



Healing and Therapeutic Trajectories Among the Spirit Mediums of the Brazilian Vale do Amanhecer

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Abstract

The temples of the Vale do Amanhecer (Valley of the Dawn) in Brazil and across the world are intended as “spiritual emergency units” where mediums and their spirit guides provide patients with free assistance for health, relational, spiritual, and material matters concerning the person’s wellbeing. The therapeutic practice is known as “disobsessive healing” and involves the release of causal spiritual agents considered to be affecting the person’s wellbeing. This paper discusses the Vale do Amanhecer’s etiology of illness and how mediums understand disobsessive healing as a complementary epistemology of healing, discerning spiritual and pathological experiences. Then, it examines how patients may draw their therapeutic trajectories across biomedical and spiritual contexts, sometimes developing mediumship as part of their therapeutic process. Approaching these therapeutic practices from the standpoint of affect and bodily experience may undermine the prominence of “belief” in the study of non-biomedical approaches to healing, shedding light upon the relational, embodied, and lived-through dimensions of the notions involved in the therapeutic process.

Keywords Healing · Therapeutic trajectories · Spirit mediumship · Spirit possession · Vale do Amanhecer · Belief · Experience

Healing is a consistent feature of the spiritual practices of many different religious groups in Brazil. Besides those people who find no solution for their afflictions in biomedicine, the lack of trust in the public health system and the limited access to the private one is such that some people seek complementary, or substitute, assistance in different approaches to healing. Hence, therapeutic trajectories may trigger spiritual experiences, or vice versa. An expression commonly used by practitioners of spiritual practices is “You either arrive through love or pain,” which implies two distinct although often overlapping phenomena that characterize Brazilian religiosity: spiritual

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and therapeutic trajectories. The mobility of people through spiritual or biomedical practices, or most interestingly through both, may be addressed in terms of “trajectories,” which avoid a sense of planning that is rarely part of spiritual experience in Brazil, as they can be easily reoriented at any given time according to life events.¹

The scholarly attention has addressed the patients’ demand of complementary healing as related to religious mobility exploring the dynamics of social inclusion, religious consumption, and the pragmatic aspects of religious and therapeutic choices (Rabelo 1993; Greenfield 2008). This article will argue that a focus upon experience is crucial to understand non-biomedical approaches to healing moving beyond the notion of belief, and to discern spiritual and pathological experiences, especially when addressing spiritual practices that involve spirit mediumship or possession. Indeed, spirit mediumship and possession have been approached through or forcibly fit into Western psychiatric categories, such as hypnotic states, hallucination, hysteria, schizophrenia, epilepsy, neurosis, and dissociative identity disorder (Oesterreich 1930; Nina Rodrigues 1935; Kroeber 1940; Devereux 1961; Bourguignon 1967; Ward 1989). Although in anthropology, these early associations between possession and psychopathologies are deemed questionable; in the medical discourse, it is far from being dismissed. However, more recent research, that this article addresses, is interested moving beyond pathological interpretations in order to reframe these phenomena into broader aspects of human experience, opening up a space to restore a dialog between the disciplines.

The quest for complementary approaches to wellbeing is a phenomenon growing along with the practices of faith healing in contexts such as Spiritualist, Pentecostal, and Charismatic Churches in Brazil and transnationally (Csordas 1983, 2009; Rabelo 2007; Greenfield 2008; Rocha 2017). These therapeutic approaches often demand the engagement of one’s body into a closer and unmediated relationship with the divine, spiritual beings, or healing energies. Among the many therapeutic approaches proposed by Brazilian religions and the “alternative therapeutic and spiritual cultures” (Maluf 2007), this article focuses on spirit mediumship in the Spiritual Christian Order “Vale do Amanhecer” (Valley of the Dawn)² precisely to address a specific case in which healing is sought in an encounter between human and spirits that occurs in the first place through the body, an encounter that requires the development of particular skills within a process of learning. The Temples of the Amanhecer in Brazil and abroad are intended as a “spiritual emergency units” where mediums and their spirit guides provide patients with free assistance for health, relational, spiritual, and material matters concerning the person’s wellbeing. The therapeutic practice is addressed as “disobsessive healing” (*cura desobsessiva*) and involves the release of causal spiritual agents considered to be affecting the person’s wellbeing. Some patients may even be advised to develop their mediumship as part of their therapy. Those who choose to do

¹ The way Brazilians move within and between religions has been addressed as religious “transit,” “wandering,” or “itinerancy” (Amaral 1993; Pierucci 1997; Almeida e Montero 2001; Camurça 2003; Siqueira 2009).

² This article is based upon ethnographic data gathered over 36 months of fieldwork conducted in the Vale do Amanhecer in 2004, between 2009 and 2011, followed by annual field visits until 2017, mainly in the Templo Mãe (Mother Temple) near Brasília, and also in the Temples of the Amanhecer in Northeast and Southern Brazil, in the UK, Portugal, and Italy. This research was funded in different stages by The Spalding Trust and the Read-Tuckwell Scholarship (University of Bristol) and was awarded the Royal Anthropological Institute’s Sutasoma Award. It also benefited from the institutional support of the Faculdade de Medicina of the Universidade de São Paulo, Brazil (Medical Anthropology).

so in the Vale do Amanhecer need to undertake a training to become mediums themselves, which is known as “mediumistic development” and involves different stages of initiation. Previous approaches to healing in the Vale do Amanhecer have focused upon patients from a psychoanalytical and structural-functionalist stance (Galinkin 2008), particularly upon those patients that attended the temple’s rituals in a transitional mode, thus whose attendance may not always have been continuous. This article rather tackles the experiences of those patients who developed their mediumship and became initiated in the Vale do Amanhecer.

