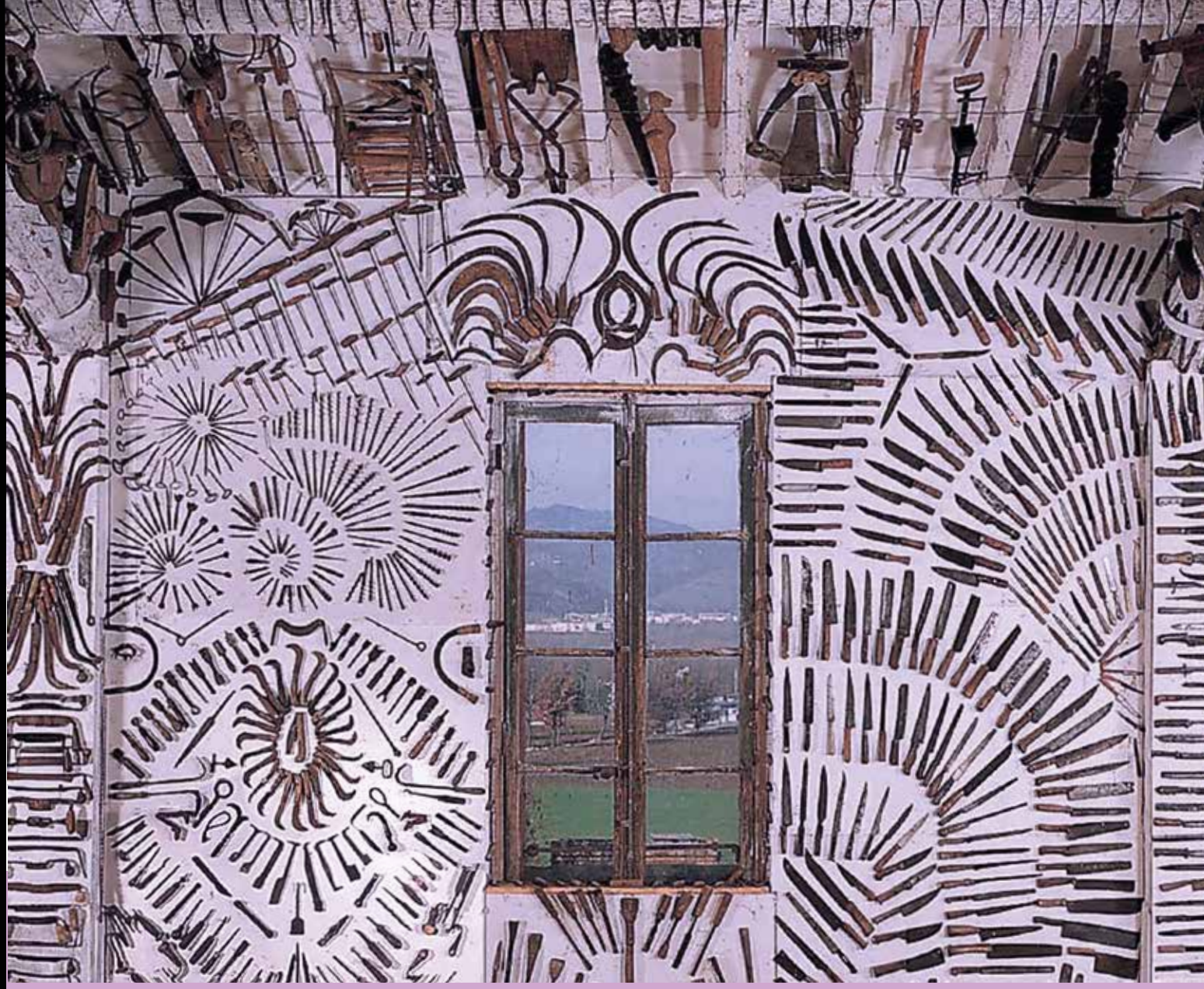

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Healing Correspondences
Experience as a Pathway between Spirituality and Healthcare

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Abstract. This paper examines the relationship between trance and mental health in the mediumistic practice of the Brazilian Christian Spiritualism of the Vale do Amanhecer, in which mediumship may be part of a therapeutic process. It discusses particular cases of mediums who are also healthcare professionals, exploring how they establish correspondences between spiritual and medical knowledge, and whether these correspondences may suggest new avenues to rethink the communicability between different fields of therapeutic knowledge. In doing so, it examines the category of 'experience' as a pathway to consilience, while re-framing spirit mediumship and possession within the therapeutic dimension.

Keywords: Vale do Amanhecer, mediumship, healthcare, experience, spirituality and health.

1. Introduction

Studies on spirituality and health shed light on how people navigate, engage with, and make sense of diverse paradigms of wellbeing. In contexts of therapeutic pluralism, people move across conventional biomedicine, complementary and alternative therapies, and even faith healing, posing challenges to medical professionals and more specifically to the therapeutic relationship.

