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Spiritual healing in Latin America

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Introduction

Spiritual healing is commonly described as ‘the intentional influence of one or more people upon one or more living systems without utilising known physical means of intervention’ (Benor 1995: 234). The literature about spiritual healing in general differentiates between healing with laying on of hands, which slightly touches or holds hands near the body of the patient, and healing with meditation, prayer, or other forms of focused intent. Spiritual healers ‘work with the body’s own “life force” and/or channel “universal energy” (often known as God or spirit), sometimes assisted by spirit guides’ (Barcan 2010: 130; see also Stein, this volume). Some authors include ‘spiritual healing’ as a form of complementary and alternative medicine (CAM) (e.g., Toniol 2018), but as ‘one of the more “fringe” complementary therapies’ (Benor 1995: 234). Spiritual healing can also be categorized as ‘traditional healing,’ though the label ‘traditional’ usually points to a medical system that works with herbal medicine or physiological treatments. While the label ‘traditional healer’ seems to be applied more often to an indigenous healer and ‘spiritual healer’ to a healer with a Christian background, the distinction cannot be applied in Latin America where Christianity has become entangled with pre-Christian practices as well as other beliefs, such as from an African-derived religious context and Spiritism. Despite the existence of distinct types of spiritual healing, healers, and patients tend to mix them in their practice.

The diversity of healing practices in Latin America is an indication of the popularity of spiritual healing across different sectors of society. Some healers even gain global audiences, as in the spread of the John of God movement (Rocha 2017). Selecting a spiritual healer over biomedical treatment is not limited to specific ethnic or social groups in Latin America. The preference for specific healers usually depends on availability of practices and the religious, ethnic, and social background of the patients. Patients go to spiritual healers sometimes in addition to accepting biomedical treatment but also sometimes instead of it. In search of healing, people move from system to system in a ‘religious marketplace’ until they find someone they trust. However, it can change for the next problem. Nevertheless, religion is not just a ‘toolkit’ to solve problems and to be put away when the problem is solved. Religious beliefs and practices are part of a holistic experience and affect ‘every corner of one’s existence’ (Orr 2018: 135).
While spiritual healing attracts some attention among scholars, few investigate the religious context of spiritual healing. Even when specific beliefs are mentioned, scholars tend to overlook the significance of religious context to understand spiritual healing. This chapter takes a closer look at the religious framework of spiritual healing. It begins with an overview of specific spiritual healing practices in Latin America today, focusing on three strands: 1) healing by transfer of energy including healing with herbs and other ingredients considered to have non-ordinary powers; 2) prayer-healing and healing by the Holy Spirit; and 3) healing by spirit healers and mediums under the influence of spirit guides. Afterwards, the focus shifts to Brazil, the region’s largest country and the home of diverse, well-studied spiritual healing practices. The section presents specific spiritual healing practices within three different traditions: espiritismo (Spiritism), Christianity, and African-derived religions.

Healing with herbs and other ingredients having non-ordinary powers

The use of herbal remedies is widespread and not limited to spiritual healers. One can buy herbs in most markets in Latin America and in specific botánicas, small shops that offer herbal remedies and paraphernalia such as candles, statues of saints and other figures, and necklaces with religious or spiritual significance. Herbs and such other paraphernalia are regarded as having special, non-ordinary powers needed to cure illnesses. Popular examples of these illnesses are (in Spanish) mal de ojo (the evil eye), mal aire (evil air) and susto (fright). These illnesses are perceived as non-ordinary and caused by negative spirits or evil humans.

Mal de ojo is said to be caused by the envy of other people; even people passing by can be accused of having an evil look. Mal de ojo seems to target mainly (but not only) children, while susto and mal aire are widespread. Among the symptoms are diarrhoea, fever, and sleeplessness, which can cause dangerous harm if untreated. The cause is described in terms of ‘energy’: mal de ojo transfers negative energy from the (evil) person to the patient; mal aire increases the negative energy in the body until the illness breaks out, and susto leads to the capture of random negative energy because of a fright. While speaking about ‘energy’ is relatively new, these diagnoses and their treatments have pre-colonial roots. If a family suspects such an illness, they bring their ill relative to a local curandero or curandera who are regarded as ‘traditional healers’ whose authority lies on knowledge about the ‘old [pre-colonial] traditions’ and family lineage. The healer can be female or male and is generally well-respected in the community as the descendant of a family of healers. If the healer’s diagnosis confirms the suspicion, the energy needs to be transferred to another object. They usually do not investigate the cause of the negative energy or whether someone has sent the energy on purpose. This kind of investigation falls into the remit of a sorcerer who can be charged with sending the negative energy back to the sender. However, sorcerers are not regarded as healers as such, and families usually consult someone outside their local community.