Firstly, I discuss this complementary epistemology of healing by exploring the practice of “disobsessive healing” and the development of mediumship in terms of its therapeutic use in the Vale. In doing so, I present a spirit-related etiology of illness and the therapeutic treatment of patients in rituals and explain how mediums understand disobsessive healing as a “mediumistic science.” Secondly, by examining the cases of three mediums who initially arrived in the Vale as patients for therapeutic purposes, I argue that the process of learning mediumship is a key component of their therapeutic trajectories given the centrality of bodily experience and embodied knowledge for their recovery. Finally, I point out to the analytical category of “belief” and how this category may create hierarchies of claims concerned with questions of healing, whereas “experience” may illuminate the fluid, relational, embodied, and lived-through character of the notions involved in the therapeutic process.

Disobsessive Healing and the Mediumistic Science

Upon entering a Temple of the Amanhecer, one may feel a strong sensory impact walking through thick clouds of incense, surrounded by the multicolored surfaces that define the different ritual spaces, the ritual vestments with glittering veils, listening to a great variety of sounds, such as songs, ritual invocations, and distinctive expressions of several spirits incorporated by mediums. Making one’s way through the crowd of people, both patients and mediums moving around the different ritual working sectors, one may understand why mediums claim that their temple rather than being a place of worship is a place for spiritual work: a spiritual emergency unit (*pronto socorro espiritual*).

Ritual vestments, spaces, symbols, words, and movements are all held to be drawn from spirit worlds through the visions of the clairvoyant Neiva Chaves Zelaya, known as Tia Neiva (1925–1985), for the spiritual healing of patients. Her mediumistic phenomena began spontaneously towards the end of the 1950s when she was a 33-year-old woman, widow, and mother of four, working as the first woman truck driver in Brazil in the construction of the new capital Brasília.³ She held that these phenomena included astral travels through the spirit worlds and several historical times, and communication with spirit guides that led her in the transposition on earth of the “doctrine of the Amanhecer.” Among her main guides were the Amerindian spirit called Pai Seta Branca (Father White Arrow), who presented himself as the same spirit who had an incarnation as Saint Francis of Assisi, and Mãe Yara (Mother Yara), who had incarnated as Saint Clare, both working with different groups of spirits of light such

³ For an historical perspective on Tia Neiva see Reis 2008.

as the *pretos velhos* (African slaves), *caboclos* (Amerindians) doctors, princesses, gypsies, knights, and spiritual ministries among others, under the aegis of Jesus Christ. Tia Neiva soon became widely known in Brazil, and while channeling a Spiritualist doctrine and developing new ritualistic forms of mediumship, she was also grounding her spiritual work in charitable social assistance. Since the foundation⁴ of the first community with a small group of followers in a farm near Brasília in 1959,⁵ the Vale do Amanhecer's main center, known as Templo Mãe (Mother Temple), has grown into a town with 10,000 inhabitants,⁶ who are mostly mediums, and counts over 700 temples across Brazil, Europe, and North and South America with participants coming from all walks of life. Members live from the income of their different professions outside the Vale and dedicate their free time to their spiritual practice as mediums intended as a charitable spiritual work. The temples are indeed self-financed by the members' voluntary occasional donations since payments or offerings from patients are not accepted.

Patients seek assistance in these temples for a wide range of aspects related to their wellbeing, whether it be physical, emotional, relational, or material. All these aspects are understood as being domains of influence of human-spirit relations; therefore, problems in these domains may be addressed by the practice of "disobsessive healing" (*cura desobsessiva*), whereby the term "obsession" (*obsessão*, as used in Kadercist Spiritism) refers to the agency of a discarnate spirit negatively affecting human beings in their everyday life. The temple is then intended as a spiritual hospital where patients are assisted free of charge, and with the help of mediums, discarnate spirits are explained where they are, that they must become aware of their death, that they are able to overcome their sufferance through forgiveness, and they will be guided by spirit mentors towards the hospitals located in the spirit worlds.

Disobsessive Healing

Disobsessive healing is understood by mediums as a "mediumistic science," which entails a spirit-related etiology of illness and the therapeutic treatment of patients in ritual healing. Illness may be attributed to a mediumistic disorder, namely an over-production of mediumistic energy concentrated around the *chakras* affecting the person's organic and psychological conditions that requires the development of one's mediumship. Or, it may involve the payment of a karmic debt from a past life (*cobrança carnica*). It may also be caused by an obsession (*obsessão*) through "vibrational affinity" that is when the person's feelings of hate, rage, or dissatisfaction attract less evolved spirits in tune with those feelings.

⁴ On the foundation of the Vale do Amanhecer see Zelaya 1985; Cavalcante 2000; Reis 2008; Galinkin 2008; Marques 2009; Siqueira et al. 2010; Pierini 2013; C. L. Zelaya 2009, 2014.