Ruth Barcan notes how rarely scholars have addressed questions regarding the ways in which patients manage to bridge and reconcile different paradigms in their therapeutic itineraries across conventional medicine, yoga, and spiritual healing;[1]

1 See also Fields (2001) and Baier - Mass - Preisendanz (2018).

© Foto di Emily Pierini, *Healing ritual in the Vale do Amanhecer*.

the cognitive strategies employed to overcome the contradictions between different approaches to the body, illness and healing; the implications of not disclosing their complementary treatments to their doctor; and the impact of this choice on wellbeing (Barcan 2001). Concerns about this lack of disclosure of spiritual experiences to healthcare professionals have also been raised in relation to the centrality that these experiences may occupy in the patients' trajectory, especially when no satisfactory explanatory framework is available to them, determining an impact on wellbeing. Chris Roe points to the taboo associated with spiritual phenomena that discourages people from disclosing their experiences to others for fear that doctors would consider them naïve or not appropriate for the therapeutic interaction, or of seeing them labeled through the use of psychopathological categories (2020: 46). This expectation of a negative response from health professionals may result in a failure to integrate these experiences and thus have a negative impact on the person's psychological well-being. Conversely, when the counsellor approaches unexpected and unsolicited spiritual experience in non-judgmental and non-pathological terms, attempting to comprehend the experience, and guiding the person towards its integration, it might enhance wellbeing and even be transformative: they can foster beneficial and transformative changes in the experiencer, including shifts in one's sense of self and one's connections with others (Ivi: 52).

The contrast between different actors in the healing scene underscores the limitations of the Western scientific paradigm of wellbeing. A narrowly defined understanding of health that does not comprehend spiritual experience, as it is deemed a private belief, reflects a tendency to overlook the ways in which spirituality may involve the body. This extends to both individual and collective dimensions where spiritual practices may either place the body at the center of their rituals or neglect its role altogether. Acknowledging the significance of spiritual experience within the 'biopolitical dispositive', in a Foucauldian sense, is crucial for a more comprehensive understanding of the diverse factors that shape the conditions of life at a collective level in contemporary societies.

Again, Barcan emphasizes the sensual nature of alternative therapies that produce different ways of experiencing the body:

> The sensual nature of many therapies reminds us that they need to be situated within the hedonistic, pleasure-seeking drive of consumer culture – that they are part of what David Howes calls 'the sensual logic of late capitalism' (2005: 287). Moreover, it points to the fact that many Westerners are seeking spiritual practices based in the body – where the senses are not seen as obstacles to spiritual development, as in ascetic religions, but as a pathway to it. (Barcan 2011: ch.1)

As patients move across these different paradigms, so do healthcare professionals. However, research on their spiritual experiences and how they integrate them into their professional practice is even more scarce. One challenge involved in this area of research is that health professionals, as much as patients, are hardly open to discussing their involvement in spiritual practices as they may fear the impact on their profession and stigma from their peers. However complex their relationship with spiritual experience and healthcare may be, those who are open to tackle it may be able to provide expanded views on wellbeing, showing efforts in bridging the domains, as well as the ability to draw or shift the boundaries between them. This may result in a more patient-centred care involving empathic communication with a positive impact on patients' outcomes. The importance of integrating health and spirituality courses in medical training programs is recognized by academic programs and medical associations worldwide (Moreira-Almeida - Neto - Koenig 2006; Culatto - Summerton 2014; Morei-

ra-Almeida et al. 2015).[2] Psychiatric institutes set up programs such as the one at the Hospital das Clínicas in the Faculty of Medicine of the University of São Paulo, Brazil, known as ProSER (Programa de Saúde, Espiritualidade e Religiosidade/Programme of Health, Spirituality and Religiosity). The ProSER offers a research program, assistance to patients with spiritual/religious needs and conflict, and courses that provide healthcare professionals with tools to address spiritual needs in patients and to conduct a spiritual anamnesis in clinical practice.

Concerning the intertwining of spiritual and medical discourses from the standpoint of spirituality, Spiritism developed peculiar religious and therapeutic features in Brazil since it was introduced among the urban middle classes of Salvador de Bahia and Rio de Janeiro toward the end of the nineteenth century. Spiritism has actively engaged in advancing the scientific dimension of its discourse through its efforts to gain recognition for its therapeutic practices within the medical profession. According to Hess, various socio-historical factors, including pressure from the Catholic Church and the medical profession, State repression under Vargas's dictatorship, and the necessity to distinguish itself from Afro-Brazilian religions, played a crucial role in shaping the movement's attention towards the scientific aspect (Hess 1987: 29). Brazil currently presents several examples of how spiritual and biomedical practices may intertwine either through the integration of spiritual practices in public hospitals (Toniol 2018) or in Spiritist hospitals (Aureliano 2011; Bragdon 2012), or through the Spiritist Medical Association, which has branches around the world. However, according to Bettina Schmidt, there is still «little evidence of the acceptance of spirituality within the medical context in Brazil» and religion is considered by medical professionals to be a private matter, which results in religious devotees shying away from discussing their experiences with medical professionals (2020: 138). However, as a private matter, some health professionals move across biomedicine and spiritual or religious practices. So how do they articulate their experiences and epistemologies of healing? With what kind of impact, if any, on their therapeutic relationship with their patients?

