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I am submitting herewith a thesis written by Darrell William Lynch entitled "Patient Satisfaction with Spiritist Healing in Brazil." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Anthropology.

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PATIENT SATISFACTION WITH SPIRITIST HEALING IN BRAZIL

A Thesis

Presented for the

Master of Arts

Degree

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Darrell William Lynch

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ABSTRACT

The purpose of this thesis is to assess patient satisfaction with Spiritist healing in Brazil. The data utilized consist of forty personal interviews of Spiritist patients conducted by the author during a seven month stay in Brazil. The study focuses primarily on the outcomes of the surgeries of Dr. Fritz, a well known Spiritist healer in Brazil, as seen from the point of view of the patients. The study finds that a clear majority of the patients expressed belief that their treatments were successful. This is particularly impressive in view of the fact that a majority of the patients had seen professional medical doctors for the same illnesses and were largely unsatisfied with the treatment they received through modern medicine. Various possible explanations for the success of the Spiritist surgeries are discussed. These include: the strength and appropriateness of the healing system in its cultural context, the extensive use of powerful symbolism in both the ritual preparations and the surgeries themselves, and the role of the placebo effect in symbolic healing. Certain trends in the types of illnesses for which the surgeries appear to have greater success are also suggested. The study makes it clear, however, that further inquiry into this subject is necessary to make an accurate assessment.

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CHAPTER 1

Introduction

Purpose of the Study

The purpose of this study is to assess patient satisfaction with Spiritist healing in Brazil. Questions for future research will also be identified by examining field data on the attitudes of patients toward the treatment they received, as well as their perceptions of the Spiritist movement itself. The data include the interviews of forty Spiritist patients conducted by the author from January through April, 1992 in Fortaleza, Brazil. Observational data on patient preparation for Spiritist treatment, as well as first-hand descriptions of Spiritist surgeries witnessed by the author are also presented. In the view of the author, the data clearly show that the majority of the subjects possess a high level of satisfaction with the Spiritist treatment. This conclusion is based upon the high percentage of subjects who believe they received therapeutic effects, and upon the overwhelmingly positive reaction by the majority of subjects toward their experiences with Spiritism in general. Some possible explanations as to how Spiritist healers elicit these positive reactions will also be examined.

The author first became interested in Spiritism and Spiritist healers when Dr. Sidney M. Greenfield of the University of Wisconsin-Milwaukee gave a lecture on the subject to the University of Tennessee Anthropology Department in the Spring of 1991. Dr. Greenfield's lecture focused primarily on the surgeries performed by the spirit, Dr. Fritz, who operated through the mediumship of José Carlos Ribeiro and the now deceased Dr. Edson Queiroz. He explained that Spiritists believe Dr. Fritz, a German medical

doctor who died in 1917, *incorporates* himself into, or takes over the physical body of, Queiroz, Ribeiro and other mediums in order to perform physical surgeries upon patients. These operations are conducted without the use of anesthesia or antiseptics. Dr. Greenfield also showed videos which captured some of the more dramatic and invasive surgeries where a variety of unsanitized medical and other instruments were used. In one video clip, a pair of 4 to 5 inch long surgical clamps was inserted into the back of a patient and forced upward between the spine and the skin to the hilt. In another instance, a buzz saw was used to make a shallow incision up the length of the back along the spine. In these, as well as other cases, those receiving the surgery expressed little or no pain. No efforts to clean the instruments between surgeries were evident in the videos. The medium, Queiroz, claimed that the surgeries had a high rate of success, and that the patients do not suffer from post operative infections since the environment and surgical instruments are sterilized by spirits (Greenfield 1987: 1101).

Dr. Greenfield suggested that a hypnotic or trance-like state induced by the medium could help explain the apparent lack of pain during the surgeries. He also noted that Edson Queiroz was a licensed medical doctor who often prescribed antibiotics for patients while incorporating Dr. Fritz. Antibiotics taken for a short period after the surgery could reduce the chance of infection (Greenfield 1987:1103).

After the lecture, several members of the audience began to ask questions about how effective the surgeries in fact were, and if the patients truly did not experience any post-operative complications. Dr. Greenfield responded that he did not yet know, since studies of the subject were just

now beginning, and that as yet no systematic post-operative studies of Spiritist patients had been conducted. This thesis is one of what I hope will be many efforts in the future to remedy this situation.

During the following summer, as I began to look for a research subject for my master's thesis, I remembered Dr. Greenfield's lecture and began talking with my advisor Dr. Michael H. Logan about the possibility of going to Brazil to interview patients of Spiritist healers. Dr. Logan then contacted Dr. Greenfield and told him that he had a graduate student interested doing this field work. To my delight, Dr. Greenfield said that he had been looking for graduate students interested in working with Spiritist patients and that he would try to set something up for me that Fall.