⁵ The Order changed several names during its first decade while moving its center between the Goiás and the Federal District: União Espiritualista Seta Branca (Spiritualist Union White Arrow) in the Serra de Ouro near Alexânia (1959); Obras Sociais da Ordem Espiritualista Cristã (Social Works of the Spiritual Christian Order) in Taguatinga (1964); and finally Vale do Amanhecer (Valley of the Dawn) in 1969, when the Templo Mãe (Mother Temple) was established in a farm 50 km northeast from the Capital Brasília and 6 km South from the town of Planaltina-DF.

⁶ Census, IBGE 2010.

Mediums explain that these spirits bind their victims, interfering with their vibration on their organs, their mind, and their nervous system provoking diseases and imbalances. Obsession may also take the form of a chemical addiction when a discarnate spirit attaches to the victim feeding itself with the energy produced by alcohol and drugs.

Causal agents of obsession are the so called “spirits without light” (*espíritos sem luz*) and they are distinguished into three main categories: *sofredores* (sufferers), discarnate beings who have not yet realized or accepted that they have died, wandering on the physical or etheric plane causing emotional imbalance or physical pain to humans⁷; *obsessores* (obsessors), spirits that are in the need of feeding themselves with human ectoplasm and act with a more or less constant vibration upon the person, establishing a relationship based on an energy exchange; *cobrades* (debt collectors), spirits linked to the person’s past life, died with a desire for revenge, and thus obsessing the person directly or causing difficulties in life. A particular form of *cobrador* is the *elétrio*, described by Tia Neiva as a spirit deformed by rage into the shape of a monkey head, incarnating together with the person in debt from a past life, attached to their aura, adhering to an organ or to a nervous center.

The therapeutic process involves the single or combined use of the following: (a) the development of mediumship, involving bodily and psychological control over spirits; (b) patient-spirit communication, which may bring along self-awareness and advice on life matters; (c) disobsessive healing, which involves the release of causal spiritual agents affecting the person. Furthermore, when the action of an *obsessor*, spirit is deemed to have affected the physical body; patients are advised to seek parallel treatment through biomedicine. Factors that may interfere in the healing process are mostly understood as karmic ones, as being part of a path of an individual spiritual evolution involving a redemption of karmic debts through illness. The stage of the illness is also determinant, especially when the organ of the patient is damaged by the continuous projection of the causal agent. However, mediums suggest that if the patient arrives at an early stage of illness, the causal agent may be released in time, helping the biomedical treatment to be more effective. Generally, mediums attribute to faith an important role in determining positive thoughts enhancing the vibrational level of the body, allowing access to healing forces, and in this ultimately stands, the mission of the Vale of transforming suffering in hope and faith developing and awareness of the patient’s own forces.

Disobsessive healing is described by mediums as a process acting upon the spirit and, according to an understanding of the multiplicity of the self, it may reflect on the physical and psychological dimension. This process may occur in a single ritual, in a series of different rituals, or it may require a longer attendance involving several visits to the temple. Patients undertake an elliptical therapeutic ritual itinerary clockwise around the temple, along which a number of rituals are performed by mediums to gradually transform the patient’s energies from negative into positive. The expression “to pass in a ritual” emphasizes the conceptualization of a transitional mode of patients’ participation along an itinerary of rituals.

The patient’s situation is firstly examined from a spiritual and karmic perspective in the ritual of *Tronos* (Thrones) consulting a *preto velho*, a spirit guide manifesting

⁷ Some Spiritist and Spiritualist groups define this category as “errant” or “wandering spirits.”

as the spirit of an old African slave incorporated by a medium *apará* in a semi-conscious spiritual trance. During the consultation, the *preto velho* cleanses the patient's energies and often attracts the *obsessores* and *sofredores* attached to the patient to be incorporated by the *apará*, and then indoctrinated and elevated to the spirit world by the medium *doutrinador*. If the spirit guide identifies an undeveloped mediumship, the patient is advised to undertake the mediumistic development either in the Vale or in other spiritual groups. According to the case, the *preto velho* may indicate other rituals that may act upon a specific domain. Along the itinerary through rituals, the patient may be assisted by other kinds of spirit guides, such as the *médicos de cura*, spirits of doctors that incorporate in mediums to cleanse the patient's chakras and re-establish the magnetic balance of the body, while they project forces for the release of the *obsessores* or *elitrios*. Different rituals then act upon different layers until the patient passes in the last ritual, where the Amerindian spirits, known as *caboclos*, cleanse the patient through the forces of nature, banging their medium's chest, chanting, and snapping fingers to dissipate and release the remaining negative charges.

Developing Spirit Mediumship

Some patients may be advised by spirit guides that they need to develop their mediumship, even in the case in which they do not manifest visible mediumistic phenomena. Mediumship, in the Vale do Amanhecer, is described as an energy, namely "ectoplasm" or "magnetic animal fluid," produced by the body, originating from the blood circulation that makes all human being mediums. One medium explained to me that in some cases, this energy is produced in excess and accumulates in different parts of the body, which determines the fact that some people are more perceptive than others of life beyond matter and, if undeveloped, this energy may cause physical, emotional, and psychological imbalances. According to where this energy is more concentrated in the body, there are different kinds of manifestations of mediumistic phenomena. The Vale do Amanhecer develops two kinds of mediumship, the ones of *apará* and *doutrinador*. Those who choose to develop their mediumship in the Vale undergo what is called a "triage" or "test" to understand through their symptoms their kind of mediumship and should develop accordingly. Mário Sassi, Tia Neiva's partner and one of the four leaders of the Order, explained that the degree of consciousness retained by the medium and the points of concentration of ectoplasm in the body define the categorization of the forms of mediumship in the Vale (Sassi 2003). The *apará*, also called *mestre* or *ninfa lua* (master or nymph moon), is the medium of incorporation who works with eyes closed:

Is the medium whose ectoplasmatic charge is higher in the solar plexus, in the umbilical plexus....[This mediumship] belongs to the autonomic system, also called neurovegetative... The ectoplasm, activated by the solar plexus above the normal tonic, produces a series of phenomena, resulting in the so-called incorporation... The blood flowing with more pressure in this region, impoverishes the brain irrigation, thus, it attenuates the main senses (Sassi 1974: 47).⁸

⁸ Translated from the original in Portuguese.

Describing the phenomenology of spirit incorporation, one medium instructor told me that the spirit establishes contact through the central nervous system and the mediums “will begin to receive not voices, not hallucinations... the centre of emotions is here, the plexus, not here, the heart, because when you feel something bad at first you feel butterflies in the stomach... He will receive here [in the plexus] what the projection is sending as a message, so he begins to feel like a will to say that, and this will become so clear because he sees that the reasoning behind that answer is not his... he realizes that he does not have that answer.” While the *apará*’s ectoplasm’s accumulation and blood flow are said to be concentrated around the solar plexus, facilitating the shift to semi-consciousness, different features are said to determine the complementary form of mediumship of the *doutrinador*, or *mestre or ninfa sol* (master or nymph sun). The *doutrinador* is described as having ectoplasm concentrated in the upper part of the body, particularly in the head, which allows the senses to operate above the ordinary levels and the perception to become more alert, establishing connection with their spirit mentors. Hence, the *doutrinadores* are also known as the “mediums with opened eyes” as they do not incorporate spirits but they indoctrinate suffering spirits and elevate them to the spirit worlds. According to Sassi, “The communication made through the cerebral process, by means of the sensitivity of the endocrine system, centred in the pineal gland, and of the nervous system, shifts the focus of consciousness, although the senses remain alert” (Sassi 2003: 35).⁹ This phenomenon is described as a “fully conscious mediumistic trance” characterized by enhanced perception and intuition.

Mediumship is understood in the Vale as an intrinsic property of human bodies, thus as something that one should become aware of, and its development involves a practical training that while shaping the formal aspects of its practice, it implies learning how to discern and control different energies or spirits. As the instructor pointed out, the form of the practice of mediumship is cultural and depends on the purpose for which mediumship is used. Therefore, one may understand how control and discernment are key skills to learn in the practice of disobsessive healing, in which mediums need to learn how to discern firstly between themselves and the spirit, secondly, between the different categories of spirits (whether they are guides or suffering spirits), and thirdly, whether the spirit guide is a *preto velho*, a *caboclo*, or a *médico de cura*. Emotions and bodily sensations play a crucial role in this process of discernment, and more generally in the mediumistic development, which I have elsewhere addressed as a process of “enskillment” (Pierini 2013, 2016a), which situates the practice through the ongoing education of perception (Ingold 2000). While familiarizing with the sensations provoked by each spirit, new mediums learn how to express them through their culturally recognizable manifestation by means of specific gestures and postures. The *preto velho* is perceived through feelings of love and manifests moving around the hands to cleanse the aura of the medium and patients from heavy energies and snapping fingers to dissipate these charges. The *caboclo* is associated to feelings of force and manifests banging the chest of the mediums and chanting to cleanse the patients and the environment through the forces of nature. The *médico de cura* is said to bring a feeling of inner peace, moving the hands of the medium in silence to transmit healing energies to the patients.

⁹ Translated from the original in Portuguese.

This cultivation of the senses is a key role of learning practices that involve an encounter between humans and spirits by means of the body, such as the regulation of the body in the experience of the action of the Holy Spirit among Pentecostals (Rabelo 2007), the sensory experiences of hearing God among Evangelical Christians (Luhmann 2007, 2012), “indoctrinating the body” to manifest the *orixás* in Afro-Brazilian Xangô (Halloy 2015). Moving beyond the expectation that spiritual trance would involve transcendence or amnesia, the mediums I spoke to in the Vale would affirm that learning mediumship have made them more aware of their bodies, or as one medium said “more embodied” as a being but able to extend through the borders of this “semi-permeable membrane,” bringing along new conceptualizations of the body, but also of the self as extended and multidimensional (Pierini 2013, 2016a, b). As I will argue, these notions, embodied through the experiences of the relationships with spirits, become relevant not just for patients that choose to develop mediumship for spiritual purposes, but especially for the trajectories of those patients that choose to embark themselves in this process for therapeutic reasons.