In this article, I first discuss a spiritual epistemology of healing as encountered in the Brazilian Christian Spiritualism of the Vale do Amanhecer (Valley of the Dawn), an order founded in the 1960s in Brazil by Neiva Chaves Zelaya, known as the clairvoyant Tia Neiva, and which is rapidly expanding transnationally with over 1.200 temples around the world. More specifically, I will focus upon the experiences of some mediums, among those I have encountered in the temples, who work in healthcare in their professional lives — as a psychologist and a surgeon — and practice mediumship in the Vale do Amanhecer in their free time. In presenting the ways they articulated these two spiritual and biomedical practices in their approach to healing, I will show how they traced correspondences of idioms between these practices, using transposable concepts that emerged from empirical knowledge: that is, how they moved between spirituality and healthcare, transferring aspects experienced as effective from one domain to the other, finding parallels between their training and expertise in both fields. Even when spiritual and professional practices are kept separate at the level of domains of application — as studies in this field also show — it does not mean that they do not communicate experientially. For this reason, I use the concept of 'healing correspondences' to convey both a sense

2 The World Psychiatric Association, the NUPES – Center for Research in Spirituality and Health, Universidade Federal de Juiz de Fora; the Center for Spirituality, Theology and Health, Duke University; the Scientific and Medical Network, UK; and the Spirituality and Psychiatry Special Interest Group, Royal College of Psychiatrists, UK, among others.

of connection established by a particular concept between two domains (in this case spirituality and healthcare) and a sense of communication. 'Correspondence' emphasizes the need for shared concepts that facilitate communication between the spiritual and healthcare domains, and so between the different actors in the sphere of healing, promoting trust, cooperation, and better treatment outcomes. In tackling their views on mental health in relation to the epistemology of healing proposed by the Vale do Amanhecer, I also point to the notions that emerge from learning mediumship and are key to the therapeutic process.

Second, I discuss the inadequacy of categorizing spiritual experience within the framework of psychiatric diagnostic categories, which is in fact one of the factors that hinder patients' communication of their spiritual experiences in the therapeutic encounter. In particular, I refer to clinical studies in psychiatry that underscore the necessity of differentiating between spiritual and pathological experiences, acknowledging the positive impact of spirituality on wellbeing, and drawing upon 'experience' to make such a differential diagnosis. Yet, scholars have signaled the limitations of clinical measurement instruments when it comes to isolating 'experience'. Eventually, I explore the shift from belief-focused approaches to phenomenological perspectives, suggesting that ethnography may offer a valuable contribution to clinical studies through an exploration of the interplay between spirituality, the body, and the self. In doing so, I examine the category of 'experience' as a possible pathway to 'consilience' — namely, drawing together principles from different theories or domains of knowledge[3] — while reframing mediumship and possession within the therapeutic dimension.

1. Epistemologies of healing: Bridging mediumship and healthcare in the Vale do Amanhecer

The temples of the Amanhecer provide visitors with spiritual assistance through 'disobsessive healing' – that is, the release of disincarnate spirits afflicting the patient with the help of mediums, in either conscious or semi-conscious mediumistic trance, with the latter incorporating their spirit guides (*pretos velhos* — namely, African slaves — Amerindian spirits, and spirits of doctors, among others). A terminology borrowed from the medical discourse is integrated in the spiritual discourse to draw parallels with the medical bureaucracy and systematic approach to healing, from addressing the temple as a 'spiritual first aid' (*pronto soccorro espiritual*) to terms as 'triage' or 'reception', variably entering the ritual space and practice. As in Brazilian Spiritism[4], also in the Vale do Amanhecer, mediumship is presented as a 'science' complementary to biomedicine, distinguishing the spheres of action between spiritual and physical respectively.

My research was grounded in a multi-sited fieldwork in the temples of the Vale do Amanhecer in Brazil, Portugal, Italy, and the United States[5]. I examined

3 On the debate on 'consilience' see Wilson E. O. (1999), Slingerland D. - Collard M. (2011), Pizza G. - Schirripa P. (2023).