A typical form of treatment is limpia del huevo (cleaning with an egg). The egg is slowly moved over the body of the patient in order to absorb the negative energy and to cleanse the weakened body of the patient. At the same time, the healer prays to God, Jesus, the Virgin Mary, and the Holy Spirit asking for support (Schupp 1991: 12, 18). Healers can also transfer negative energy into small animals such as guinea pigs, also accompanied with Christian prayers. Practitioners regard these rituals, limpio del huevo or limpio del cuy (cleaning with an egg or a guinea pig), as linked to their Christian beliefs, whether Roman Catholicism or,
increasingly frequently, Pentecostalism (Orr 2018), even if the healing is not conducted as part of a church service but as a separate healing ritual in the home or office of the healer.

As is common with other forms of spiritual healing in Latin America, curanderos and curanderas are perceived as healing ‘in the name of God’ and often have their offices decorated with Christian paraphernalia such as a cross or images of popular saints. Despite its Christian framework, however, ritualistic healing via the transfer of negative energy is associated with traditional, pre-colonial practices, which gives them a valuable lineage and added authority. In addition to Christian prayers, some healers use coca leaves, San Pedro (a cactus that contains mescaline), ayahuasca (a tropical vine from the Amazon area that contains several psychoactive alkaloids) or other ingredients that invoke local spirits of nature. Ayahuasca was long used only by Amazonian shamans for religious and healing purposes; nowadays ayahuasca is also used by non-indigenous healers such as mediums of the Brazilian religion Santo Daime that has become increasingly popular among urban populations (Dawson 2013; Groisman 1996). In the Santo Daime Church, the ingestion of ‘Daime’ (i.e. ayahuasca) has become an integral part of the therapy and is no longer restricted to healers (Frenopoulo 2010: 103, 86).

**Healing by transmission of the healing force of the Holy Spirit**

The second strand of spiritual healing has an explicitly Christian framework. Healers draw their authority from the Bible and refer frequently to stories in the New Testament (e.g. Mark 16:15–18). They attribute their healing powers to Jesus or the Holy Spirit, claiming it is not they who heal but the Holy Spirit through them (Schupp 1991: 149). Praying evokes the cure, as healing relies on the power of the prayer and the belief of the patient. This form of spiritual healing is one of the most popular in Latin America and is (at least partly) the reason for the dramatic growth of charismatic churches. However, prayer-based healing is not new but resembles Catholic healing practices (Reynolds 2018) as well as healing by pre-Christian spiritual forces such as the apus, the mountain spirits, that inhabit the Andean landscape (Orr 2018: 139). While these entities are incorporated in an overall Catholic cosmology, evangelical pastors reject them as an ongoing ‘pagan’ practice. Nevertheless, patients as well as healers are not restricted by these concerns. More ‘traditional’ healers can invoke a Christian context and more ‘Christian’ healers can use traditional herbal medicine. However, one difference is the healer’s gender: healers referring to local spirits draw authority from family lineage and can be male or female, even when employing Christian elements, while healers whose healing powers come solely from the Holy Spirit are usually male.

