

LEGACIES FROM THE PAST AND TRANSITIONS TO A “HEALED” FUTURE IN BRAZILIAN SPIRITIST THERAPY¹

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Abstract: This paper describes a ritual healing session at a Spiritist centre in Rio de Janeiro, Brazil, where patients are treated for physical and emotional symptoms brought on by events in their previous lives. Mediums re-enact the incidents that are believed to be the cause of the present-day symptoms. Religious leaders then indoctrinate, during a ritual debate, the spirit or spirits (of parties offended or injured by the patient in the previous lifetime) responsible for causing the symptoms. When these spirits are induced to repent, the patient emerges from the session cured.

Following the lead of Csordas (1983), the ritual, and the healing it provides, is analyzed in terms of the patient being moved, first rhetorically and then socially to a new state. The healing is seen as part of a process of religious conversion. The van Gennep (1960 [1908]) and Turner (1967, 1969) transition model is introduced to show the patient being separated during the healing ritual from his/her previous secular (non-Spiritist state) and then moved, first into a liminal state, and then into the new state as a believer and participant in the Spiritist religious community.

Résumé: Cet article décrit une session de guérison rituelle dans un centre spirite de Rio de Janeiro, Brésil. Les patients sont traités pour des symptômes physiques et émotionnels causés par des événements qui ont eu lieu dans leurs vies antérieures. Des médiums font un récit mimé des incidents qui seraient à l'origine des symptômes qui affectent présentement les patients. Des chefs spirituels indoctrinent (au sein d'un débat rituel) l'esprit ou les esprits (de ceux que le patient a offensés ou blessés dans une vie antérieure) et qui sont responsables des symptômes qui l'affectent. Une fois que les esprits ont été convaincus de se repentir, le patient sort guéri de la session.

En suivant les recherches de Csordas (1988), on a analysé le rituel et la guérison qu'il procure, en fonction du patient à qui l'on fait subir une

sorte de changement d'état d'abord rhétoriquement et ensuite socialement. La guérison est perçue comme faisant partie d'un processus de conversion religieuse. Van Gennep (1960) et Turner (1967, 1969) ont proposé un modèle de cette transition qui explique comment (lors du rituel de guérison) le patient est d'abord séparé de son état séculier (c'est à dire non spirite) et ensuite comment il est conduit à un état liminal et enfin comment il émerge dans son nouvel état, comme croyant et membre de la communauté spirite.

Introduction

Almost a decade ago, on the basis of fieldwork with Catholic Pentecostals in the United States, Thomas Csordas hypothesized that patients treated ritually and symbolically were healed in the sense that they were moved into a new reality or phenomenological world. They were healed, he wrote, "not in the sense of being restored to the state in which [they] existed prior to the onset of illness, but in the sense of being rhetorically 'moved' into a state dissimilar from both pre-illness and illness reality . . ." (Csordas 1983:346). What Csordas developed was a model of a transition in which, by means of the rhetoric of the ritual, patients were moved from one social world to another. This paper applies Csordas' hypothesis to a group of Spiritist healers in the Brazilian city of Rio de Janeiro. Part I provides a description of the therapeutic practices of a group of healer-mediums at the House of St. Francis, a religious centre located in an elite neighborhood a few blocks from what had been the presidential palace before the national capital was moved to Brasília. The healing practices employed by these self-styled "Esoteric" Umbandistas² are, with minor exceptions, those of Brazilian Spiritism, a religious and philosophical tradition that follows the teachings of Allan Kardec (n.d., 1975), the 19th-century French codifier of the movement.

Kardecists, as Brazilian Spiritists are often referred to in honour of the codifier, believe in a dual universe composed of the material, or visible world and a spirit, or invisible world, with communication and interaction assumed possible between the two. They believe that spirits, who reincarnate periodically in material bodies in their quest for transcendental development, bring along with them their individual karma. They are the driving force in the dual universe. They further believe that incarnate mediums are able to receive, and incorporate for short periods of time, spirits from the other world in a form of spirit possession (see Cavalcanti 1983; Greenfield 1987a, 1987b, 1992; Renshaw 1969; Hess 1987, 1989).