4 For the concept of mediumship as a science in Spiritsm see Hess (1987) and Bragdon (2012).

5 The research on which this article is based is part of the Marie Skłodowska-Curie Global THETRANCE-Transnational Healing: Therapeutic Trajectories in Spiritual Trance project, for which the author is the PI. The project was implemented between Sapienza University of Rome, Universidade Federal de Santa Catarina (PPGAS-UFSC), School of Anthropology and Museum Ethnography, University of Oxford, and CRIA-ISCTE University of Lisbon. This project received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement no. 895395. The ethnographic research was conducted between 2021 and 2023 in the main temple of the Vale do Amanhecer in Brazil, three temples in Portugal (Porto and Lisbon), two in Italy (Veneto and Campania), and two in the United States (Massachusetts and New Jersey). 32 formal interviews were collected from temple presidents, experienced mediums, mediums in training, and mediumship instructors. Participant observation was carried out in the rituals and the mediumistic development in the four contexts. This article is also based on ethnographic data and knowledge resulting from twenty years of research on the Vale do Amanhecer. A preliminary version of this paper was presented at the SIAC2021 Conference Panel

how mediumship is learned as part of a therapeutic process, focusing on cases of mental disorders and alcohol and drug addiction. I have defined these experiences as 'trance-formative', tackling the processual, therapeutic and formative character of learning mediumistic trance (Pierini 2023). In this article, I will focus on two cases in particular presenting a dual background as health professionals and mediums. In fact, during my fieldwork, I came across mediums that outside their religious service in the Vale do Amanhecer were also healthcare professionals. The Vale do Amanhecer's members have a heterogeneous socioeconomic background; they come from the many walks of life, develop their mediumship, and volunteer in their free time as mediums in the temple, attending to those in need of spiritual assistance. The temple is self-funded by the voluntary donations of its mediums, as the healing rituals are offered free of charge, and so mediums maintain their jobs outside their religious practice as their source of income. While each temple presents a background reflecting that of the locality in which the temple is situated, I encountered participants with a professional background in healthcare mostly in temples near urban areas, particularly in Brazil and Portugal, ranging from psychologists to specialist physicians, and several nurses and carers.

Joana was a Brazilian psychologist, and in her free time she volunteered as a spirit medium in the main temple of the Vale do Amanhecer near capital Brasília. Her experience bridged the domains of spirituality and psychology in her daily life, as much as it reflected the complementary approach to healing proposed by the Vale do Amanhecer. When I met Joana at her practice, she had just finished her afternoon appointments with her patients, who were mostly in treatment for substance addiction or schizophrenia. As a trained psychologist, she told me she had experienced doubts when she first developed her mediumship, incorporating spirit guides in what it is described in the Vale as a 'semi-conscious mediumistic trance'. Her major concern regarded distinguishing whether it was the projection of the spirit acting upon her body and transmitting the message in healing rituals, or if it was her subconscious speaking. Then she said she began to recognize that the knowledge she had of events in the lives and situations of those who attended healing rituals to talk with her spirit guide was far from being accessible even in her professional therapeutic setting. She also noticed that as a medium incorporating a spirit, she did not pause to analyze the information passed by those attended by the spirit, as she would in her professional relationship, because she already knew the answer as if past, present and future were merged in a particular ritual time.

As an experienced medium, she told me that, in her opinion, a spiritual practice was a good starting point for a patient's treatment:

> The person who develops mediumship learns that no spirit can act upon herself if it is not given permission. She has a good knowledge of her body and senses, which gives her awareness. Psychology works like this too [...] As a professional and as a medium I can connect science and faith, and I can also separate them: as a psychologist, I cannot see schizophrenia as a spiritual disorder; as a medium I can [...]. If a patient tells me «I see and hear, how do I stop them?» — I tell him — «Control your body! Distinguish what is of this world from what is not». Thus, the patient begins to have less visions. I am a medium of incorporation, do you think that a spirit can come and dominate my body?

Joana could to find an idiom correspondence between psychology and spiritual obsession so as to help the patient integrate the experience. As a trained medium, she would also use these correspondences with patients with mental

"Consilience: Unity and Knowledge between Anthropology and other Sciences in the Future" convened by Giovanni Pizza and Pino Schirripa. I thank the presidents and mediums of the temples of the Vale do Amanhecer for their contribution to this research.

disorders attending the temple so that they could control their experiences of distress. She deemed that this approach of using both idioms in the therapeutic relationship proved beneficial for their well-being. At the same time, she was able to separate the two domains of the professional psychological practice and the spiritual practice in the temple, and their respective aetiologies of mental illness.

Her stance reflects the paradox described by Marta Helena Freitas (2020) and Bettina Schmidt (2020) in their studies on the spirituality of medical professionals in Brazil: when faith and medical practice coexist in their experiences, they are mostly kept separate. This is due to the lack of a specific training for dealing with spiritual experiences in health contexts, experiences that are an essential part of the human experience. According to a survey conducted by Bettina Schmidt and directed to health professionals to understand the place of religion in medical workplaces, Brazilian «medical practitioners who declare themselves to be religious or spiritual distinguish sharply between their faith and their medical work» (Schmidt 2020: 142), which is also a discernment between two types of knowledge and domains of application. Some medical practitioners, however, valued knowing about their patients' religious behavior and considered the implications of this behavior for the treatment (Ivi: 149). Freitas, referring to the way mental health professionals considered spiritual experience in relation to psychopathologies, points out that «some of the Brazilian mental health professionals recognize that the diagnostic criteria are culturally determined [...] others, especially some psychiatrists, seem to see the Diagnostic and Statistical Manual of Mental Disorders (DSM) as the only or the main way of correctly explaining dysfunctional behaviour» (Freitas 2020: 214). When entering the nebulous area of spirituality and religion, medical professionals as much as patients experience rejection, doubts, perplexities, suspicion, distrust, and conflicts. Therefore, Freitas stresses the need to train professionals to also deal with patients' expectations of having their religious or spiritual experiences taken into account in the therapeutic relationship, especially when they affect their health (Ivi: 218).