Healing with the Holy Spirit is equally popular in the Latin American diaspora. The offer of ‘divine healing’ is core feature of most Pentecostal churches and used by some to attract converts. Even in churches that do not promote healing offers, Christianity’s therapeutic reputation has become an important means for recruitment (Orr 2018: 147). The Brazilian neo-Pentecostal church I observed in New York City advertises spiritual healing sessions regularly on Spanish-language TV channels which have a wider audience than Portuguese advertisements would have. While non-Latinx patients also attend some healing sessions, the focus of this church’s mission is on immigrants from Latin America. The services were exclusively in Spanish and even the music reminded the audience of popular songs from Latin American soap operas. Healing is invoked by shouting repeatedly ‘in the name of God’ by the congregation while the healers—including exclusively male—put their hands on the heads of the patients and pray for them (Schmidt 2008).
Kardecism and other forms of healing under the influence of spirit guides

The third form of spiritual healing also has a Christian framework, but healing is explained as enacted under the influence of spirit guides. In distinction from the nature spirits mentioned earlier, these spirit guides have human-like personalities. Spirit healers see themselves as instruments of the spirits and channels of their energy. Spirits of medical doctors are very popular in places like Peru (Schupp 1991), Brazil (Greenfield 1987), and Venezuela (Pollak-Eltz 1982), but other highly evolved spirits can cure, too. Sometimes these spirits are called angels or identified as the spirits of Christian saints. The spirit healer or medium channels these spirits and transfers energy from them to the patient, which consequently improves the energy level of the patient.

Spirit healing has at its root a strong anti-church or anti-clerical stance. Its origin can be traced back to the nineteenth century when Latin America saw enormous political change, which impacted the hegemonic position of the Catholic Church. Finkler (1996), for instance, traces the origin of Mexican Spiritualism (espiritualismo) back to the ‘recalcitrant priest,’ Roque Rojas (1812–1879; Finkler 1985: 25). However, more influential across Latin America were the teachings of Allan Kardec (1804–1869), a French writer whose publications inspired the development of espiritismo (Spiritism) in Latin America, through a lineage of influential Mexican ‘disciples’ including General Refugio González (1833–1893) and the faith healer Teresa Urrea (1873–1906; Pérez García 1988; Seman 2018: 183).4

The cornerstones of Kardec’s teaching are the belief in: 1) the existence of spirits of the deceased and the possibility of communicating with them; 2) the spiritual evolution through reincarnation; and 3) the need to do good in order to achieve a higher position in one’s next incarnation. Spirits are perceived as non-material beings, which can live for a limited time inside a human body (called ‘incarnated spirits’). At the time of death, the spirit leaves the body and after a while chooses another body. However, the main goal is to leave the physical world—and existence as human beings—behind. Illnesses and other problems can be caused by misguided or underdeveloped spirits that linger around in the human world instead of moving on. Mediums enable humans to communicate with the spirit world to find the cause for a problem. If the problem is caused by an underdeveloped spirit more evolved spirits can be asked to persuade them to move on. A medium has to be trained, though Spiritists believe that everyone has mediumship abilities, but most never fully develop them. Mediums also have to live according to a strict moral code (e.g. non-aggressive behaviour, abstinence from alcohol and other drugs; Schmidt 2009).

Two countries in Latin America have been especially open to Kardecist ideas: Puerto Rico (Schmidt 1995) and Brazil (Hess 1991). In both countries, Kardec’s ideas became widespread after merging with elements from popular Catholicism and African-derived traditions. These syncretic forms of espiritismo stress healing, while Kardecist centres emphasize the training of mediums (Hajosy Benedetti 1991; Koss-Chioino 1996).

Diversity of spiritual healing in Latin America

This short overview of the three types of spiritual healing that are popular across Latin America demonstrates the diversity of healing but also the similarities between them. In each case the healing is linked to non-ordinary powers, but sometimes the healer is regarded as ‘gifted’ while in other cases the healers are perceived as specially ‘trained’ with developed skills. In the first strand, the authority of the healers derives from family lineage as well as ‘traditional,’
pre-colonial practices, though healing is usually explained as ‘given by God.’ The second strand highlights Christian contexts, as healers use the Bible to gain authority and explain healings through the Holy Spirit. The third strand of healers also considers themselves vessels, but they claim to channel spirits of deceased medical doctors or other developed spirits who heal, rather than the Holy Spirit. To achieve this, mediums need to be trained in handling the spirits, though I heard of cases when spirits incorporated mediums without training.

An interesting aspect is the gender difference. While spiritual healers in the first and third strands can be male or female, healers in the second category are nearly exclusively male. The reason is linked to the aspect of authority and training. Curanderos and curanderas derive their authority from within their local community, from family practice and lineage. Spiritists insist on training: spirits do not make any difference between men and women, and everyone has the ability and just lacks training. However, spiritual healers within a Christian context derive their authority from the Bible and its description of male hegemony. Consequently, healers are usually male.

