complementary and alternative medicines (CAM). Facing an increasing request for these, sometimes called holistic, therapies on the one hand (BAER 2013: 370), and efforts of certain lobbyist groups towards a biomedical hegemony within medicine on the other (*ibid.*: 359), poses the question which factors might influence diversified health seeking behavior. The term "diversification" relates to ongoing discussions on the concept of medical pluralism, which implies the idea of distinct medical systems (EEUWIJK 2010: 144) and instead focuses the mixture and intersections of different healing practices (KRAUSE *et al.* 2012: 8).

In Brazil, psychiatric institutions coexist with numerous religious movements specialized on dealing with affective, spiritual and mental distress, including Spiritism, which subdivides into *Umbanda* and *Kardecismo* (CAMARGO 1961). The religion of *Umbanda* fuses indigenous, Afro-Brazilian, esoteric and elements of *Kardecismo*, while the latter has already revealed discussions on the question of how far it is a religion at all, or if it might not be much more a philanthropic movement combining religious ideas and scientific standards (PRANDI 2013: 59). The term relates to ALLAN KARDEC, the pseudonym of 19th century French scholar and Spiritist HYPPOLYTE LÉON RIVAIL (1804–1869), who fuses concepts of Mesmerism, Christian ethics, parapsychology and oriental religious ideas into an ontology of the human spirit. Reincarnation and the urge of personal progress throughout many lived existences are central to a vast record of Spiritist literature, which supposedly bases itself on messages received from deceased individuals, or in emic terms, "deincarnated" spirits. "The great codifier" KARDEC, but also other authors like ADOLFO BEZERRA DE MENEZES, FRANCISCO "CHICO" XAVIER, and DIVALDO FRANCO reveal the proposed main purpose of life: to correct past (life) mistakes and to develop towards a perfect being which practices (self-)love and charity. Throughout the late 19th century, European-based scholars introduced this philosophy to Brazil, and by 1900, BEZERRA DE MENEZES (1920) integrated it into early Brazilian mental health care.

Corresponding to Cartesian Dualism, person and self are subdivided into a material body and an immaterial spirit. The "perispirit," described as a subtle body, energy field or ectoplasm, connects these spheres, and in contrast to biomedical approaches constitutes the focus of Spiritist healing practices which I will discuss in more detail within this article. The spirit survives biological death in order to reincarnate, and communication through trained mediums (psychics) is possible and intentionally performed. Malevolent spirits and negative personal karma produce suffering and illness on an energetic level, which is to say within the perispirit of a person. Anyway, a highly valued idea within Kardecism is the concept of free will, which in this context means that the living (incarnated) can only become obsessed by spirits (deincarnated) if allowing so by immoral behavior. For example, extended drug abuse might attract deincarnated spirits with related problems through their lifetime, thus establishing a certain kind of energetic consonance, and finally leading to addiction. But what at first sight might look as an externalization of responsibility here turns out to be an approach to internalize what in emic terms is called the "law of cause and effect."

To recover, it is necessary and the responsibility of the patient to understand the cause of affliction and to modify behavior, starting with the lecture of Spiritist literature to gain self-control, and then to develop personal progress within certain study groups and charity. Especially the latter is highly valued and includes food donations to the poor and advising people in need by terms of the Spiritist doctrine, but also engagement within social projects especially regarding drug abuse, violence, suicide, and abortion. A healthy life is not perceived as a present to be accepted or rejected, but as a question of development. Energy treatment of the perispirit is a way to help individuals within this process, but cannot substitute the need of personal progress (Moreira 2013).

An increasing number of Brazilian medical professionals organized within the *Associação Medico-Espírita* (AME; Spiritist Medical Association) integrate these concepts into their daily practice and scientific research, especially regarding mental health care. They also engage in spreading their approaches internationally, especially in USA and Europe, within workshops and congresses on enhancing the spiritual level of health and cure. The annual "German Congress for PsychoMedicine" (Deutscher Kongress für PsychoMedizin) of the German Allan Kardec study group *Alkastar*, which in 2017 will celebrate its 10th anniversary can serve as an example here. However, while the influence of Spiritist practices and discourses within the international health-market remains a research desideratum (Giumbelli 1997: 15, Kurz 2015: 185f) —besides some observations by Voss (2011: 226ff)—the importance for the Brazilian health care system cannot be denied. Stubbe (1987: 176), for example, argues that the Brazilian health care system does not provide sufficient therapy resources, especially regarding psychological and psychiatric afflictions. Religious healing practices as provided by Spiritists thus substitute the official health sector, providing free treatment, such as energy treatment (*passe*), spiritual progress courses (*evangelicação*), spirit "exorcism" (*desobsessão*), "spiritual surgery" (*cirurgia espiritual*) and "astral projection" (*apometria*) (Greenfield 1987, 2008; Hess 1991; Stoll 2003; Theissen 2009).