One category of mediums, referred to as healer-mediums, receive the spirits of former doctors and surgeons who, through them, treat patients, prescribing medicines and performing therapeutic interventions such as surgeries without the use of anesthesia and antisepsis (see Greenfield 1987a,

1991; Greenfield and Gray 1988). Other mediums, in a form of therapy known as “disobsession” (Milner 1980; Pererira Franco 1979), receive spirits who are believed to be causing the symptoms of individuals seeking help. In a previous lifetime, when the patient and the offending spirit were incarnate together, the former is believed to have committed an offence against the latter. Now, from the spirit world, the offended party is seeking revenge. In the course of the disobsession ritual, healer-mediums receive the revenge-seeking spirit. A Spiritist leader, who is not necessarily a medium, then instructs the spirit in Spiritist standards of morality and proper behaviour, inducing it, by means of dialogue, to leave the patient alone—i.e., stop causing the symptoms, and get on with its spiritual development.

After describing a healing session, cases of two patients diagnosed and treated in July of 1991 are presented. In Part II, the treatment given them—the disobsession—is described. In Part III, Csordas’ hypothesis about the rhetoric of ritual healing not restoring a patient to the state in which s/he existed prior to treatment, but being moved into a new state dissimilar to what s/he knew and experienced before is summarized and placed, as Csordas did not, in the framework of social transitions (van Gennep 1960 [1908]; Turner 1967, 1969). The paper concludes by showing this Spiritist therapy to be part of a religious conversion experience in which the healing ritual: (1) separates the patient from his previous secular (or non-Spiritist) state; and (2) moves her/him into a liminal stage during which s/he experiences the ambiguity of being betwixt and between, of *communitas* and anti-structure as identified by Turner. Once participating in the life of the primary religious community of the centre the patient is reintegrated into a new state, with a new reality—that of a believer in Spiritism—completing the transition and the transformation.

Part I: A Session at the House of St. Francis

It was precisely 2:30 p.m. on a hot Wednesday afternoon. The heavy iron gate on the level of the city street in the *Larangeiras* neighborhood of Rio de Janeiro had just been locked and several hundred people inside were making their way up to a large building at the top of a hill. Within a few minutes they were seated on benches in a room that resembled a lecture hall. At the front there was a table around which eight white-clad individuals were seated. A man was offering a prayer into a microphone located next to the table.

Off to the right at the front of the large room was an entrance to a small one where some 18 to 20 individuals also dressed in white stood, each facing an empty chair. Outside this room, to the right, was another large room with still other individuals standing behind a curtain. In contrast with the stark whiteness of the other rooms, this one had an altar at the side on which there were many brightly coloured statues and other items.

The more than 300 people seated in the lecture hall were multiracial. There was a mixture of adults and children, males and females. The majority, however, were adult white females. Less than one-third of the group was male, a still smaller percentage black. I was surprised at how the approximately 75 children sat so quietly without fussing through the entire session.

For almost half an hour the man at the microphone continued to pray as the audience listened attentively. He started by invoking God, Christ and the saints and then requesting their help. He asked for the co-operation of the spirits of the dead. After reading a number of prayers, taken mostly from the Christian Gospels, he invited Ogun and then other African deities to assist in the work being undertaken. He then led the audience in songs invoking the African deities. Meanwhile the people seated around the table appeared to be paying no attention to the efforts of the man at the microphone. Most of them were looking elsewhere and were busily writing on piles of paper in front of them.

At precisely 3:00 p.m. those seated in the lecture hall were led in groups of 20 or so—the children included—into the small room where they were seated in the waiting chairs. The individuals in white proceeded to run their hands up and down and around them, although never touching them, as soft music played in the background. By exactly 3:30 p.m. everyone had received cleansing passes and was seated again in the lecture hall. I was mildly surprised when I realized that the women had left their pocketbooks and other belongings on the benches in the lecture hall as they went in to receive their passes.