A few months later, I got a letter from Dr. Greenfield informing me that Dr. Fritz, working through a different medium- Maurício Da Silva Magalhães, would be going to the city of Fortaleza, Ceará, in late October of 1991 to perform surgeries. If I were able to arrive shortly thereafter, I would be given access to the names and addresses of some of Dr. Fritz's patients who were to participate in an ongoing, related study being conducted by Dr. Greenfield and some of his Brazilian colleagues in Fortaleza.

Dr. Greenfield and Dr. Harbanes Lal Arora of the Federal University of Ceará were working closely with some members of the Spiritist center of Dr. Periguary de Medeiros who were to host a visit in Fortaleza from Dr. Fritz. The reseachers wanted to collect medical diagnostic reports of patients via brief telephone interviews of the patients' physicians before the Spiritist treatment. The subjects were then to be monitored for some time thereafter by telephone, and if the patient returned to a medical doctor after the Fritz surgery, the researchers would try to obtain a second diagnostic report for

comparison with the first. I was to be given access to these reports with names, addresses and phone numbers so that I could select some of the patients to contact and set up in-depth, personal interviews.

It was my intention from the beginning to examine what the patients felt about their experience in their own words, not to pursue the question of the empirical medical efficacy of individual Spiritist treatments. The latter question was already being examined by Dr. Greenfield and his group, and would be clearly beyond the time and resources I would have at my disposal.

This thesis, then, will concentrate on whether *the patients believed* they were cured, helped or not aided by the treatment. It will also examine the patients' total experience with Spiritism from the decision to go to Dr. Fritz for treatment, to the results they experienced three to six months or more after the treatment. Toward this end, this thesis will address several pertinent questions as seen from the point of view of the patient. For example: What motivated the subjects to seek treatment from a Spiritist healer in the first place? Had they tried conventional medicine for the same illness before deciding to go to Dr. Fritz? If so, how do the treatments compare? What kinds of preparations did they take before the surgery? Exactly what went on the day of the surgery and during the operation? How did they feel during the surgery? Did they feel pain? Do they believe in Spiritism, and what effect did their experience have on their religious beliefs? By addressing these and other related issues, this study will attempt to offer some generalized conclusions on the Spiritist healer experience.

This thesis is highly relevant in view of the lack of ethnographic data on the outcomes of Spiritist surgeries. The results will be analyzed using some important theoretical observations and possible explanations offered

by other researchers in similar cases of non-traditional healing techniques. The study will also include other observations by the author on the unique nature of the Spiritist surgeries. It is hoped that this thesis will constitute another important step in understanding non-traditional healing systems in general. Where these techniques are proven to be successful, they may perhaps one day be incorporated into modern medicine for the benefit of all.

Three Appendices are included at the end of this thesis to provide the reader with quick access to more detailed information. The first is a copy of the interview questions administered to the subjects in Portuguese and a copy of the English translation. The second is a summary of the responses to each question in statistical form. The third is a summary of each of the forty interviews. The latter summaries concentrate on the most relevant data but often include particularly unique or interesting details in an effort to give readers a more personal view of the subjects. These summaries are numbered for ease of reference throughout the text.

Spiritism and Dr. Fritz

Although the subjects of Spiritism and Dr. Fritz will be treated more thoroughly in Chapter 2, a cursory introduction is appropriate here. Throughout the text, the term *Spiritism* (with a capital "S"), will refer *only* to the movement which follows the teachings of its codifier Allan Kardec (sometimes called *Kardecism*), while the more general, inclusive term of *spiritualism* (with a small "s") will be used to refer to various movements in Brazil and elsewhere which espouse belief in spirit contact with the living. Most notably these include: Spiritism, nineteenth century and modern spiritualism, Umbanda, Candomblé and various sects of the New

Age movement.

Spiritism essentially combines the ideas of reincarnation and contact with the spirits of the dead with Christian moral teachings. *Allan Kardec* is actually the pen name of the French school teacher, *Hippolyte Léon Denizard Rivail* (1804-69), who began to study spirit mediumship in the 1850's. Although doctrinal differences exist between various Spiritist groups today, all Spiritists accept the basic principles set forth in Allan Kardec's first two books, *The Spirits' Book* (1989, 1st ed. 1857) and *The Book of Mediums* (1st ed. 1859). Other important works by Kardec include *The Gospel According to Spiritism* (1st ed. 1864), *Heaven and Hell* (1st ed. 1865), *Genesis* (1st ed. 1868) and *Posthumous Writings* (1st ed. 1890).

Rivail published under the pseudonym of Allan Kardec as per instruction by the spirits which he interviewed through mediums. Rivail himself was not a medium. The spirits told him that he had been chosen to codify and communicate the Spiritist message. Spiritists believe in the existence of life after death and the possibility of communication between the spirits of the living and the dead. Living human beings are said to be *incorporated* or incarnated into a material body. The spirit is attached to the physical body through the *perispirit*, or roughly, an astral body. Other, *non-incorporated* spirits exist on a spirit plane which is not visible to the living. All human beings are spirits which possess an individual identity and are believed to be immortal. They pass through countless reincarnations on a near-endless quest for personal purity and perfection. This goal is achieved by embracing and putting into practice ideas taken from Christian moral teachings, and by the ability of the spirit to "let go of," or no longer desire, material things. Spiritist doctrine also places tremendous emphasis upon

doing charitable works for others as a means of spiritual advancement (Kardec 1989, Greenfield 1987, Hess 1991).