Mediumistic Science

The epistemology of healing proposed by Tia Neiva, and echoed by her partner Mário Sassi, envisioned a complementarity between science and mediumship: “The science that denies faith in God is as useless as the faith that denies science,” that is,

Medicine is perfectly equipped for its mission of healing, and Mediumism’s only aim is to act as spiritual nursing. Mediumistic work should refer to doctors, the patients free from *elítrios* and ectoplasmatic pressures. But, for the two processes to work in harmony, it is necessary the admission by the medical conceptualisation, of the existence of these invisible factors of illness. Medical science and spiritual science complement each other perfectly (Sassi 1974).¹⁰

Tia Neiva described the initiated medium, particularly the *doutrinador*, as a “scientist,” a “knower” of the laws and phenomena that connect the material and non-material planes, who “clarifies and justifies the Occult Sciences, rationally explaining the deductions, the reasons of astral and physical life” (Zelaya 1978). Therefore, mediums consider themselves to be “spiritual scientists,” administering a set of techniques, methods, and explanations, which altogether form a method of investigation developed and empirically tested over the years through the experiences of the clairvoyant and founding members.

As one medium instructor pointed out, differently from Anglo-Saxon Spiritualism, mediums in the Vale are not interested in providing evidence of an Afterlife nor are rituals directed to prove to the patients the existence of spiritual beings or the validity of a mediumistic science. But what counted as “evidence” for mediums themselves were the experiences that revealed emerging patterns of meaningful interlacements between spiritual phenomena or messages and life occurrences. And it is precisely through experience that one may become skilled in recognizing these patterns. What mediums

¹⁰ Translated from the original in Portuguese.

may address as “evidence,” or “confirmation,” may involve some kind of synchronicity, an event occurring after being announced by a spirit, or spirits reporting information not accessible to the medium in which they incorporate. It may involve the same spirit incorporating in different mediums and rituals, or the same specific message transmitted by different spirits over time. These cases in particular—that are intended as a form of triangulation—produce a cumulative effect, weaving narrative threads through a sequence of interrelated spiritual events, which gradually strengthen the way in which mediums conceive the validity of their practice for lives.

Some patients and mediums claimed to be healed after receiving spiritual treatment in the temple for illnesses that have found no solution in biomedicine, and in many cases, these experiences of healing became a trigger point for individual spiritual experience. Instead of a “miraculous cure” they would rather refer to these healing experiences as “evidence,” for they are addressed by the mediumistic science as an outcome of the ordinary practice of disobsessive healing. Indeed, one should note that “The notion of miracle is embedded within a particular language and cosmology, and in dealing with the miraculous, the contravention of our rules of science or the breakthrough of unseen powers into the material world we need to recognise that there might indeed be nothing miraculous, nothing unexpected or anomalous, for the people in question” (Bowie 2011: 172).

Spiritism in Brazil has devoted much attention to the development of the scientific aspect of the discourse on mediumistic science, involving psychical research on the one hand, and seeking recognition of its therapies from the medical profession on the other. However, before tracing the Vale’s notion of “mediumistic science” back to Spiritism as if it were its legacy, one should consider the distinct ways in which these notions were developed. In the Spiritist movement, as Hess pointed out, the religious-evangelical and the scientific discourse were developed in alternate moments, and besides the fact that for an educated middle-class, the latter tended to prevail over the former; specific socio-historical factors would have informed the attention towards the scientific aspect, such as the pressures by the Roman Catholic Church and by the medical profession, the State repression under Vargas’s dictatorship experienced by Spiritism, the need to “reinforce” its differentiation from Afro-Brazilian religions (Hess 1987: 29). The Vale do Amanhecer was developed without experiencing such kinds of pressures or episodes of religious intolerance as those experienced by Afro-Brazilian religions; it rather emerged in a historical moment in which mediumistic religions were in a process of rapid growth. The theoretical aspect is indeed minimized, to the extent in which mediumistic development is focused primarily upon the practice of mediumship rather than its study. Neither does the Vale seeks any medical recognition of its therapeutic approach, but presents its mediumistic science as complementary to biomedicine. Its epistemology of healing, despite differentiating its notions from those of other spiritual groups, evokes a plurality of discourses that multiplies the segments of society to which these may address. As a matter of fact, bringing together the scientific and religious discourse with a focus on practice rather than on the theoretical study has attracted various segments of the population including middle-class professionals as well as semi-literate people. The stance for a complementarity between science and faith is also embedded in a culture where healing is sought in both conventional and non-conventional institutions. Patients may indeed draw their therapeutic trajectories across biomedical and spiritual

contexts, sometimes becoming involved in the spiritual therapies they undergo, or learning a spiritual practice as part of their therapeutic process.

Therapeutic Trajectories: Spiritual or Pathological Experiences?

Among those who visit the Vale do Amanhecer and participate in rituals as patients, there are many spiritual seekers, people attracted by the possibility of talking with spirits of light seeking new answers to the everyday issues, and there are people looking for spiritual support for problems related uncontrolled spiritual phenomena or health matters, either their own ones or seeking help for a relative or a friend. Mostly, people may attend the works in the temple one or more times according to the situation, while others may become frequent attendees. But in some cases, the spirits may recommend the person to develop her mediumship in a safe way through a proper training, may it be in the Vale or in other spiritual groups. The cases I am going to present refer to a particular reason that has led these people to develop mediumship in the Vale which involves experiences of distress or substance addiction. While mediumistic development addresses a wide range of people with different experiences, not exclusively pathological ones, I am going to focus upon these cases so as to illustrate the therapeutic use of the process of learning mediumship in the Vale.