**Spiritual healing in Brazil**

In the spiritual healing traditions of Brazil, diagnosis and cure can only be understood in the religious context in which they are embedded. Spiritual healers are regarded as intermediaries between the patient and the divine, whether it is God, the Holy Spirit, the world of the deceased, or the world of the orixás, the African deities.

**Spirit healing**

Spirit healing, in particular passe, in which energy is transferred from healer to patient, is one of the most used CAM in Brazil (Carneiro et al. 2017: 74). Passe does not involve bodily contact but ‘results in an exchange of fluids and energies derived from the Spiritist healer, from good Spirits, or from a combination of both’ (Carneiro et al. 2017: 74). The transfer of positive energy will clean the aura of a patient and facilitate healing. A healer needs to channel highly ‘evolved’ spirits that are considered ‘good,’ or full of positive energy. Another common treatment is ‘disobsession’ (desobsessão), in which a spirit is persuaded to let go and leave a person alone. The patient will be cleansed from negative influences caused by spiritual entities perceived as interfering. The most controversial treatment is so-called Spiritist surgery during which the healer is in trance and, by channelling the spirit of a medical doctor, seems to perform surgery without having any medical training (Greenfield 2008). Despite its ongoing popularity, this treatment is contested by many Spiritists who argue that healers should not charge their patients for treatment, as some of these surgeries do.

Spirit healing is linked to Kardecism introduced earlier, which reached Brazil around 1880 (Lewgoy 2006: 211) and quickly spread to wider sectors of society via charitable work (Brown and Bick 1987: 79). However, the offer of healing led to persecution, as medical treatment without a medical license was illegal (Jensen 1999: 278). Throughout the twentieth century, Brazilian Spiritism became increasingly mixed with elements from other Brazilian traditions. An important figure was Francisco Cândido (Chico) Xavier (1910–2002), a popular Brazilian medium (Silva 2006; Stoll 2002) who linked Brazilian Spiritism to a conservative form of popular Catholicism (Lewgoy 2006: 217).

The link between Spiritism and healing is remarkably intense in Brazil and has created many variations. Common are public consultations during which developed mediums receive messages from spirits. The aim is to identify disturbances and to persuade misguided spirits...
to leave the human world. Some centres also offer private consultations. Another increasingly popular development is the establishment of Spiritist hospitals (Araújo Aureliano 2011), which are set up similarly to medical hospitals, with reception, consultation, and treatment rooms, but also feature training workshops for mediums and healers.

Spirit healing among the various ayahuasca communities share Spiritism’s aetiology, in that ‘unenlightened spirit-beings are regularly held accountable for the client’s predicament’ (Frenopoulo 2010: 86). Illnesses are regarded as being caused by ‘obsessor spirits’ who stalk people and feed on their ‘energies.’ Healing is initiated by casting out these misguided spirits or rather casting them ‘up,’ as they are believed to be sent up to heaven.

Another development is the John of God movement, a transnational spiritual community centred around the Brazilian healer João de Deus, with global healing events. Rocha (2017) argues that many of his practices (e.g. operations, stitches, prescriptions of medicine, resting in the infirmary, postoperative review, and compliance with postoperative directives) mimic Western medical practices, which makes it easier for foreigners to connect to this Brazilian healing method and supports the transnational attraction of the movement. I observed a similar medical framework with Spiritist hospitals that present themselves as biomedical hospitals. They are spread throughout Brazil and some have set up websites to increase their global attraction, though none has (yet) managed to copy the global success of John of God.

**Spiritual healing by prayer and other divine intervention**

Another important strand of Brazilian spiritual healing is linked to belief in the power of prayer. Prayer for health is one of the most common forms of CAM worldwide (Koenig et al. 2012: 6), and Latin America is no exception. A core feature of folk Catholicism is the belief in a direct and personal relationship with the divine represented by the saints (not all of them canonical) and the Virgin Mary (King 2014: 9). Prayers are directed directly to them, even though according to the Church’s dogma, only God has the power to heal.