From 3:30 to 4:00 p.m. the cleansing continued as the hall and its inhabitants were first bathed in smoke from a censor and then covered with rose petals. At precisely 4:00 p.m. the major activity of the day began. One at a time selected individuals were led by an usher from their seat on a bench in the lecture hall into the second large room behind the curtain. Each was brought to one of the five groups of five to six white-clad individuals who stood waiting for them. The people being escorted were patients who had registered for treatment when they first arrived at the centre earlier in the day. They had come accompanied by parents, children, other relatives or friends who now waited for them in the lecture hall.

Each patient tried to verbalize the symptoms from which s/he sought relief to the members of the group that received them. Seemingly oblivious to the professions of pain and suffering by the patients, one or more members of each of the receiving groups quietly entered into trance, incorporating spirits who then acted out a scene the patient later was told highlighted the cause of his or her affliction. In one case, for example, a medium began to scream in pain while rolling on the floor. A second medium bent over the first as if it were performing surgery in the region of its pelvis. As the exaggerated panto-

mime continued, it appeared to all present—when I asked later on—that the second medium was performing an abortion on the first. The patient, however, was a male.

An orienter, who was not a medium, but rather a teacher and leader who circulated from group to group, stopped to explain to the somewhat bewildered patient that in a previous lifetime he had been a female who had sought the help of the second party to abort a life she had conceived illicitly. The cause of the symptoms he now was experiencing—excruciating abdominal pains for which the doctors could find neither cause nor cure—he was told, was the spirit who as the result of the abortion had been denied an opportunity to reincarnate. That spirit, it appeared, instead of trying again to incarnate, as most spirits would do, had chosen to devote itself to gaining revenge on the party that had denied it that opportunity to be reborn. Although the spirit that had prevented the incarnation by arranging for the abortion was now in a male body, it was being made to suffer for its behaviour in a previous life by the continuous infliction by the aggrieved spirit of the pains of the abortion.

Once this biographical incident from a relevant past life was understood by the patient, the orienter explained, he could be treated by the healer-mediums.

Before the orienter finished his comments to the patient, however, I found myself running across the room, drawn by a medium from another group who had entered into trance and was shouting, as if in an argument, at a second medium also in trance. The second medium then appeared to strike the first. A third medium also went into trance, but instead of interacting with the other two, fell to the ground on his stomach while grunting and screeching.

A second orienter joined the group exclaiming: *magia negra*, black magic. He then explained to the patient that her case was complicated by the fact that black magic was being waged against her indirectly by a spirit on which she had inflicted grievous injuries in a past life. The migraine headaches from which she was now suffering and the debilitating pains in her back and legs—for which the doctors to whom she had turned could give neither diagnosis nor relief—were being caused by an *exu*, which he said was a low-level spirit of African derivation³ in the employ of the spirit she had disfigured in a violent outburst in a previous lifetime. She too could be treated now that the specific cause of her problem had been diagnosed.

Part II: Ritual Disobsession Therapy

I returned to Antonio, the young man with the abdominal pains. The pains were caused by the spirit he had aborted in a previous life as a woman, according to the mediums who had acted out a scene from that life. I heard Fernando, the orienter, greet the spirit of the aborted fetus who had incorporated in another medium. “Hello,” said Fernando, in a warm and friendly tone.

“Where am I?” exclaimed an unfamiliar voice coming from still another medium who had distanced himself slightly from the rest of the group. “Why am I here? I don’t like it here. It is much too bright. What do you want with me?”

“Relax, take it easy” responded Fernando calmly. “I only wish to talk with you.”

“I don’t want to talk with you,” responded the voice angrily. “I don’t like it here. Let me leave.”

The orienter, however, persisted, reassuring the spirit while asking it a series of questions. Although the former remained reluctant, repeating that it wished to leave, it answered most of the questions; and when it did not, Fernando provided answers that enabled him to ask yet other questions.