One of such cases is the one of Denise,¹¹ a retired school teacher who has spent over 30 years in the Vale as *apará*. Raised in a Catholic family, she studied in a convent school. As a teenager, she said she began to experience mediumistic phenomena and attended an Umbanda center, where she sought an explanation but felt unsure about developing her mediumship there so she opted for Kardecism when she moved to Brasília. However, she felt that the process of development in Kardecism was too slow for her needs, as she began to experience increasing symptoms such as body tremors, tachycardia, and drowsiness during the day followed by anxiety at night, which she had initially interpreted as physical illness. She consulted several cardiologists and psychologists without receiving any diagnosis implying a physical problem. Thus, as she began losing control over those symptoms, which were also affecting her job, a colleague suggested her to attend the rituals of the Vale. Since she began developing her mediumship in the Vale in the 1980s, she felt increasing self-confidence and self-awareness through learning how to handle many different forces, gaining physical and emotional control, and a kind dedication to others which has changed the way she socially relates to people. In her words: “When I feel heaviness I participate in rituals where I can release suffering spirits. When I feel a pressure on my chest I know that I need to incorporate my *caboclo*. I feel the need to work in rituals for a complete physical, emotional and spiritual realization, knowing that the greatest benefit is for patients.”

Similarly, Luísa¹² arrived in the Vale experiencing physical symptoms which she attributed to a nervous disorder. In her 30s, she had a good job and won a large sum of money at the bingo which allowed her to buy a new house and settle down. All of a sudden, she began to experience her body twisting, which rapidly turned into

¹¹ Pseudonym.

¹² Pseudonym.

involuntary contractions of her limb and face muscles resulting in a constant jaw grinding, and she was feeling her heart in her throat. After consulting an orthopedic, a cardiologist, and a psychiatrist, she was diagnosed with a severe panic disorder. She had a constant fear of dying as she was suffering five to 10 attacks per day. She said that her neurological system was affected up to a point where she had to use a wheelchair. She was treated with benzodiazepine drugs, without showing any improvement. Then she also sought assistance in religious groups, attending the meetings of the Japanese Seicho-no-ie and the Evangelical Churches. Her affliction seriously affected her marriage, so she moved to Brasília where her sisters could look after her and one of them introduced her to the spiritual healing of the Vale do Amanhecer. The first time she was taken to the temple, she entered the patients' queue and fainted. She described it as a feeling of her spirit moving away from her body and floating. She was passed in the ritual of *Tronos* with three different spirit guides, the *pretos velhos*, when she herself incorporated a *preta velha*, Vovó Catarina das Cachoeiras (Grandma Catherine of the Waterfalls). After the ritual, she understood that she had to begin her mediumistic development immediately in order to gain control and balance. She then understood her bodily symptoms as the action of a *cobrador* spirit from a past life that was affecting her nervous system, and through the development of her mediumship and her spiritual work to help others, she said she was able to release this spirit and had no panic attacks in 8 years. She also said she has learned to see things in a wider perspective, feeling as "a spirit living a human experience."

Miguel,¹³ a young patient in his 20s, arrived at the temple seeking spiritual help for his 5-year-long drug addiction. As he passed over the threshold of the Vale, he began to feel sick, experiencing headaches and tiredness, and sometimes feeling a sense of rage rising within, feeling a negative force approaching him and an impulse to attack whoever was in his way, which would explode in an uncontrolled aggressiveness. After participating in rituals a few times as a patient, he soon began his mediumistic development. One year later, as he initiated as a medium *doutrinador*, he said how he calmed down and gained more control over his aggressiveness while progressing towards the various stages of initiation. Since he began the development, he said he had no relapses in drugs, and his social relations had benefited from his greater self-control and confidence. He gained new strategies to deal with problems and perspectives which he was hopeful that could be used to make new plans for his future. He then told me that while he was experiencing different religions before arriving in the Vale, he visited an Umbanda center and the members told him that they would not let him participate in the rituals because he was accompanied by the spirit of an Amerindian who was telling them that Umbanda was not his place, and that he would not allow them to continue the rituals if his son would remain there. Thus, Miguel told me that because the spirit guides had recently revealed to him that the spirit was Pai Seta Branca, he felt that the episode was a "confirmation" of his "spiritual mission." Healing is thereby perceived as an "evidence" or "confirmation" of the spirit world's intervention upon a person's life and, thus, to having the opportunity to become oneself the means through which this intervention is made possible to others. Therefore, therapeutic trajectories interweave with spiritual ones, and in many cases, this intertwinement informs an initiatory path into the Vale.

¹³ Pseudonym.

Mediums discern between phenomena provoked by undeveloped mediumship and mental disorders. They explained that the disturbances caused by undeveloped mediumship may find recovery during the development and through the practice of mediumship; thus, their nature is transitional. Regarding mental disorders, these may be part of a process of karmic redemption determined in a past life and thus they are understood as having a spiritual origin, such as an obsession by a *cobrador*, but the effects on the psycho-physical level are such that they require clinical treatment. In these cases, the development of mediumship may provide the person with some control over the symptoms but it may not be treated completely without clinical intervention. As the spiritual practice is seen as complementary to the biomedical therapy, patients undertaking treatments in biomedicine are advised to continue to follow the medical advice.

Strongly obsessed patients may present seizures as symptoms; again, mediums distinguish between physical epilepsy and spiritual obsession. Mediums considered epilepsy to be physical (although originally caused by an *elítrio* spirit in the head) and the patient may report a history of that illness. Rather, spiritual obsession is distinguished by manifesting often in a single episode or for a limited time in the person's life, and being immediately responsive to disobsessive treatment.