An increasingly popular form of spiritual healing that has derived from Charismatic Christianity (mainly in Pentecostal churches but also within the Roman Catholic Church) is linked to the so-called libertação (deliverance) ritual. Illnesses and other problems are interpreted as inflicted by evil spirits, often categorized as encostos, which can also include the spirit of a deceased relative that interferes with someone’s life (Kramer 2005: 111). The term encostos can be translated as ‘leaning,’ as spirits of the dead attach themselves (lean on) living people. In the past, they were often associated with African deities, the orixás, however, several churches have moved away from it to avoid the accusation of religious discrimination (Kramer 2005: 117, fn 6).

One popular example is the Universal Church of the Kingdom of God (or IURD, short for Igreja Universal do Reino de Deus), a prominent neo-Pentecostal church with a global presence, though not the largest Pentecostal church in Brazil. The context of the spiritual healing is the belief that Satan and the demons are responsible for all misery and evil in the world as they disturb ‘the mental, physical and spiritual order’ (Oliveira 1998: 112). It is the responsibility of everyone, men and women, to intervene and to ‘liberate’ the world from demons. The liberation ceremonies aim to cleanse the participants from demonic influences that are carefully described as ‘paralysing the will and distracting the conscience by a play of fantasy, or, in other words, by the demon’ (Oliva 1995: 99–100). Based on IURD publications, José Serafim da Silva lists ten symptoms of demonic possession, including nervousness, headaches, insomnia, suicidal tendencies, depression, visions, and hearing voices (Silva 1998: 69).
In cases of possession, healing can only be achieved by reversing the affliction, similar to the spirit healing outlined earlier. Illness and suffering are perceived in a dualist manner as manifestation of the Devil’s ongoing battle against God. The Pentecostal ritual of desposessão (‘dispossession’) aims to get rid of the demon and to cleanse the body so that the Holy Spirit can enter the body, because the Holy Spirit will come only if the individual is free of all demonic afflictions. While mainstream Pentecostal theology emphasizes the Holy Spirit and the charisma of divine healing (Kay 2005), Brazilian neo-Pentecostal churches emphasize individual responsibility: when someone remains ill despite attending ceremonies, it is a sign that their faith is not strong enough.

It is also possible for someone else to initiate healing. Pimentel sees this aspect of the liberation ceremony as means of women’s empowerment and therapeutics. The mother offers her body to the demon that causes the affliction to her family. As soon as the demon takes possession over her body, the liberation ritual begins. The pastor and his assistants (all male) identify and exorcise the demon (Pimentel 2005: 116). The woman, whose body is used as an instrument for the ritual, becomes the scapegoat for the problems of her family but feels afterwards empowered as her body is necessary for the exorcism. Though she is not the one who defeats the demon—the IURD believes that only God’s word can defeat the demons and that the exorcism has to be conducted by a pastor who acts with the help of God—she is seen as a vital instrument (Almeida 2003: 323).

**Spiritual healing with the orixás: Candomblé and Umbanda**

A third religious complex, which has led to the development of spiritual healing, is based on Brazil’s African-derived religions. There are many variations, and practitioners like to move around (Hayes 2011: 19). For the purpose of clarity, I focus on Candomblé and Umbanda, two of the best-known Brazilian traditions (Silva 2005), without pointing out the various combinations. Candomblé can be traced back to the customs of enslaved people from West and Central Africa in areas of Brazil with a high number of enslaved people (Sansi 2007: 1). The first Candomblé houses (terreiros) were founded during the nineteenth century and over time several variations developed (Harding 2005; Parés 2006). The common core is the worship of orixás, African deities perceived as entities with elaborate personalities and physical characteristics and described as forces of nature, such as thunderstorms. Umbanda’s origin can be traced to the 1920s and 1930s (Brown 1986), though it has older roots. Umbanda cosmology is based on a central belief in the creator God as well as the belief in the existence of pure angels. The latter are usually (though not always) perceived as saints in Roman Catholicism and associated with specific orixás. Umbanda ritual practice, however, is centred on the spiritual guides called guías, and not the orixás, despite their importance in the cosmology.