Yet, what Joana's words signaled was a duplicity, which is productive in terms of being able to connect science and faith, although keeping her domains of intervention separate in terms of practice and therapeutic settings. In the case of patients disclosing their spiritual experiences, she would share hers if deemed necessary to create empathy in the therapeutic relationship. In her words above, directed to a patient who was also attending rituals in the Vale do Amanhecer, she placed emphasis on control and discernment, which are crucial skills that need to be learned for the practice of disobsessive healing, in which mediums must distinguish between themselves and the spirits, between the different categories of spirits, and they must control them (Pierini 2016). At the same time, mediums learn to '*entregar-se*', that is, to yield, to give themselves in to their spirit guides while in trance, which demands trust, providing them the space to manifest and pass the messages. The ability to yield and trust is also an essential skill in the therapeutic process of psychology, as Joana mentioned. In addition to learning mediumistic trance states, in fact, 'yielding' also emerged as a key trigger of the healing process, according to Paulo, another Brazilian medium, if in the therapeutic relationship in biomedicine the doctor and the patient yield to their respective roles, which again implies trust.

Nora, an Italian medium who also worked as a health professional, told me that in the Vale do Amanhecer, she understood that illness has itself a pre-established formative function, leading to the spiritual evolution of the person. She deemed that healing implies a balance between yielding and trust that one would receive the forces to successfully navigate through illness.

Vicente, a surgeon who was also a trance-medium in the Vale do Amanhecer in Brazil, mentioned Tia Neiva's stance in that «science that denies faith in God is as useless as the faith that denies science». When asked how he related science and faith in his experience, he said:

> I try to do exactly the opposite. I try to isolate them. When I work as a doctor, I know that I am receiving spiritual assistance in my diagnoses. But when I am working as an incorporation medium, I forget that I am a doctor. I avoid interfering with one another, not to mix things up. And I try to analyze things without fanaticism, because we often believe that everything can be cured. I am more moderate, and I believe that a wide range of problems can be cured, especially those that have a psychosomatic origin. This is my opinion: I do not believe that a serious damage to the central nervous system, to the brain, can be cured with spiritual treatment, but it can be minimized. Among the wide range of ailments that appear to be treated here, a wide range of psychosomatic ailments are actually cured, I can tell you that.

Yet, he pointed out that he felt he had spiritual assistance in his medical profession whenever reasoning suddenly occurred very quickly in a diagnosis, and he was able to resolve a medical emergency very firmly. In terms of making a differential diagnosis in a patient, distinguishing between spiritual and physical illness, he said:

> Sometimes it's easier to identify that an illness is spiritual in the clinic than in the temple because there you have the scientific methods that help you diagnose it. A patient comes in and you do all the tests you need to do, you analyze the results and if you have the parameters you say that it's physical, and when you don't find anything you think it is psychosomatic. In that case, you might think that they have an obsessive problem, a psychosomatic problem involving obsession. Obsession affects the organism by causing an imbalance. From the neuro-psychic point of view, this imbalance there may result in some minimal psychological and enzymatic alterations, and the symptoms are very exacerbated by what you find in your routine examinations. If you realize that this is a psychosomatic problem, you treat the symptoms as best you can, and if you don't see any improvement, depending on the person's beliefs, you could even recommend that they seek alternative treatment... [In cases of schizophrenia or epilepsy in the Vale do Amanhecer] we treat them without distinction [between spiritual and physical] and, over time, what is simply obsessive gives way to health. However, when there is a serious injury to the body, I have never seen a case where it regresses.

Concepts of 'trust', 'balance', and the interplay between 'yielding' and 'control', emerge from these mediums and health professionals' experiences of training, practice, and expertise in both fields as 'correspondences', or transposable concepts between the spiritual and medical practices. While these practices are kept separate in their domains of application, they communicate experientially.

Vicente's experience resonates with the experiences of other doctors in Brazil who are also mediums volunteering in Spiritist hospitals in addition to their work in public hospitals. One such experience is described by Gilson Roberto (2012), who traces correspondences between his mediumistic and medical practices. He considers mediumship as a 'rational' and analyzable subject rather than something magical. He employs intuition in medical contexts, however, before accepting his intuition, he seeks confirmation through conventional medical examinations. In his view, mediumship complements technical knowledge and investigative technology to achieve accurate diagnoses. During the medical consultation, he avoids disclosing his spiritual perceptions to the patient, treating his intuition and perceptions discretely, unless explicitly addressed by a patient with an interest in spiritual matters. In that case, should any spiritual etiology emerge as part of the illness, he would refer the patient to a spiritual institution respecting the patient's spiritual or religious background (Roberto 2012).