The voice of the spirit soon was caught up in conversation. The questions, however, or better yet, the answers, expressed in summary form the basic assumptions and beliefs of Brazilian Spiritism. The spirit had been drawn into a conversation in which it was being positioned to affirm Spiritism’s basic moral beliefs.

First it was reminded of the two orders of reality in the Spiritist cosmos, the material, or visible, and the spiritual, or invisible. It then was reminded that it was presently disincarnate—which was to say that it was not material, but rather in the invisible or spirit world—and as such should not be interacting with the living, especially inflicting pain on them. Instead of taking vengeance on someone in the material world, it was reminded, it should be thinking of its own spiritual development by preparing to reincarnate.

Spiritists believe that at the time of creation all spirits set out on a transcendental quest that will lead eventually to their spiritual perfection. Advancement along this inevitable developmental line is attained by learning lessons from experiences in the material world. Spirits, who live in the invisible world, therefore, are believed to return periodically to the material world to learn the lessons they need for their spiritual advancement.

According to Spiritist doctrine, however, spirits are assumed: (1) to not necessarily remember the lesson or lessons they have set out to learn each time they incarnate; and (2) to be possessed of free will. Therefore, they often may not take advantage of an opportunity, either because they are not aware that they need to, or because they choose not to.

It should be noted that spirits are not punished for not learning the lessons they need to progress. They do not move backwards, for example, on their developmental path. The worst that is believed to happen is that they remain where they are. The task of Spiritist leaders on earth is to explain to those spirits who are missing opportunities how they should behave in order to advance.

This is what Fernando was doing in the treatment of the spirit that was causing Antonio’s suffering. Once the troubled and troublesome spirit was

taken through by the questions and answers that led to the affirmation of Spiritist belief and morality, it was reminded that it was presently disincarnate. As such it should not be interacting with the living, especially in causing them pain. Vengeance, the spirit was reminded in a quotation from Kardec (1987) paraphrasing Jesus, is wrong. For its own benefit it should leave the patient alone, return to the spirit world and prepare to incarnate so that it could move forward along its developmental path.

The exchange between the orienter and the spirit was at times quite heated. The latter occasionally tried to challenge and refute the assertions of faith made by the other who would counter with a combination of eloquence and logic. At times the protagonists' voices were raised as if in anger, while at other times one or the other responded in a whisper. In the end, however, the reluctant wrong-doing spirit was won over by the logic and truth of the orienter's argument. The treatment for the patient's physical symptoms—pains in the abdomen—then was the rehabilitation of a spirit from the other world—for its misconduct of crossing into the material world to seek revenge. When convinced of the impropriety of what it was doing and the consequent harm both to the patient and to itself, it agreed to leave Antonio alone and to return to the spirit world and prepare to reincarnate. This, of course, cured Antonio.

The therapy, which entailed a verbal struggle between right and wrong, was between Fernando, the orienter, and the spirit who had been mistreated by the patient in a previous lifetime. The patient, however, took no part in the ritual drama. He simply stood by listening, engrossed in what was being done on his behalf. Only after the spirit causing his symptoms left and the mediums came out of trance did the orienter tell him that he now would be all right. He could go home. He should, however: (1) read the writings of Allan Kardec and other Spiritist authors; (2) attend sessions at a Spiritist or Umbanda centre; and (3) receive passes regularly.

As Antonio thanked Fernando and the mediums and was being escorted back to the lecture hall, I was drawn back to the other side of the room where the ritual healing drama already had begun for the patient who was said to be the victim of black magic.

As in Antonio's case, the other orienter had engaged a reluctant spirit in conversation. The engaged spirit was the one who had incorporated in a medium when the scene from the patient's past life that explained the reasons for her present symptoms was acted out. The medium from whom the spirit's voice came, however, was on its stomach on the floor, apart from the rest of the group.

"Where am I?" it growled. "I don't like it here. It is too bright. My eyes hurt."

The orienter responded pleasantly asking the spirit to relax. "I only want to talk with you," he said.