Cases of alcohol or drug addiction are attributed to a particular kind of *obsessores*, namely spirits feeding themselves with the low and dense vibrations of toxics and are treated through disobsessive healing and mediumistic development. According to the staff of the Mansão Ypuena—a charitable institution in the Vale assisting people with mental distress and addictions—when patients decided to develop their mediumship and perform themselves the disobsessive healing, 70% of them would recover without relapses, and 30% presented at least one relapse. The chances of relapses drastically decreased when progressing along the development through the three initiations as a consequence of enhanced control, awareness, and personal responsibility acquired in the advanced stage of the process. Those who had previous experiences in other systems (such as Alcoholics and Narcotics Anonymous and Catholic and Evangelical institutions) told me that what made the difference for their recovery was the combination of mediumistic development and disobsessive healing. Spiritual approaches to addictions are indeed quite widespread in Brazil, and drug addicts seeking spiritual treatment present better recovery rates than those treated exclusively by conventional medicine¹⁴ according to a study conducted in São Paulo (Sanchez and Nappo 2008). Healing is therefore not depending just upon the release of a spirit or the medical treatment of a symptom, but it actively involves the patient at several experiential levels. For my interlocutors, the process of mediumistic development acted upon the cognitive, bodily, and relational levels. Their encounter with spirits triggered a highly emotional arousal, through what they described as “revelation,” that is, becoming aware that they were mediums: that their bodies produced mediumship and that this mediumship may also help others. The spirits' messages helped reframe their illness in the broader perspective of karmic redemption, emphasizing personal responsibility and moral principles in one's thought, actions, and relationships with others.

¹⁴ Their study is based on in-depth interviews with 85 former alcohol and drug addicts in São Paulo, Brazil, who sought non-medical treatment. Evangelical Christians and Catholics sought treatment exclusively in religion while Spiritists sought complementary treatment both in medical and spiritual therapies. Besides the role of faith, they highlighted the importance of community support during their process of recovery.

In this sense, these notions of illness are as fluid and interconnected as it is the relationship between karma, spirits, persons, affliction, and wellbeing, constituting disobessive healing as healing relations between humans and spirits, or between humans with the help of spirits. In the latter case, a *cobrador* may act through someone in the close circle of relationships of the person who caused its sufferance in a past life, or may incarnate within this circle, or their paths may temporarily cross at a certain moment in life demanding a payment within a relationship, which could be affective, financial, professional, and so forth. This sort of action may not directly form the basis for a physical illness, but it may socially, emotionally or materially affect the person's wellbeing. In the rituals of the Vale, spirit guides may then assist the patient in addressing this relationship in such a way that the *cobrador* could reduce its action through the principles of love and forgiveness. This relational dimension of healing was also illustrated by Groisman addressing ritual interventions of spirit guides in Brazilian Barquinha who, engaging with participants in problem management "dislocating and relocating" the way they perceive the world, were constituting a sort of "epistemological healing" and a "framework for the fluency of social and cosmic relations" (2016: 54–57).¹⁵

The development of techniques of bodily control, the bodily enskillment during the mediumistic development, reshapes the mediums' ways of knowing, which creates an increased attention to and a transformation in their perception of the body as permeable, and of the sense of self as multidimensional and extensible towards their spirit guides and beyond the single lifespan. As one medium *doutrinador* in development for therapeutic reasons told me "When I say that spirituality is important for my recovery, I don't mean just praying, but in the sense of my need of practicing, because it is the practice that gives me a direct psychophysical help."

The emphasis on control and discernment promoted in the development sessions was crucial particularly in those cases of mental and nervous disorders. This embodied knowledge seemed to have contributed to a healing process, which was then reinforced by the shift of their social role from patients to mediators of healing able to help others, enhancing their sense of responsibility. Scholars have explored ritual healing in terms of the patients' rhetorical transition from a condition of illness to a new phenomenological reality differing both from pre-illness and illness realities (Csordas 1983; Greenfield 1991, 1992, 2003, 2008). In the case of the Vale, the patient is moved into a new reality not only rhetorically, but experientially: those who choose to undertake the mediumistic development experience a new role of "mediator of healing" or "missionary" devoted to help others by means of a "lived-through Gospel." This transition from patient to mediator of healing, however, becomes effective if supported by a particular kind of embodied knowledge and emotional experience.

Beyond Belief: Affect and Experience in the Therapeutic Process

When one comes across the Vale do Amanhecer, what initially catches the attention is the spectacular visual proliferation of symbols, colorful ritual vestments, and spaces that entices one to look into how these symbols come together in such a peculiar

¹⁵ Groisman (2016) draws upon Bateson's notion of "epistemological correction" (1972).

unprecedented way. Elsewhere, I have addressed this focus more in detail,¹⁶ and warned against the risks of associating too easily the Vale do Amanhecer to a New Age movement.¹⁷ Despite that it might share some discursive connotations with New Age—such as the idea of assisting humans in the troubled times of transition towards a new era—when shifting the attention from discourses to experiences, one may note that New Agers may rather sit uncomfortable with the hierarchical organization, the highly ritualistic practice and the exclusive commitment of initiated members. In a context in which people's spiritual routes feature an intense mobility through and simultaneous participation in different religious groups, the Vale re-establishes commitment to a spiritual practice redefining bodies and experiences through its novel rituals.