In the Vale do Amanhecer, the epistemology of healing proposed by Tia Neiva draws upon the complementarity of science and mediumship, as described by her partner Mário Sassi in these terms:

> 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. However, for the two processes to work in harmony, it is necessary the admission by the medical conceptualization, of the existence of these invisible factors of illness. Medical science and spiritual science complement each other perfectly. (Sassi 1974)

In cases of mental disorders, the etiology proposed by mediums in the Vale do Amanhecer ranges from phenomena caused by undeveloped mediumship to obsession. They explain that the disorders caused by an undeveloped mediumship disappear as mediumship is developed, and so they draw on the transient nature of the phenomenon to make such a distinction. Alternatively, mental disorders can be caused by an obsession by a disincarnate spirit, but it may occur that the effects on a psychophysical level are such that they require clinical treatment. In these cases, the development of mediumship may allow the person to gain some control over the symptoms, but it is not possible to treat them completely without clinical intervention.

When it comes to alcohol and drug addictions, these cases are attributed to a particular type of obsessive spirits, and are treated through disobsessive treatment and the development of mediumship. In the Vale do Amanhecer near Brasília there is a non-profit institution called *Casa Transitoria do Povo Ypuena* (CTPY - Transitional House of the Ypuena People) that hosts people with mental disorders and addictions and offers assistance such as accommodation and meals, spiritual healing in the temple's rituals, and sessions with a psychologist. In cases in which medical intervention is required, they may be referred to a local health center or hospital. According to a staff member at this institution, when people with addictions hosted at the CTPY decide to develop their mediumship in the nearby temple, 70% of them recover without relapse as a result of increasing control, self-awareness, balance, and personal responsibility. Emotions, bodily sensations, and the sense of self play a crucial role in the development of mediumship, which I have defined elsewhere as a process of 'enskillment' in Tim Ingold's terms (2000), situating the practice through an ongoing education of perception (Pierini 2016). In these cases, healing does not depend solely on the liberation of a spirit or the medical treatment of a symptom, but the therapeutic process actively involves the patient at different experiential levels. In the case of my interlocutors in the Vale do Amanhecer, the process of mediumistic development acted on a spiritual, cognitive, relational, and bodily level. The education of attention and bodily control, along with embodied knowledge – entailing notions of the body and the self, understood as extended and multidimensional – have aided their healing process: allowing self-expansion while knowing how to regulate one's bodily boundaries. These notions are in fact fundamental to the therapeutic process, for the disease causes a fragmentation of the body and represents a rupture in the person's biography. Therefore, experience-grounded notions are key to the therapeutic process as much as for spiritual healers and healthcare professionals to draw their differential diagnoses.

Fig. 1. Ritual of disobsessive healing: communication with spirit guides and release of disincarnate spirits. Photo by Emily Pierini.

2. Spirituality and health in clinical studies: diagnostic categories and the role of experience

Anthropological approaches to shamanism, spirit mediumship and possession, and spiritual trance in different cultures have repeatedly shown that the

assumptions that reduce spiritual phenomena to psychiatric categories are ultimately untenable because 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 and Garrison 1977; Noll 1983; Luhrmann 2011). Ethnographic studies using a cultural-biological approach indicate that mediumistic experiences, rather than pathological experiences, are ultimately therapeutic mechanisms (Greenfield 2008; Seligman 2014).

Considering the problematization of the process of categorization in psychiatry more in general, James Davis (2013), has interviewed the authors of the 3rd edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), researching the methodology beyond the definition of psychiatric categories. He points out that the DSM-III categories were more the outcome of a 'consensus agreement' around a given set of behaviors among a small group of psychiatrists – white Americans sharing the same culture and beliefs – rather than the result of the analysis of research data or biological evidence of an illness. Thus, the cultural rather than scientific modality of setting a threshold to make a behavior pathological resulted in an overmedicalization of emotions as human responses to suffering (Davies 2013).

Empirical clinical studies in neuropsychiatry are questioning the reduction of mediumistic phenomena to pathologies. These reductions are deemed to rely on a methodological assumption that spiritual and psychopathological phenomena are identical due to superficial similarities or the involvement of a specific brain region in both phenomena, disregarding that bodily experience may have different aetiologies (Hageman et al. 2010).