Lately, Brazilian health policy administrators pursue the aim to close psychiatric hospitals and wards to instead redirect care to patients' families and to day clinics, so called *Centros de Atenção Psicosocial* (CAPS; Psychosocial Attention Centers) (Ministério da Saúde 2007, Mateus *et al*. 2008, Bernardo & Garbin 2011: 111). Simultaneously, like for example during recent protests framing the 2014 FIFA World Championship or the 2016 Olympic Games, hundreds of thousands of Brazilians communicate their disagreement with high costs of prestigious investments, while infrastructure, education and in particular health care is experienced as insufficient. As a consequence of political mismanagement which finally initiated the impeachment process of Brazil's first female and second socialist president, Dilma Roussef in 2016, Brazilians face another economic crisis, causing unemployment, inflation, and a total decrease of social welfare. Current liberal-conservative president Michel Temer already announced on the day of his inauguration that government spending will be further reduced, and recently occurring discussions regarding the possibility of canceling the 2016 Paralympic Games due to financing problems reveal some insight on prioritization, marginalization and stigmatization tendencies in Brazil and within its health care system.

So what is the current situation of Brazilian mental health care, and how do Kardecist institutions contribute here? Who is involved and what do they

do? Are there certain aesthetics of healing that would enhance our understanding of diversified health seeking behavior? How would this contribute to our understanding of diversified mental health care? These are the questions to be discussed here, focusing the phenomenon of Kardecist psychiatry and related actor-networks in Brazil.

Kardecist Psychiatry

Generally spoken, Spiritist healing practices are performed within professed Spiritist centers where sometimes nurses, psychologists, and other health professionals assist in their leisure time on a no salary basis to in turn apply their spiritual knowledge to their daily practice. Academically trained biomedical and psychiatric professionals also engage here to complement treatments of the physical body with spiritual ones (SPINU & THORAU 1994). Many are members of AME, seeking integration of Spiritist concepts into academic medical and scientific practices and discourses (THEISSEN 2009, BRAGDON 2012, PRANDI 2013). AME consists of federal, national, and even international departments and cooperates with the *Federação Espirita do Brasil* (FEB; Spiritist Federation of Brazil) and the *Associação Brasileira de Psicólogos Espíritas* (ABRAPE; Brazilian Association of Spiritist Psychologists). Members organize annual conferences and congresses structured and presented as scientific events, and a growing number of speakers identify as natural scientists or academically trained health professionals and psychologists. For instance, during the 14th Spiritist Congress of the *Federação Espírita do Estado da Bahia* (FEEB; Spiritist Federation of the State of Bahia) from 3rd–6th of November 2011, topics like "The Human Being as Bio-Psycho-Socio-Spiritual," "Psychology centered in Spiritism" or "Mental Health and Spiritism" had been introduced and discussed. In 2017 MEDNESP, the annual conference of the AME, celebrated its 20th anniversary and attracted over 4.000 professionals and lay people interested in the relationship of (mental) health, therapy, and spirituality. Academically trained medical professionals and psychologists increasingly publish related literature available online and in affiliated bookstores. They present their insights within these conferences to promote Spiritism as based on science and universal moral values (see CLARO 2008, ASSOCIAÇÃO MEDICO-ESPÍRITA 2009, MUNARI 2008, COSTA 2014).

THEISSEN estimates that one-third of private psychiatric clinics in Brazil affiliate with Spiritist institutions and states that "Spiritism's spiritual etiology appears to be in contrast with contemporary neuroscientific psychiatry, which locates mental illness in the body and psychoanalytic theory, which locates mental illness in the mind. […] In the medical practice of the Spiritist psychiatric hospital these competing and opposed epistemologies coexist and imbricate each other" (2009: 2).