"But I don't want to talk with you," replied the spirit. "I want to leave."

The orienter then asked: "Wouldn't you prefer to come out of the dark? To leave the dirt and filth?"

The spirit growled that it did not want to be there. The orienter, however, continued to ask questions and soon engaged the spirit on the floor in conversation. But instead of developing the framework of Spiritist morality as Fernando had in the previous case, once the spirit's attention was gained, the second orienter ordered it to name its boss. "Who do you work for?" he demanded. "On whose orders are you tormenting this woman?"

The spirit replied in anger that it worked for no one. It was its own person. It did whatever it did on its own account.

Firmly and authoritatively, however, the Spiritist leader repeated the question: "Who is your boss? For whom are you working?"

As the spirit continued to groan and protest, the orienter turned to those—including the patient—who had now gathered around him, repeating what he had said before about this being a case of black magic. He explained that the spirit before them was an *exu*, an African spirit that was part of a gang that had been engaged by the spirit who had been deformed by the patient in the lifetime just reconstructed. The leader of the gang had studied black magic and was directly responsible for the pain and suffering of the patient. Low-level spirits, like *exus*, the orienter explained, often form gangs who work for leaders who are familiar with the black arts. The bosses at one time or another had been incarnate in Egypt, considered by some to be the home of black magic, where they learned the malevolent practices. Many, he added, have not reincarnated since. Instead they, like the spirits who work for them, hide in the lowest, darkest, most obscure parts of the spirit world and sell their services to unenlightened spirits, as in this case, who seek revenge.

The orienter then indicated that several sessions would be needed to cure the patient. But first he needed to know the name of the boss spirit; so he turned back to the *exu*.

"Don't lie to me," demanded the orienter. "I know you are working for someone. Who is it? Tell me his name."

Before the accused could answer, another voice could be heard coming from yet another medium in the group who as yet had not participated.

"Who wishes to speak with me?" demanded the new voice. "Who are you?" it asked the orienter. "What do you want with me. I am busy. Why is it so bright here? I don't like it. I think that I am going to leave."

The orienter proceeded to engage "the boss." His objective was not to perform the ritual treatment at this time, but rather to find out who all of the parties were who contributed—directly or indirectly—to the patient's suffer-

ing. Once this was done the patient would be escorted back to the lecture hall and sent home at the end of the session. She would be told to read Kardec and other Spiritist writers, to attend sessions at a Spiritist or Umbanda centre and to receive passes. Treatment would take place at a number of other sessions in the weeks to follow. Then each of the several contributors to her suffering would be disobsessed and rehabilitated individually. In this way each would be reoriented and set back on its individual developmental path.

The following Wednesday the second phase of the patient's treatment was begun, even though she was told that there was no need for her to be present. The mediums seated around the table in the front of the lecture hall were the primary players. A third orienter started the treatment session by inducing the *exu* who had manifested the week before to return through one of the mediums. After complaining and saying that it did not want to be there, Luis engaged the spirit in conversation. A dialogue rapidly ensued in which the Spiritist world view was made explicit and acknowledged as true. The low-level spirit was forced by the power of the orienter's logic and rhetoric, after initial resistance and counterargument, to admit that it was wrong for it to torment the patient. The *exu* admitted that what it had done was wrong. It should not have used the electronic device that had been implanted in the patient by its boss.⁴ It should not have accepted payment to inflict pain on the patient. Instead it should have devoted itself to its own development and reincarnated.

The orienter then offered to help the spirit prepare itself for reincarnation. Before departing the *exu* apologized to the absent patient, to the orienter, to the mediums and to the enlightened spirits whose direction it would henceforth follow.

When the *exu* left, its boss appeared through the voice of yet another medium at the table. Another verbal encounter followed. The orienter, as a spokesperson for good, took on the gang boss, a representative of evil. Didactically he convinced the other of the errors of its ways. The truth of Spiritist morality once again defeated and reformed a representative of evil. The black magician apologized. He agreed to remove the electronic apparatus from the back of the absent patient. He promised not to sell his harmful services any more to others seeking revenge. He would accept the guidance of the orienter and prepare to reincarnate.