In this article, addressing the therapeutic trajectories of some patients, I have illustrated the spiritual practice called “disobessive healing,” which makes mediums define the Temple of the Amanhecer more as a “spiritual emergency unit” than a place of worship. In presenting the Vale's etiology of illness and its therapeutic approach, and particularly the process of mediumistic development, I have stressed the importance of the notions of the body and the self as articulated through the experiences of the different kinds of relations occurring between humans and spirits. I have then discussed how mediums understand their practice as a “mediumistic science” complementary to biomedicine, and explored the therapeutic trajectories of three mediums across biomedical and spiritual contexts which led them to develop their mediumship in the Vale as part of their therapeutic process, and it was through the bodily enskillment, including increased control and discernment, and the embodied notions acquired during the mediumistic development that they shifted, not just rhetorically but experientially, their position from patients to mediums practicing disobessive healing.

While as scholars, we may ask where to set the boundaries between claims labeled as “belief” and “science,” and “spiritual” or “pathological” experiences; we should be aware that it is precisely through the notion of “belief” that we are drawing these boundaries creating hierarchies of claims. But if we look at experience instead, what might experience tell us about our notions and, in this case, about the therapeutic process? Would these boundaries be so defined? Mediumistic practices allow us to look into this question challenging the earlier associations between spirit possession and psychopathologies to highlight other aspects of human experiences that might be relevant not only for the field of religion but also in terms of human cognition, health, and wellbeing.

Anthropological approaches to shamanism, spirit mediumship and possession, and spiritual trance in different cultures have shown that the assumptions that reduce spiritual phenomena to psychiatric categories are ultimately untenable, as these phenomena are unlikely to meet the criteria for the psychiatric diagnosis and they are often characterized by a lack of distress (Lewis 1971; Crapanzano 1977; Noll 1983; Luhrmann 2011). Exploring the articulation of the self may provide a valuable starting point to broaden up perspectives illuminating multiple dynamics. Initiated mediums or shamans have indeed specific self-articulations and a strong sense of self, which escape the definitions of the self proposed by Western psychiatry (Crapanzano 1977; Noll

¹⁶ See Pierini 2013, 2016a, b, c, d.

¹⁷ Oliveira (2007) has approached the Vale do Amanhecer through the analytical category of “Popular New Age.”

1983; Goldman 1985; Pierini 2016a, b). Goldman approached spirit possession in Afro-Brazilian Candomblé through the lenses of notions of personhood and argued that one cannot reduce the phenomenon to a “dissociation of personality,” as this term is grounded in a Western notion of indivisible self: “If we assume that a disease may be lived through as an experience of division of the person, we may understand possession as a technique of its symbolic construction”; hence, pathologies may rather lead a person to this religious practice (Goldman 1985: 50).¹⁸

Clinical approaches are also questioning those reductions through empirical studies that lead psychiatrists to identify the cause of such reductions in a methodology that has long assumed that spiritual and psychopathological phenomena were identical, an assumption based on superficial similarities or on the involvement of a particular brain region, disregarding the different etiologies that bodily experiences may have (Hageman et al. 2010: 87). These studies included experiments based on EEG, schedules for clinical assessment in neuropsychiatry and interviews involving Spiritist mediums in Brazil, and findings excluded schizophrenia, dissociative identity disorders, epileptic disorders, or electrical activity in the temporal lobes (Moreira-Almeida et al. 2007; Moreira-Almeida et al. 2008; Hageman et al. 2010). Furthermore, people with mystical experiences scored higher than control groups on the psychological wellbeing scale (Lukoff et al. 1992; Moreira-Almeida 2009). A survey of 135 medical articles has led psychiatrists to propose criteria for a differential diagnosis between spiritual experiences and mental disorders of religious content, such as lack of suffering, lack of social and occupational impairments, short duration of the experience, critical attitude about the objective reality of the experience, compatibility with the patient’s cultural or religious group, absence of co-morbidities, control over the experience, personal growth along the time, and an attitude to help the others (Menezes and Moreira-Almeida 2009; Moreira-Almeida 2009).

Ethnographic and clinical approaches have both highlighted the importance of the role of experience in discerning spiritual and pathological ones. Even mediums in the Vale do Amanhecer are more inclined to discuss their experiences of spirits and the practical dimension of their mediumistic science rather than their belief in spirits, as the mediumistic development they undergo implies learning a “way of knowing” primarily through feeling and bodily experience and not the transmission of a belief (Pierini 2016d). In order to overcome the limits imposed by the category of “belief” to our analytical frameworks, ethnographers have addressed affect and experience (Favret-Saada 1990; Goldman 2003, 2005, 2006). While the boundary separating belief and scientific claims is certainly more useful to scholars than to mediums, what ethnographic data tell us is that boundaries are more blurred and evanescent than we might think of, and notions are fluid, relational, embodied, and lived-through. Therefore, a focus upon lived and bodily experience, notions of the self and therapeutic trajectories, rather than on “belief” may be valuable to identify more effectively the dynamics involved in the therapeutic process and the possible pathways to wellbeing. Furthermore, the process of learning is also key to understand how therapeutic trajectories intertwine with spiritual ones giving rise to new patterns of religious affiliation and initiatory paths.

¹⁸ Translated from the original in Portuguese.

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