While some clinics do not include Spiritist techniques into their daily routine and spiritual support is only distributed within affiliated Spiritist centers, others integrate medical and spiritual treatments, as is the case for the *Hospital Espírita André Luiz* (HEAL) in Belo Horizonte/Minas Gerais (THEISSEN 2009, BRAGDON 2012) and the *Hospital Espírita de Marília* (HEM) in Marília/São Paulo. HEAL appears to be a psychiatric clinic corresponding to structural requirements of cosmopolitan mental health care, but administration and staff stress their philanthropic and holistic approach and the importance of bio-psycho-social-spiritual attendance (BRAGDON 2012). The hospital does not affiliate with, or is financially supported by any official health care institution, and many of my interview partners stated that this is due to skepticism, intolerance and lack of will on the side of representatives of the official Brazilian health care system. On the other hand, MOREIRA-ALMEIDA & LETUFO NETO claim that Spiritist perspectives on mental disorders are becoming increasingly prominent in Brazil, and thus request far more research on the topic. They observe long-lasting powerful relations between Spiritism and psychiatry and present some numbers to underline their position. For example, between 1930 and 1970 some fifty Spiritist psychiatric clinics had emerged in Brazil, mainly in the rather industrialized and prosperous Southeast of the country. They explain this phenomenon as follows: "Spiritism does not disavow the social and biological causes of mental disturbances, but it adds one more origin: the obsessions, that is, 'the persistent action that an evil spirit exerts over an individual'" (2005: 574).

Hospital Espírita de Marília (HEM)

Located inland of the relatively wealthy Southeastern state of São Paulo, Marília with its 200.000 inhabitants of Italian, Japanese, German, Portuguese and Afro-Brazilian descent constitutes a local economic,

political, educational, cultural and religious center in an agricultural environment. With its high density of Spiritist institutions it is also a historic center of Kardecism and locates the *Hospital Espírita de Marília*, a psychiatric hospital, administrated by an elected council of actors within the network of various Kardecist institutions in Marília. Existing since 1956 it is (temporarily) home to 250 psychiatric patients within different emergency, long-term, and day-clinic units which again are subdivided into units according to gender, age, health insurance affiliation, diagnosis and personal resources.

The Brazilian health system consists of both, an official, free of charge health insurance (SUS), and several private ones (e. g. UNIMED). Regarding psychiatric inpatient treatment, SUS covers a maximum of thirty days, contrary to UNIMED health plans, which might cover years of care. Economically, HEM is part of the public Brazilian health care system *Sistema Único de Saúde* (SUS; Unitary Health System) which by constitution guarantees free health care for everyone, but in reality is inefficient and lacks sufficient resources. Treatment includes extended waiting times, minimal attention and marginal supply, while the private health insurance system promises elaborated treatment and accommodation for better-situated patients. According to interview partners within the administration of HEM, they receive 300.000 R$ (in January 2016: 75.000 U$) per month from SUS, which obviously is not sufficient to run a hospital of that size. This is why the special unit for UNIMED patients has been established, which nowadays serves one-quarter of all HEM's patients and thus provides income to run the whole hospital. Additionally, free contribution of volunteers affiliated with various Spiritist centers in town helps to maintain service. Volunteers meet once a week to produce bakery products and a second hand store provides clothing, bikes, furniture, Spiritist literature, and other items. Any profit contributes to HEM administration.

While the UNIMED section of HEM (named "Allan Kardec") appears to be a rather comfortable unit where patients of different age, gender, and diagnosis can interact, SUS patients are separated by gender and diagnosis (addiction, psychosis, depression). Additionally, a day clinic for those patients with resources at home, and an asylum for mentally disabled without any resources are maintained, the latter being a charitable act of the hospital as no official funding exists. A SUS unit for minor patients shut down according to new laws in 2015. The asylum and SUS units are in a marginal state, because of lack of funding, and HEM is only able to maintain its services with the income of the UNIMED section and private donations.

Employed psychiatrists only spend a few hours a day here, once they are also affiliated with the public hospital of Marília, or own 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 private health insurance.

By law, Brazilian health policy prohibits mere psychiatric hospitals, but tolerates those which combine somatic and psychiatric treatments. Thus, with private donations and personal dedication of volunteers a surgical unit with highest modern standards has been installed in 2015 for two purposes: to increase income through UNIMED patients and to avoid restrictions or even closure by public health officials. Thus, HEM remains one of the few psychiatric clinics in the state of São Paulo which are able not only to treat patients in acute crisis, but also to serve as an asylum for those miserable human beings who had been ignored by Brazilian psychiatry reformers—those who lack not only condition to live on their own, but also resources to be taken care of in a cultural environment which stigmatizes mental disabled and psychiatric patients (Leibing 1995: 59f).