For an understanding of the healing aspect of both Candomblé and Umbanda, it is important to look at axé (the spiritual force) and its link to creation. Axé is present in every living being, every plant, animal, and human, and necessary to life. It is given by Oludumaré who is perceived as the creator, the supreme deity whose breath gives life to the physical form. Oludumaré also created the orixás, who are sometimes described as personifications of axé. We can gain axé from the orixás but also lose it through bad behaviour. If we live, for instance, in an unbalanced way (e.g. by ignoring our ritual obligations), axé in our bodies will decrease rapidly which can lead to illness or other problems. The key to a balanced level of axé (and healthy life) lies in a reciprocal relationship between human beings and orixás and the ‘exchange’ of axé. We can increase axé by observing a regular worship, participating in ceremonies, performing sacrifices, and following taboos and other regulations. Any neglect in
these obligations leads to a decline of axé and its consequences. The communication between the world of humans and the world of the orixás is initiated by the priests and priestesses, usually called mãe or pai de santo (mother or father of a saint). They are in charge of the rituals and can be consulted in private sessions. During these consultations they diagnose problems through divination (usually with a set of cowry shells called jogo de búzios) and then offer remedies. A typical remedy can be the fulfilment of special ritual obligations such as the sponsoring of a ceremony, but can also be an initiation into the community, which for many is the culmination of a long therapeutic process (Gomberg 2011: 143). The initiation ritual reinforces the bond between the individual and the orixás. The person commits to lifelong obligations towards the orixás and as a reward gains axé and the lifelong support of the orixás.

Healing in Candomblé

According to Candomblé beliefs, a human being consists of emi (breath), which provides the body with life; ori (intelligence or consciousness); and an aspect of the divine (Berkenbrock 1998: 285–286). Health is defined as living in balance with axé and goes further than physical wellbeing (Gomberg 2011: 144). While the body can be treated with, for instance, specific nutritional rules, it would not cure the cause of the illness, the spiritual ‘imbalance.’ One has to restore this ‘imbalance’ in order to achieve a sense of wellbeing.

Gomberg outlines different Candomblé healing rituals (2011: 143–184). These rituals are interconnected and do not represent different paths but a different degree of involvement in the community. In each case, healing begins with diagnosis, which is sought via divination. A patient approaches a priest or priestess with a problem and asks for an oracle reading. If the cause of the problem is diagnosed as an imbalance, the relationship to the orixás needs to be restored by fulfilling certain obligations such as sacrifice (ebó). A sacrifice is therefore usually the first healing ritual. The patient gets a ‘shopping list’ as a prescription and has to go to a botânica and buy the items for the sacrifice (for instance, candles, perfume, flowers, eggs, animals, etc.). The list can be quite detailed and long, depending on the problem and the diagnosis. The patient has to take all ingredients to the community (terreiro) for the sacrificial ritual. A sacrifice can also be symbolic such as becoming a member of the community, which requires that the patient undertake the initiation (bori), which is the second healing ritual. While an initiation also includes sacrifices, it leads to lifelong obligations towards the orixás. Another healing ritual is a special healing ceremony that focuses on the orixá of healing, Olubajé. Gomberg describes this ritual as a ‘large collective sacrifice’ (ebó) and the most complex ritual (Gomberg 2011: 170). It is a public ceremony with the central objective being to restore the health of everyone present, including both initiated members and non-initiated participants. It includes, as I observed, consultations with a range of mediums and an elaborate set of rituals.

Healing in Umbanda

Healing in Umbanda is based on the same principals as in Candomblé as the patients also need to consult first the priest or priestess in order to find out the cause of the problem, that is, the imbalance of axé. In addition to divination via priests and priestesses, Umbanda ceremonies allow patients to consult the spiritual guides directly. Every community offers regular ceremonies in which mediums incorporate spiritual guides for the purpose of consultation. Umbanda has a range of spiritual guides that are perceived as spirits of former human beings such as caboclos, the spirits of Brazilian indigenous people from the Amazonian interior; pretos velhos,
Spiritual healing in Latin America

121

the spirits of old black slaves; *boiadeiros*, the spirits of cowboys from the northeastern hinterland; *baianos*, spirits of people from Bahia; *crianças*, spirits of deceased children; and last but not least, the group of (male) *exus* and (female) *pombagiras* ‘thought to have special insight into human suffering and to possess the spiritual resources to help their petitioners’ (Hayes 2016: 409). While the Umbanda cosmos is also centred around the *orixás*, they are perceived as deities, like in Candomblé, and not as spiritual guides. They determine our destiny and one can communicate with them via divination techniques, though some *orixás* originated from human beings in a mythological past and have developed therefore also spiritual guides. Healing in Umbanda focuses on the interaction with spirit guides who are ‘dispensing advice, performing *passes* (laying on of hands), and dictating recipes for herbal preparations and offerings’ (Hayes 2016: 409).