Two weeks later the treatment was completed. Maria Helena had returned for a Wednesday session. About halfway through, as she sat on a bench in the lecture hall, one of the mediums at the table in front incorporated the spirit that claimed to have been injured by her in the scene from a past life which had been dramatized in the first session. Yet another orienter responded when the spirit protested its apparent involuntary presence. Once again the reluctant spirit was drawn into a conversation in response to questions whose answers gradually made explicit Spiritist beliefs and morality. In response to the ori-

enter's eloquent and logical presentation, the spirit was forced to admit that its seeking revenge was wrong. It should not have engaged the black magician. It was sorry that Maria Helena had suffered. It no longer would bother her. It would accept the help of the orienter and would prepare to reincarnate so that it could get on with its own development.

As Maria Helena sat listening, the full impact of her own involvement in the affair in a previous lifetime, that had led to her suffering, became clear to her. When she heard the spirit apologize for causing her pain she burst into tears. She came forward apologizing to the other—through the medium—for having lost her temper when she inflicted the blows that resulted in the other's disfigurement in that past life. "It was my fault," she sobbed. "I was wrong. I am sorry. Please forgive me."

Still in trance the medium incorporating the spirit stood up and walked towards Maria Helena who was approaching him. Sobbing and pleading to be forgiven, each embraced the other. Everything at the centre had stopped. There was an eerie silence, except for the tear-filled embraces and apologies of the patient and the spirit/medium.

The treatment was now completed. The cause had been found and successfully removed. The revenge-seeking spirit had withdrawn. The black magician had removed the apparatus it had implanted to cause the patient's pain and the *exu* no longer would work the disconnected controls. The patient would recover and no longer suffer.

Just before leaving Maria Helena was told by another spirit, appearing through yet another medium, that she herself had the potential to serve as a spirit medium. This was a gift, she was told, that it was her responsibility to develop. She could do this by taking training classes at a Spiritist or Umbanda centre. If not, she was warned, she would face the possibility of experiencing other symptoms in the future caused by spirits trying to use her to communicate with others.

Part III: Healing by Symbolic Transformation

In a perceptive hermeneutic analysis of the rhetoric of transformation in ritual healing, Thomas Csordas wrote that

healing is contingent upon a meaningful and convincing discourse that brings about a transformation of the phenomenological conditions under which the patient exists and experiences suffering or distress. It can be shown that this rhetoric redirects the supplicant's attention to new aspects of actions and experiences, or persuades him to attend to accustomed features of action and experience from new perspectives. . . . To the extent that this new meaning encompasses the person's life experience, healing thus creates for him a new reality or phenomenological world. As he comes to inhabit this new, sacred world, the supplicant is healed not in the sense of being restored to the state in which he

existed prior to the onset of illness, but in the sense of being rhetorically “moved” into a state dissimilar from both pre-illness and illness reality. . . .

In linking the rhetorical aspect of discourse with the endogenous healing process, this approach suggests that the transformation brought about by healing operates on multiple levels. Insofar as endogenous processes take place on physiological and intrapsychic levels, and rhetoric acts on both the social level of persuasion and interpersonal influence, and the cultural level of meanings, symbols, and styles of argument, the experience of healing is an experience of totality. (Csordas 1982:346)

The imagery Csordas uses is one of a transition, of the patient moving from an earlier sociocultural state—marked by illness—to a new one that is different from both the pre-illness and illness reality.

Csordas reached these conclusions after studying the healing activities of Catholic Pentecostals in the United States. He worked with a number of relatively small, self-contained groups of believers who constituted primary communities. This enabled him to analyze the rhetoric of transformation of a symbolic meaning system they shared. The “Esoteric” Umbanda healers at the House of St. Francis in Rio de Janeiro and their patients are not part of a community as were the North American Catholic Pentecostal healers and their patients. Although the healers, and others at the centre who also practise the teachings of Kardec—modified by elements brought in from Umbanda and elsewhere—qualify, the patients, for the most part, were neither practising Spiritists nor, for that matter, active members of other religious groups. Most came to the “public” session at the centre on Wednesday afternoon not out of religious, or other, conviction, but because they had heard from friends, relatives or acquaintances that the symptoms from which they suffered might be cured there.