Even though being a Kardecist institution, HEM administration does not discriminate divergent beliefs or demand adaptation of Spiritist doctrine by patients and workers. On the contrary, many do not refer to themselves as Spiritists, and some health professionals are even skeptic, repellent or intolerant towards Spiritism, due to their denomination to charismatic churches. Anyway, the many active volunteers deriving from the Spiritist network of Marília contribute their leisure time, energy, and empathy to fulfill HEM's promise to "treat people with love." They are the people who I accompanied during my field research in 2015/16 to learn more about their experiences, impulsions, and healing practices.

Healing Practices

Every morning around eight o'clock, about ten to twenty volunteers and up to a hundred patients gather inside the gymnasium of HEM. Aesthetically it

appears like an industrial hall, but with its rows of wooden chairs, some paintings on the wall, and a stage, which also serves for theater performances of occupational therapy groups, it is an open arena to start the day together and where patients from different units meet and interact. It is one of the few occasions where female and male patients are able to hang out together, and some of them do not miss the chance to flirt and hold hands. Anyway, the majority of patients comes here to listen to the lectures of Spiritist literature by volunteers, who try to pass on their message of how to learn to love and forgive oneself, of how to love and forgive others, and especially to promote ethical life rules supporting the process of personal transformation towards a (self-)loving being. Patients sometimes wander around and are obviously not capable of intellectually comprehending these messages, but according to my interview partners, "it is the spirit that listens," which means that it is not so much about rational understanding, but about participating and opening up. Before and after reading out and discussing a chapter of "The Gospel According to Spiritism" (KARDEC 2008) the lecturer recites the Lord's Prayer, framing this and any other Kardecist meeting in Marília, and being promoted as *the* remedy against any spiritual affliction or disturbance. Similar meetings take place for patients within their particular units, like for example on Sunday mornings for male drug addicts, on Wednesdays and Thursdays for the mentally disabled and long-time residents, and once a week for female patients. Patients affiliated with UNIMED are able to enjoy this privilege four afternoons a week in a very quiet and comforting atmosphere, and many experience them as extremely soothing and declared to me how important it is to them to listen to the input, to communicate with others about something important, and to be part of the group.

Any meeting of Spiritists in Brazil, including lectures to patients, is completed by a "hands-on healing" (*passe*), which is conceptualized as a form of blessing and an energy treatment in terms of a transfusion of positive energy, based on MESMER's concept of Animal Magnetism, and sometimes supported by meditative music in the background. It relates to Christ's practice of laying his hands on people and thus healing them, but also refers to far-eastern body-mind-techniques as Reiki or Yoga, which focus energy lines and *chakras* within the human body. An alternative interpretation might be that of a substitute form of Holy Communion, which serves as a spiritual cleansing, and a space where participants are able to relax and reflect on what has been said before, and what it might mean to them.

As most compelling, thrilling and personally rewarding I experienced so-called "disobsession" (*desobsessão*) meetings, which aim at engaging with afflicting spirits. Disobsession works like a "gentle exorcism" where patients are not present. It follows a strict (time-)frame, and is performed within various weekly one-hour meetings of relatively closed groups of eight to twenty people sitting around a table inside a plain room, including mediums, assistants, and an organizing chairman or -woman. Each meeting the latter decides who will perform which task according to a rotation system to have everybody actively participating. One will open the session with an improved supplication prayer, others will read out loud and comment on Spiritist literature, before another one will recite the Lord's Prayer. By that time, the room is darkened to not allow any distraction by visual stimuli, and everyone keeps silent and concentrates. To my own experience, staying quiet in an environment which usually is extremely loud, and concentrating only on acoustic stimuli supports peace of mind, relaxation, and induction of a trance-like state, leaving participants opening up for what is to come next. Mediums perceive surrounding spirits with all their senses: some see, some hear, some smell, feel or even taste them, and will pass on information in their own words. Therefore, at some point the voice of a medium will transmit messages of these deincarnated spirits who are suffering from anger, fear, sadness, and confusion and are responsible for patients' or participants afflictions in terms of obsession. Listening to the modified voices of mediums and to the stories of spirits causes an intense shift of feeling between scare, empathy and pity. Often, form and content of transmitted messages would reveal themselves to the sensitive participant already before by gut feelings, sudden anger, or tears. I caught myself many times crying, being angry, devastated, or even with somatic pain for no reason within these mediumistic sessions, just to afterward listen to spirits' messages fitting these sensations. Spiritists would call it undeveloped mediumship, but it also might be a sense of empathy for other participant's internal emotional states which the medium "syntonizes" with and articulates it as something external.