At the core of Umbanda practice is the concern with easing suffering. Umbanda is widely accepted as an alternative healing modality (Brown 1986). Wellbeing is perceived in Umbanda as ‘the product of a dynamic state of equilibrium between these worlds [i.e. the human world and the supernatural world of spiritual beings] and results when ties of commitment and reciprocity are acknowledged through ritual means, facilitating the continuous flow of spiritual energy through the Universe’ (Hayes 2010: 103).

While the cause of the problems are seen as imbalance, the specific symptoms can be physiological, emotional, or social; hence, it can extend from headaches, stress, or problems with a partner or a child to an existential crisis. Healing can involve herbal remedies, prayers and offerings to pacify the spiritual entities, and sometimes also initiation into an Umbanda community like in the case of Candomblé outlined earlier.

**Gender distribution in African-derived religions and other forms of spiritual healing**

An interesting difference between the African-derived religions and the forms of spiritual healing linked to Christianity lies within the gender distribution. Though there are few studies on women’s religious participation across Brazil’s religious landscape (Hayes 2016), one feature of African-derived religions is that they—unlike most Christian churches—recognize women’s sacerdotal authority. Several studies have pointed out the prominence of women in these religions, particularly Candomblé, which has been described as a matriarchy (Landes 1947). While men and women can become initiated in Candomblé and become priests (Matory 2005), in most communities women outnumber men. Seligman, for instance, mentions that 82 per cent of the Candomblé practitioners in her study were female while only 18 per cent were male (Seligman 2005: 275). Hayes writes that Candomblé has a ‘long-standing tradition of black female leadership passed down from mother to daughter (either biologically or spiritually understood’). It goes back, as Hayes further explains, to the role of black women during slavery ‘in the process of remembering and recreating their community’s connection to the ancestors as Candomblé priestesses’ (Hayes 2016: 409). This is different in Umbanda where the preservation of ancestral traditions linked to Africa is not as its core like in Candomblé. While some scholars even argue that Candomblé is female-oriented (Landes 1947; Sered 1994), Umbanda has a different structure.

Though female mediums outnumber male in Umbanda like in Candomblé, the gender disparity is less pronounced due to its eclectic pantheon of spirit guides. The entities can be summoned in ceremonies during which clients can consult them directly. Some spirits such as the *pombagiras* specialize in women’s troubles (from unfaithful partners to physical problems) and they usually incorporate female mediums instead of male. Despite changes in the
perception of incorporation, male mediums are still stigmatized as homosexual when they channel a female spirit. However, there are also other roles in Umbanda communities in which men are more visible. Brown even writes that men outnumber women in upper levels of larger and more bureaucratic Umbanda communities and institutions such as national federations which she explains as a result of the male dominance in Brazilian society (Brown 1986). This division of labour is ongoing (Schmidt 2010). Women are also more likely than men to seek help as clients via spiritual therapies, though exact numbers are difficult to obtain. Chesnut reports that women are roughly twice as likely to go to Umbanda terreiros searching for healing than men (Chesnut 1997: 70). Women often seek help for everyday afflictions such as a sick child, infidelity of their partners, domestic violence, and other problems that constitute ‘threats to their domestic harmony or the wellbeing of loved ones’ (Hayes 2016: 402).

**Conclusion**

The chapter has shown the diversity of spiritual healing in Latin America which ranges from indigenous practices, African-derived religions, espiritismo (Spiritism) to Christianity and its offer of divine healing. As Orr writes, ‘the evangelical offer of healing entered a field already saturated with religious frameworks for action in the face of illness’ (Orr 2018: 140). However, as Rocha writes, it is too simplistic to explain the growing attraction of divine healing as ‘a response to the pressures of ill health, deprivation and poverty. Faith healing is not a residual practice that will disappear once biomedicine is affordable and available the world over. It is not necessarily a practice of the poor or traditional peoples either’ (Rocha 2017: 11).