Moreira de Almeida's studies on mediums in Brazil ruled out pathologies through experiments based on EEG, schedules for clinical assessment in neuropsychiatry, and interviews involving Spiritist mediums in Brazil. 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). They also demonstrated that people with mystical experiences scored higher than the control groups on the psychological well-being scale. (Lukoff et al. 1992; Moreira-Almeida 2009). Other studies postulate that religiosity has positive effects on depression, alcohol and drug abuse, immune, endocrine, and cardiovascular systems, well-being and relationships (Koenig et al. 2012). 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 over time, and an attitude to help the others (Moreira-Almeida 2009; Menezes and Moreira-Almeida 2009).

The differential diagnosis between spiritual and pathological phenomena in these studies is illuminated by 'experience'. Namely, these studies look at the positive effects of belief on experience, whereby experience: a) is presented as the result of a belief; b) concerns the individual's relationship with the outside world rather than inner or biographical experiences; and c) is largely measured through structured tools for collecting spiritual narratives, such as questionnaires and scales. The increase in studies and publications on spirituality and health, in Brazil in particular, is considered to be due to the patients' expectations of having their religious issues addressed by doctors, and so several instruments have been developed to retrieve patients' spiritual histories (Lucchetti et al. 2013). Other studies on mediums in Brazil, such as studies by Stanley Krippner (2008), also include psychophysiological measurements (such

as ECG and Electromyography) of mediumistic experience in lab-like settings.

Rodrigo Toniol reminds us that «medical research seeks to 'capture'» the category of spirituality through «measurements instruments» and that «its contours are defined by medical-scientific literature and not by the research subjects' understanding of what spiritual experience is» (Toniol 2018: 190). Likewise, Everton Maraldi notes how spirituality is mostly approached by studies in psychiatry and psychology emphasizing wellbeing or self-help, through what he calls a «'health-centred' approach to spirituality» in which «Profound, sensible issues such as 'meaning and purpose in life', 'well-being', or 'transcendence' are reduced without ceremony to brief, impoverished statements to which a respondent should express his/her level of agreement or disagreement based on multiple choices or Likert-type scales» (2020: 36). However, spirituality has broader significance that goes beyond the therapeutic, and «might be best defined as a quest for self-knowledge, a quest towards finding our place in this world (which includes our relationship with others)» (Ivi: 21). Therefore, while clinical research highlights the positive impact of spirituality on well-being, rejecting the pathologization of spiritual experiences, its methods still show limitations in grasping and integrating experiential perspectives in medical research.

3. Integrating experience into an expansive conversation

Current trends in studies on the relationship between spirituality and health tend to address the matter from the standpoint of 'belief', measuring the impact of belief on people's quality of life, social relations, levels of education, or biological responses (heart rate, etc.). However, belief is a territory of contested categories, as I have stressed elsewhere (Pierini 2020). Therefore, as a response to representations of disembodied minds, phenomenological approaches in anthropology propose non-reductive ways to explore how people come to experience spiritual phenomena as real; in particular, the paradigm of 'embodiment', which places the body as a source of knowledge at the core of the analysis (Merleau-Ponty 1962; Csordas 1990; Desjarlais 1992; Stoller 1997; Berliner and Sarró 2009; Desjarlais and Throop 2011).

Clinical approaches to spiritual experiences, on the other hand, tend to isolate the experience in the laboratory, as if the brain can be separated from the socially informed body. Hence, the body is depicted as a passive receptor to belief, perpetuating a mind over matter approach that fails to consider the creative possibilities of bodies: such as bodies in motion, learning and performing ritual practices. Alternatively, experience is primarily surveyed using scales, but even when qualitative interviews are employed in clinical studies, people's narratives seldom find a space in their reporting providing depth to quantitative data.

Collaboration between scholars in the field of spirituality and health usually involves psychiatrists, psychologists, and theologians. Hypothesis-led studies on spiritual phenomena and health focus on answering questions regarding the impact of spirituality on health and/or social life, such as investigating the correlation between spirituality and low rates of depression, anxiety, or substance addiction. However, less space is devoted to the to the process. What contribution can ethnography make to these clinical studies? It can certainly shed light on how the notions, processes, and experiences at stake in the therapeutic process are articulated by contextualizing them. Cognitive anthropologist Harvey Whitehouse (2011), in the debate on 'consilience', argues for the need for anthropology to return to asking 'why' questions rather than 'how' questions. However, we must ask how advantageous it really is to separate the cause from the process. In such a unidirectional stance that promotes the use of quantitative methods and hypothesis-testing approaches in the humanities, without considering how the humanities may provide depth and context to quantitative data, how can ethnographic cate-

gories resist a domestication by a clinical discourse in collaborative studies and still contribute to an understanding of a particular phenomenon? On the other hand, the proponents of 'consilience' in Italian Anthropology, point to the long-standing tradition of medical anthropology in «building bridges between different worlds, to unite perspectives that have been separated for too long by providing all known disciplines with concrete help to rethink the praxis of possible unity» (Pizza - Schirripa 2023).

Anthropology's attention to the process through which notions of the body and the self are transmitted, learned, and articulated in spiritual healing may constitute a crucial contribution to those clinical studies that begin to consider experience as a key point for a differential diagnosis.