Others turn unconscious, thus in their own perception transmitting and donating energy for the following act: one or two assistants will perform the actual disobsession, which always follows the same pattern. They will start a conversation with the spirit talking about what happened to her/him regarding death and after-life experience. They discuss the harmful effects of her/his behavior, and reveal the possibility of aid within a hospital on a higher spiritual level run by helping spirits. These are always around to support the session and take care of the afflicted and afflicting spirits, and sometimes even pass over messages on their own, regarding special requirements of the group.

After several three to five cases, other assistants will perform *passe* to everyone, before someone recites an improvised thanksgiving and the Lord's Prayer. Sometimes a jug of water has been on the table throughout the whole session and now supposedly is "magnetized" with positive energy and consumed by everyone to internalize it before leaving. Rarely will there be any comments on the experience; if at all, people discuss personal or organizational issues.

Spiritist Networks

The actors involved in these Spiritist healing practices can be divided into several groups: deincarnated afflicting and helping spirits, incarnated patients, and persons who in one way or the other contribute to the healing process. They are the ones I want to focus here and who are affiliated with a network of various Spiritist centers in Marília. These are spaces of religious and/or spiritual contemplation offering study groups of Spiritist literature, mediumship training sessions, and charity efforts. But they also are spaces of spiritual treatment and development in form of lectures, *passe* and in particular individual "fraternal emergency conversations" where psychosocial problems and/or frightening mediumistic experiences are discussed on an eye-to-eye level, supported on the spiritual level by mediums who pass on written messages of the helping spirits.

Usually very desperate persons who after experiencing troubling situations and not finding any relief within medical or other religious institutions end up here to communicate their issues. Volunteers will listen to them for as long as necessary, ask some questions, calm down the afflicted, and then direct the conversation towards the person's own responsibility and self-healing capacities without blaming them or others. This form of a guided spiritual development and the discussion of possible causes of suffering implicate the need for the patients to work actively on their behavior. In general, they are obliged to return for the next two months once a week to attend lectures and receive *passe* and magnetized water. Afterwards, many continue frequenting the centers, attending study groups and mediumship development sessions, to months or years later become volunteer assistants themselves. The core purpose seems to be personal progress, development of agency, and becoming a (self-)caring and (self-)responsible individual.

Some Spiritist centers offer spiritual surgeries by deincarnated doctors, supported by various healing professionals contributing their leisure time to the integration of biomedical and spiritual therapy approaches. Surprisingly, it is usually German medical doctors from World Wars I and II, like Dr. Frederic, Dr. Fritz, Dr. Hans, and Dr. Hermann, who engage here. To my (incarnated) interview partners this is because Germans accumulated so much guilt and bad karma, that at least some of them decided to dedicate their spiritual powers to "the good." My own explanation would be that Brazilians perceive Germans as extremely rational and efficient and thus feel easier to accept treatment. When mentioning this idea, many of my (deincarnated) interview partners would agree with a laugh …

According to Dr. Hermann and Dr. Frederic, whom I was able to interview through their mediums, spiritual surgery is a kind of an "advanced *passe*" focusing afflicted body sites and concentrating on the treatment of energy lines and *chakras* by imagination of energy waves (e. g. colors) to work on the *perispirit* of the patient. Procedure patterns are quite similar to the above-mentioned healing practices: darkening of the room, prayers, Lord's Prayer, spirit messages, energy treatment, again Lord's Prayer, magnetized water. A special case is Dr. Hermann, who acts through a medium living in Araraquara/São Paulo, another inland town in a distance of around 200 km. He specializes on phytotherapy and visits Marília at least once a month to prescribe, provide, and check the effect of free herbal remedies. In any case, eight weeks of lecture and study, *passe* and consumption of energized water are perceived as the minimum effort for therapy success, and many of the treated persons continue studying and dedicating their leisure time to at some point starting to help others.