Brazilian society has undergone a number of major changes during the past half century. It has urbanized and industrialized. Its population has grown from 41 million in 1941 to almost 150 million in 1990. And most of that increase of more than 100 million has been in the urban centres. In 1941 only one-third of the population was urban while by 1990 some 75 to 80 percent of the population were found in the fast-growing urban centres. The cities, however, have not been able to accommodate them. There are not enough jobs, houses, electricity, sewage, sanitation and other facilities. Unemployment rates are high, poverty abounds and malnutrition is common. Inflation, which is rampant, further complicates the situation and the roller-coaster-like spurts and stops of the economy have made matters worse.

Of specific relevance for this paper, the white, urban middle-classes, who historically were the primary supporters of the Brazilian Spiritist movement, have had their traditional position of privilege threatened by racially mixed migrants from the interior and their urban-born children.

In the turmoil of urban growth large numbers of all racial groups and social positions have turned away from the Roman Catholic Church, which at one time saw itself as and, to a degree, was the national religion. In addition to Spiritism, syncretic Afro-Brazilian religious cults have made massive inroads attracting large numbers of new members. Umbanda alone, for example, which combines Spiritism with the earlier Afro-Catholic synthesis (see Bastide 1978; Herskovits 1939), has an estimated 30 to 40 million followers. Candomblé, Xangô, Batuque and the other "more traditionally African" denominations also have grown rapidly as have Fundamentalist Protestant groups.

Urban Brazil today is characterized by an open competition for converts between the several religious groups. Each is trying to attract members from the Catholic Church and from each other.

Illness and its treatment is a primary means used by each to attract new members. Each of the several religions, as in the case of "Esoteric" Umbanda/Spiritism described above, offers healing to those in need as charity. As Krippner (1989) has observed, most of the active Spiritists, Umbandistas, etc. he encountered became so only after being treated successfully.

Healing rituals, such as that presented above, are a part of a process of proselytization. Patients are potential converts whose treatment may be seen as the beginning of their conversion. Antonio, Maria Helena and the others treated at the House of St. Frances, who had come in their minds as secular patients to be healed, were, in the eyes of the members of the House of St. Frances, in the early stages of becoming members of their, or some other Spiritist or Esoteric Umbanda religious community.

Religious conversion may be thought of as a ritual transition.⁵ Anthropology has a long tradition of studying such transitions. In reviewing some of this literature I should like to relate it to Csordas' model of the patient being transformed rhetorically into a new reality.

The major studies of ritual transitions have been those of Arnold van Gennep (1960 [1908]) and Victor Turner (1967, 1969). Building in van Gennep's (1960 [1908]) three-phase model of separation (*separation*), transition (*marge*) and incorporation (*aggregation*), Turner (1969:94) elaborated on the second, or what he referred to as the "liminal" phase where the ritual subject (the "passenger"), as he said it jointly with Edith Turner, "... passes through a realm or dimension that has few or none of the attributes of the past or coming state, he is betwixt and between all the familiar lines of classification" (Turner and Turner 1978:2).

Turner's point is that when individuals go through a ritual transition they leave what for them is ordinary society with its normative rules and behaviours and enter what he refers to as liminality, a state that is betwixt and between, full of ambiguity and characterized by *communitas*—and anti-struct-

ture—before returning eventually to what is a new state with new rules, behaviours and expectations (Turner 1969:96).