Cultural-phenomenological and cultural-biological ethnographic approaches provide valuable frameworks for understanding therapeutic mechanisms in spiritual healing. Thomas Csordas (1983), among North American charismatics, and Sidney Greenfield (2008), among Brazilian Spiritualists, address the rhetoric of transformation in spiritual healing: that is, a discourse that once incorporated activates endogenous processes. Thomas Csordas proposes that this rhetoric of transformation creates a new phenomenological reality that is different from the disease. Drawing primarily on Merleau-Ponty's pre-objective act of perception and on Bourdieu's socially informed body, he develops a cultural phenomenological approach that leads to a paradigm of embodiment (1990). Assuming the body as «the existential ground of culture» (1990: 23), he asserts that «when the body is recognized for what it is in its experiential terms, not as an object but as a subject, the mind-body distinction becomes much more uncertain» (Ivi: 36). Analyzing ritual among Catholic Pentecostals in North America, Csordas (1983) approaches healing as a discourse that embodies a cultural rhetoric that is persuasive in three different ways: a) through the coherence and legitimacy of the symbolic system shared by the group, which creates a predisposition to be healed; b) believing in the therapy's efficacy leads to the person's spiritual empowerment; and c) in turn, this empowerment creates the perception of self-transformation. This transformation works at multiple levels: once this discourse is embodied, it activates endogenous processes and acts on the social level of persuasion «this rhetoric redirects the supplicant's attention to new aspects of actions and experiences from new perspectives» (Ivi: 346). Thus, it creates both a new phenomenological world, dissimilar from 'pre-illness and illness realities', and a new meaning for the person who perceives her self as sacred, holy, and healthy.

Sidney Greenfield examines this rhetoric of transformation by exploring how the discourses employed by Brazilian Spiritist healers are capable of transforming the patients' phenomenological world creating a perception of healing (2008). Greenfield visited several Spiritist centers attending rituals of disobsession – where mediums remove the spirits affecting the patient's health – as well as spiritual surgeries in which mediums incorporate the spirits of doctors and perform surgeries on patients without anesthesia, and without the patient experiencing pain or infections. He notes that before the sessions, patients, usually unaffiliated to the group, are provided with readings and testimonials with information about the Spiritist belief and worldview. This discourse interrupts the patient's habitual patterns of association, and some of them may enter an ASC during which information about the new reality may be cultural-biologically transducted via the brain releasing endorphins, thus, activating the patients' immune systems (2008: 201).

Some of these approaches have also productively integrated ethnography with psychophysiological measurements. Rebecca Seligman, addresses spirit possession in Afro-Brazilian Candomblé in Northeastern Brazil through a methodology that she defines «bio-psycho-cultural ethnography» (2014: 51), which

entails integrating ethnographic and psycho-physiological data, such as measuring cardiovascular activity and capacity of self-regulation in relation to mediums' narratives of transformation from pre-initiation somatic suffering to post-initiation well-being. She draws upon Hacking's concept of 'biolooping' to explore the processes that mediate the relationship between sociocultural experiences and bodily responses:

> I borrow Hacking's (1999) term "biolooping", which he uses to refer to the ways in which biological knowledge production helps create and reinforce different categories of people, but I use it to draw attention to ways in which embodied processes, including biological ones, are implicated in the continuous and mutually reinforcing relationships among meaning, practice, and experience (Seligman and Kirmayer 2008 as cited in Seligman 2014: 117).

In the case of my interlocutors in the Vale do Amanhecer, the transformation, besides being rhetorical, was experiential. The relationship between the cognitive and bodily dimensions is not to be understood as unidirectional, but as mutually constitutive dimensions. If the therapeutic process through mediumistic practices actively involves the patient at different experiential levels - such as cognitive, relational and bodily – we need what the proponents of consilience call an 'explanatory pluralism'.

It is certainly necessary to find new modalities to encourage integrative research, collaborative ethnographies, and promote multidisciplinary academic discussions. It is equally important to consider 'consilience' in the broader sense of the relationships between disciplines and to include in what Bradd Shore (2011) defines as an 'expansive conversation' of consilience the different actors operating in the field of spiritual healing, and so to reflect upon how they trace correspondences in healing practices through their experiences and how these concepts may be used in the therapeutic process to improve doctor–patient communication and understanding, especially when patients expect their spiritual needs to be taken into account.

This article has tackled 'healing correspondences', namely, concepts arising from the therapeutic process and empirical knowledge of mediums who are also health professionals, and were able to find a common idiom and concepts that may be transposable between the domains of spirituality and healthcare to facilitate communication. 'Trust', 'yielding', 'control', 'balance' and 'regulation', contribute to effective communication, promoting cooperation and better treatment outcomes. Furthermore, they open a space for patients to share their spiritual experience and contextualize it as part of their cultural background in the therapeutic process to address wellbeing in its multiple dimensions.

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