Aesthetics of Healing

Inspired by studies on the aesthetics of religion, contemporary medical anthropologists dedicate their research to the production of sensory experience (see NICHTER 2008, DILGER 2013) in cooperation with neuroscientific approaches (see SELIGMAN & BROWN 2009). In this context, I hereby would like to re-introduce the concept of "Aesthetics of Healing," first recognized by KAPFERER (1983) who extended TURNER's (1968) performative model to the importance of aesthetics within healing rituals, perceiving the performative power of symbolism offside structural frames, but within the experience of people involved. His approach shifts the notion of healing towards a cognitive and embodied process of conflict resolution. Performance studies stress the idea of symbolic conflict management where social relations are reestablished, and perceive healing rituals as transformative acts adjusting experience, emotion, identity, meaning and practice. Participants develop agency to overcome psychosocial problems and reshape social structure (TURNER 1968: 20, KAPFERER 1983: 175, SAX 2004: 302). Nevertheless, as much as social dynamics and cultural context are important for the comprehension of healing practices, we also have to try to understand what happens within the individual, to his or her feelings, experiences and needs throughout the healing process. DOX stresses her point of view that healing practices and forms of spirituality are not merely representations of something, but that practitioners have to be taken seriously by their own terms and sensed experience (2016). She does not take spirituality as a symbolic representation but as a kind of corporeal engagement, taking into account the relationship between corporeal sensation, perception, rational thought and the material world. She thus directs herself to the question what (internal) sense of self is cultivated within spiritual practices, and postulates research strategies turning to the body as the main source of knowledge, as for the researcher, as for the research partners. A similar approach is stressed within the paradigm of the "Anthropology of the Senses" which defines senses as abilities to receive, and react to, information from the outside world and from the inner organism, both being central to perception and interaction. A major insight has been that certain sensory experiences might be interpreted and evaluated differently among distinct cultures (BEER 2000, HOWES 2005, HSU 2008, PINK 2009), whereby insights on the predominant effects of collective cultural patterns or individual experience in this regard remains flurry. NICHTER (2008: 163) postulates research strategies focusing modalities of healing practices, asking who addresses which senses in which way, and how healing space and experience are patterned aesthetically and sensually. According to him, this knowledge would enhance comprehension of transformative healing practices and of diversified health seeking behavior. In this regard, WALDRAM (2013) differentiates restorative and transformative healing practices. He discusses several approaches towards the efficacy of therapy, stating that biomedicine is trying to restore (to cure) bodily functions, while many religious therapies tend towards transforming the individual, its experience, and its perception (to heal).

THIESBONENKAMP-MAAG (2014) in her study on health seeking behavior of members of a catholic charismatic Philippine community in Frankfurt/Main, Germany, stresses the intertwining of care and self-care: helping others means at the same time to help oneself. Even though she relates this to a "dividualist" conceptualization within the Philippine culture, which rather contrasts Brazilian individualist behavior and perception, I observe comparable dynamics within Spiritism. In order to experience personal progress and relief of suffering, followers start to support and take care of others who then will do so as well, and so on. Thus, they develop agency in terms of making sense of their experience and turn active in relation to themselves and others. Care and self-care link to each other, and transformation of self and training of caring are initiated simultaneously.

Various studies on religious practices comparable to Brazilian Spiritism, like Cuban *Espiritismo* (WANGENHEIM 2009, 2010; ESPIRITO SANTO 2012), or Afro-Brazilian religions (HALLOY 2012, SELIGMAN 2014), underline the importance of learning within these practices, but more in relation to "somatic modes of attention" (see CSORDAS 1993, 2002) and in terms of cultivating a new form of (self-)perception. They conceptualize "self" as a continuous learning process to deal with certain emotional states and as a training to shift attention from cognitive perception towards internal factors and bodily processes. SELIGMAN (2014: 159ff) concludes that ritual spirit possession links inner (self-)perception to outer role expectations, and a transformation of subjectivity and self-hood is enacted as a form of self-healing therapy and adjust-

ment of internal and external senses of self. The problem with these interpretations is that the cited studies exclusively concentrate on the mediums involved in spirit possession. How patients who seek help within Spiritist institutions achieve relief remains unclear. I propose to consider that self-transformation by learning and changing habits is as important here: patients integrate into a stable and caring group, learn to act self-responsibly and experience self-empowerment by developing capacities of healing self and others.

An important point here is that for patients to accept Spiritist ideas, belief in spirits must somehow anchor in Brazilian culture. This is definitely the case as even within Pentecostal churches spirits (or demons) are a widely discussed topic; just that exorcism practice is much more inconvenient, including loud screaming and yelling.