If we return to the patients treated at the House of St. Frances, the ritual treatment received at the Wednesday afternoon session provided the rhetoric that, in Csordas' (1983:346) words, “. . . redirects the supplicant's attention to new aspects of actions and experiences. . . .” Antonio, Maria Helena and the other patients were exposed, often for the first time in a way that was meaningful for them, not only to the dual universe of Spiritism with its second, spirit world, but to reincarnation, karma and other cosmological concepts. Furthermore, the new world view was brought home to them and related directly to the pain and suffering they were experiencing. Through the mediums who reconstructed a scene from a past life, they were introduced to a part of their own selves that they never knew, but which, they were told and shown, had direct bearing on their pain and discomfort. Their thinking, in Csordas' sense, was redirected away from their former understanding to something new.

Maria Helena, however, like so many others treated at Spiritist centres throughout Brazil, was told that she had the gift of mediumship, a gift that she was obligated to develop. To do this she was told she should take training at a Spiritist or Umbanda centre. Antonio and the other patients also were told to visit centres, take passes there, listen to lectures and to read Kardec and other Spiritist authors.

This sudden immersion into the world of Spiritism (or Umbanda) by a patient hoping (and believing) it will contribute to ending his or her suffering is very much of a liminal experience. S/he is confused, unsure and humbled in the face of the new symbolic world with its spirits and their power.

At first contact the centre with its many activities appears to them to be a community characterized, in contrast with their ordinary world of hierarchy, power and authority, by egalitarianism. In contrast with the growing impersonalism of urban Brazil, the newcomer experiences much of what Turner meant by *communitas*.

In the limen of the transition the patient is distracted. His/her symptoms may not feel the same as they did. If so, the belief that the treatment received is working is reinforced; and if it worked, it had to be because the beliefs and the world view on which treatment was based were true. Perhaps past lives really do have an effect on us in the present. Perhaps spirits are “real” and there really are two interrelated worlds. If so, perhaps spiritual development is important and should be made a priority in their lives.

The transformation is soon completed. The patient not only will attend the centre regularly, s/he will participate in its programs. S/he will do charity, volunteering to work at a day care centre, helping to feed the poor, serving as a medium—if s/he has the gift—etc. Little by little, more and more of her/his

time and resources will be devoted to activities at the centre. Gradually the now recovering patient will become a member of the primary community of the House of St. Frances or some other Kardecist or Umbanda centre. S/he is in the process of being reintegrated into a new social world and being redefined in terms of its beliefs and world view. S/he leaves the ambiguity of the liminal stage to re-emerge not as s/he was prior to the onset of the illness, but in a totally new state. Both s/he and her/his illness have been redefined.

Not all patients treated at the House of St. Frances, or other religious centres in Brazil, are cured. Many do not go through what amounts to the religious conversion described above. Those not cured then seek out other healers from other religions at other centres. They continue the search until, if they are fortunate, they eventually find help. Sooner or later they will go through the transition process and be transformed, with their symptoms redefined.

In the world of change and insecurity that is urban Brazil they will become part of one or another of the competing religious groups that will redefine them, their experiences and their cosmos. In the process of becoming a member of a new religious community and accepting its world view, the patient-convert undergoes the transition of conversion and is transformed by the power of the symbols and the rhetoric of the group.

Notes

1. This is a revision of a paper presented at the annual meetings of the American Anthropological Association, Chicago, IL, November 20-24, 1991.
2. Umbanda is a syncretic religion that combines aspects of Roman Catholicism, the practices brought by the slaves from Africa, Amerindian traditions and European Spiritism as codified by Allan Kardec.
3. According to Kardec (n.d.) all spirits can be ranked hierarchically according to their level of spiritual advancement or development. To Brazilian Kardecists, spirits that have incarnated in Africa are assumed to be less advanced or lower than spirits that incarnated in Europe, North America, Asia, etc.
4. Attribution of electronic devices that are said to be the immediate cause of a patient's suffering is fairly common in the cases I have seen said to involve black magic.
5. I wish to thank Mr. Joseph Ellman who, in a seminar on Religion and Healing in Cross-Cultural Perspective at the University of Wisconsin-Milwaukee in the Spring of 1992, reminded me of the relationship between Csordas' transformation model and the transition model of van Gennep and Turner.

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