While I highlighted the ‘religious marketplace’ in Latin America, which allows patients to move around, I agree with Smith’s critique (2003) of a ‘problem-solving’ approach. Seeing patients only as ‘rational actors’ underestimates ‘the extent to which meaning may be thoroughly intertwined with the resolution of problems’ (Orr 2018: 136). In this sense the rise of spiritual healing within an evangelical context did not introduce a new form of healing but reinforced well-established patterns such as the Catholic belief in the power of prayer and even the pre-Christian belief in the healing power of local spirits of nature. Following Orr’s argument of ‘distinctively Andean aspects of established cosmologies’ (Orr 2018: 147), I argue for the recognition of Latin American cosmologies that provide complex ways of healing that are open to the inclusion of new treatments, even biomedicine. In this sense, religious and medical ideas are intertwined. While I pointed out different religious systems that provided the context of distinct spiritual healing practices, these healing pathways are entangled. In this sense, Latin American healing systems can be described with uncertainty and experimentation. Patients do not change systems or abandon churches altogether, but embrace new offers to the repertoire with ‘partial moves, recidivism, wavering and disaffiliation’ (Orr 2018: 137).

Healers establish eclectic cosmologies and experiment with a range of treatments and ingredients from different systems. No move represents a final decision for one healing system alone, as the different forms of healing are part of one complex repository of healing potential. Healing can be conferred by a range of different spiritual entities, from local spirits aligned to the environment and spirits of deceased doctors to Catholic saints and African orixás to the Christian God and the Holy Spirit. To some degree, they belong to the same spiritual cosmology that characterizes Latin America today. In this sense the traditional curandero and curandera, the Spiritist mediums, the evangelical healers, and the priests and priestesses in African-derived religions contribute to the same field of healing as biomedical doctors whose treatment is constantly entangled with other forms of healing.
Lastly, I did not focus in this chapter on the question of whether spiritual healing cures illness; rather my concern was what it provides for the patients and the importance of the religious context when studying healing systems. While the importance of religions and spirituality for coping behaviour has been recognized (Pargament 1997), their importance for health is still overlooked despite growing awareness of CAM (Toniol 2018). In Latin America, where the perception of health and wellbeing is linked to religious and spiritual beliefs, the religious and spiritual context of healing is crucial for any understanding of health. Further research on the interconnectedness of spiritual healing and the subjective perception of wellbeing is needed. It matters because spiritual healers and their patients diagnose illnesses and other problems in relation to their understandings of health and wellbeing (Schmidt 2020).

Notes

1 See Stein (this volume) for a discussion of energy healing and New Age.
2 See also Hendrickson (this volume) for an overview of curanderismo in Latin America.
3 I am referring here to a case in Mexico. My host family interpreted their bad luck with black magic sent to them by the family of their son’s girlfriend who ran away with their son against the wishes of her family.
4 To differentiate the form of espiritismo that follows Kardec’s teachings from the form that incorporates elements from other systems, the former is sometimes also called Kardecism (kardecismo).
5 ‘Fluids’ in this case are not bodily fluids such as saliva or blood but immaterial energies.
6 See also Hendrickson (this volume) for further information about the John of God movement.
8 See also Forde (this volume) for a discussion of Afro-Atlantic healing practices. Forde uses the English spelling: ‘orishas.’ For information on Sub-Saharan African traditional healing see Bruchhausen (this volume) as well as Mkwanazi (this volume) for information on the entanglement between biomedicine and tradition healing in post-colonial Africa.
9 See Schmidt (2012) for a discussion of the spiritual force aché in the African-derived Cuban religion, which is very similar to Candomblé.

Bibliography

Carneiro, É.M., Moraes, G.V., and Terra, G.A. (2017) ‘Effectiveness of Spiritist ′passe′ (Spiritual Healing) for Anxiety Levels, Depression, Pain, Muscle Tension, Well-being, and Physiological Parameters in Cardiovascular Inpatients: A Randomized Controlled Trial,’ Complementary Therapies in Medicine, 30: 73–78.


Spiritual healing in Latin America