With this little detail in mind I will return to my argument that the "work with senses" is included in Spiritist healing practices: I believe that the reduction of stimuli to acoustic sensations and the practice of listening are essential to Kardecist therapy, but in a rather calm and quiet way. This is in radical contrast to an extremely noisy environment where other sensations, such as visual aesthetics, pleasant smell or smooth body movements more intensely occupy human perception. There has been only few research on Brazilian sensory coding and experience, but my personal experiences support the idea that in Brazil the practice of "listening" is not reduced to the more passive task of sitting down, paying attention and reflecting on what was said, but to actively position oneself in terms of commenting and interrupting the speaker. Conversation is not solely serving the need to exchange information, but to interact. Visual aesthetics, music, smell, and smooth body movements seem to be higher valued sensory parameters, while the practice of intensive, concentrated listening is perceived as irritating and confusing. This is different within Kardecist-Spiritist (healing) practices, where listening to voices is predominating perceptual practice: the voices of participants, lecturers and spirits. In the words of Basu (2014: 329) these are *[…] performative, at once appealing, compelling and evoking emotions*, thus affecting self, perception, and self-perception. Summarizing these observations and being in line with recent neuroscientific research on the correlation of change of habitus with changes of biochemical processes within the human brain (see Klimecki *et al.* 2014) I argue that Spiritist practitioners use an acoustic technique which reduces other sensory stimuli to enhance the experience of a new perceptional habitus. I propose to describe this ongoing process of self-awareness (see Mol & Law 2004: 6) by work with the senses as a model following single distinct steps:

1) The afflicted person suffers from distorted (self-) perception
2) Practitioners eliminate accustomed stimuli within therapy
3) Reduction on few stimuli emphasizes ongoing sensitization of (self-)perception
4) The focus shifts to the unusual predominance of voices over other (acoustic) stimuli
5) This leads to a shift of (self-)perception
6) The silent sensory experience of *passe* sustainably intensifies this experience
7) Repetition and training will finally conclude in a new form of (self-)experience.

My own experiences within disobsession meetings and Spiritist lectures support the interpretation that concentrated listening to the voices works trance inducing, conscience shifting and sensitizing for inner processes. So far being a mere theory based on subjective experience and conducted narrative interviews, a personal encounter with Donnalee Dox (see 2016) enhanced my fascination with this model. During the 2016 ISSRNC (International Society for the Study of Religion, Nature and Culture) congress in Gainesville/Florida, she lectured on "Mysticism through Interoception." During the following discussion and personal conversation, she lined out to me the importance of the concept of interoception for the interdisciplinary field of neuroscience, medical anthropology, religious studies, and cultural psychiatry. While anthropologists develop a growing interest in processes of embodiment in terms of how social and cultural factors influence state, behavior, and experience of the human body, neuroscience focuses related processes within the body (Seligman & Brown 2009).

Farb *et al*. (2015) conceptualize *interoception* as the sensory perception of stimuli produced within the body and perceive it as central to any form of embodiment, motivation, and well-being. They hypothesize that one cause for many afflictions might be inadequate or distorted interoceptive self-awareness and that certain contemplative practices succeed in restoring feelings of presence and agency. Especially Asian practices of mindfulness with their

theories on a subtle body would pay more attention to the body and internal processes. Conceptualizing body and self as being exposed to positive and negative energies of the universe, they aim at (re-)directing the body towards "right tracks." The authors also present some examples for successful integration of these concepts into psychotherapy, stressing the importance of transformation of self, perception, and self-perception.

These ideas are common to psychotherapists (see BOHUS & HUPPERTZ 2006), and should be included into the discussion on the importance of sensory experience within medical anthropology. Aesthetics of healing are not reduced to the (symbolic) communication and incorporation of external ideas and values, but on the contrary are directed towards the inner perception of self. "Anthropology of the senses" should not reduce itself to "the five senses," but integrate "interoception" as a category to analyze healing modalities. It seems to me that within Spiritist healing practices the reduction of sensory stimuli serves only one aim: redirect afflicted people to themselves by weakening external (confusing) stimuli and strengthening internal processes of self-empowerment.

Conclusion

I already analyzed the performativity of healing practices (KURZ 2015) within the "Spiritist continuum" (see CAMARGO 1961) in Brazil. The main point was that human actors would perform religious practices *as if* being scientific, *e.g.* presenting them as scientifically proven or performing hospital mimicry (see MONTEIRA 1985), thus creating a "third space" (see BHABHA 1994) where they actively develop hybridization of religious and scientific discourses and practices. Now, I would like to comment only briefly on the structural meanings implicated and represented within these healing performances before directing attention towards the individual experience of people involved.

About four million Brazilians refer to themselves as Spiritists, outnumbered by those who occasionally seek support and relief in Spiritist charitable services and healing practices. PRANDI (2013: 59f) considers Brazilian Spiritism as a charitable practice functioning as a substitute for marginal efforts of the Brazilian government to establish sustained systems of health care, education, and social welfare. Consequently, Spiritist healing practices are gaining increasing acceptance within all social strata of Brazil. They do not only promote complementary and/or alternative therapies and thus contribute to the medical pluralism of Brazil, but even more important, resolve the failed decisions of official Brazilian health care policy concerning mental health, substituting public tasks with individual engagement. Brazilian political developments in 2016/17 regarding corruption and economic crisis raise the question if we are not dealing with a failed state and an administration, which is not able to sufficiently take care of its people. Instead of investing in health care, education, and social welfare, not to talk about social justice, administration proves to be corrupt and following economic interests while at the same time neglecting responsibility for the committed failures. Spiritist associations function as a counterweight and even though being located within white upper-class intellectual Brazilians, they take responsibility for the welfare of everyone and for free, inspired by the idea of universal love and being aware of the responsibility wealth and power includes. Thinking about the future of mental health care in Brazil, I hereby would like to draw a first conclusion, which is that sufficient long-term psychiatric therapy only will work in cooperation with Spiritist institutions and their engagement, experience, and expertise. As argued before (KURZ 2013, 2015), BHABHA's concept of third space (1994) describes very well related developments at the interstice of politics, religion, and science as a chance to successfully serve the needs of affected people. Brazilian Spiritism proves to be a perfect example where this challenge has been accepted with the objective to create future-orientated models of (mental) health care as a mediation and ongoing dialogue between institutionalized medicine and popular and religious healing practices (HESS 1991: 3). GREENFIELD (1987: 1095) even argues that Spiritism does not represent any "tradition," but is a product of modernization and thus most prominent in urban centers. In this regard, medical anthropologists should observe further developments in Brazil and compare them to related phenomena worldwide. The remaining question to be answered here is what actually *happens* within Spiritist therapy and what it means for the diversification of mental health care.

The fact of Spiritism being in line with various Asian (Hinduist and Buddhist) concepts such as reincarnation, karma, chakras, and subtle body, underlines my conclusion that practices of mindfulness and

contemplation are central to Kardecist healing practices, and that especially the practice of listening is such a contemplative practice, which induces and/or enhances interoceptive processes of self-awareness. The patient redirects to her-/himself, not only in a sensory way, but also cognitively by the content of lectures. This is the starting point of developing agency, self-healing capacities, and eventually, empathy and care for others.

Connecting the different threads of my argument, I draw the following conclusions, which I will post as statements, hoping to be further developed and discussed:

1) Regarding the diversification of mental health care, Brazilian Spiritist institutions substitute a failed official health policy. Kardecists did, do, and will play an important role in the future development of mental health care in Brazil.

2) Regarding healing practices, patients are unhappy with biomedical treatment alone and request more "holistic" approaches. In how far these dynamics will influence similar processes abroad, has to be explored in future research. Kardecist actors with their claimed scientific base and philanthropic orientation might become a global player in the evolution of mental health care, acting globally and trying to implement Spiritist healing practices also abroad (like in USA and Europe).

3) Regarding aesthetics of healing, I believe that more emphasis on the work with senses within healing practices has to be developed: it is not about how scientific valid a chosen treatment might be, but in how it responds to the patients' needs and experiences. Working with the senses as a resource to activate agency and self-healing capacities appears to be a promising focus of future research.

4) Interoception as a concept to describe dynamic self-healing processes within the body might explain the efficacy of various "traditional" practices. Based on Asian practices of mindfulness, having been successfully implemented in psychotherapy, and being an option to explain Kardecist treatment, it might be a future tool to describe and interpret diversified health seeking behavior towards complementary and/or alternative healing practices.

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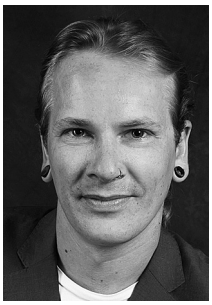
Manuscript received June 19, 2017.
Revised version accepted August 1, 2017



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