Kardec identified ten categories of spirits ranked according to their level of moral advancement. Those "higher" spirits who have developed sufficiently are no longer required to reincarnate and may carry on their spiritual advancement or good works solely in the spirit world. In these cases, they usually serve as spiritual guides and teachers for lesser developed spirits both incarnate and disincarnate. Lesser developed spirits must reincarnate through successive lives to learn particular moral lessons (Kardec 1989: 93-101).

For Spiritists, Heaven and Hell are not places but rather states of being corresponding to the level of development of each spirit. "Good" spirits (both incarnate and disincarnate) are those which are more developed and would thus never think of doing harm to others. "Evil" spirits are underdeveloped and do harm primarily because they have not yet learned the proper moral lessons. Spiritual advancement is always progressive; a spirit can never "fall" from a higher state of development. Between incarnations, spirits are usually able to remember their past lives and spend time reflecting upon their successes or failures before their next incarnation. The joy felt at the sense of accomplishment and good works done during a past incarnation, or the guilt and sadness associated with evil deeds and the failure to learn particular moral lessons, determines the state of being or happiness of the disincarnate spirit. Incarnated spirits, in most cases, are unable to remember their past lives (Kardec 1989: 101-106).

Kardec's works were received with enthusiasm in Europe. During the latter part of the nineteenth century, the Spiritist religious and

philosophical system gained numerous followers around the world and was subsequently imported into Brazil. By the turn of the century, Spiritism was significantly modified in Brazil by a native doctor, politician and entrepreneur, Adolfo de Bezerra de Menezes, to include a special emphasis on healing by spirits. With its emphasis on healing and charitable works, Brazilian Spiritism soon became popular among the rapidly expanding middle and lower middle classes (Greenfield 1987: 1098-9).

The Spiritist treatments by Menezes and others in the first half of the twentieth century were not usually invasive or even physical. They consisted of such techniques as *passes*, past life regression, and the education of errant spirits which are believed to interfere in the lives of living victims, thus causing illness. In the latter case, the errant spirit is educated in spiritist doctrine by a medium and then persuaded to leave the victim alone. A *passe* is a technique similar to "laying on of hands" whereby the patient is believed to receive energy through a medium. This energy helps to realign and replenish the *perispirit*, which connects the spirit with the material body. Past life regressions are sometimes necessary to diagnose a particular problem since current illnesses are often believed to have their cause in a previous incarnation (Toledo 1954; Greenfield 1987; Greenfield 1992). These techniques are all utilized at Spiritist centers today and will be discussed in greater detail in Chapter 2.

Since the middle of the twentieth century, more invasive and controversial treatments have appeared through the spirit of Dr. Adolf Fritz. The first medium who claimed to accept this spirit was Jose Pedro Freitas, more commonly known as Ze Arigó, who would (among other things) remove tumors and perform delicate eye operations with a paring knife.

Arigó had never undergone any medical training and did not use anesthesia or antiseptics during the operations. On several occasions during the 1960's his surgeries were observed by independent researchers and physicians from Brazil and the United States. Although the studies ended prematurely with Arigó's death in 1971, the researchers failed to discover adequate medical explanations for the medium's success in performing the surgeries (Fuller 1974).

In a publication written through the mediumship of Maurício Magalhães- *Dr. Fritz: O Medico e Sua Missão ["Dr. Fritz:The Doctor and His Mission"]* (1986)- Dr. Fritz describes his work as a healer and his reasons for taking on this mission. In his last incarnation, Dr. Adolph Fritz claims to have been born in 1876 in Munich, Germany and died at the age of 42. He was a medical doctor who specialized in general surgery and last operated during the First World War. Dr. Fritz does not claim to be an elevated spirit or "spirit of light," but describes his work as something of a penance for evil deeds committed during his last incarnation. He admits, for instance, to having wrongfully conducted many surgeries "with a bayonet and in cold blood" (Magalhães 1986: 9). He says that many of the people he hurt during this time had been reincarnated in Brazil and as a result he chose this country to practice his healing works. When asked how he felt upon returning to the spirit world after his last incarnation, he said, "I felt terrified with my spiritual condition at that moment" (Magalhães 1986: 9; author's translation).

Dr. Fritz does not work alone but rather with a group of spirits which handle specific tasks during the surgeries. These specialists include various nurses and doctors working at the spiritual level to accomplish such tasks as

the sterilization of the surgical environment and the anesthetizing of patients. In addition, communication will always take place between Dr. Fritz and the patient's personal spirit guide or guardian spirit. It may be that a particular illness is part of the patient's karma and necessary for their spiritual development. In this case, Dr. Fritz and his team would refuse to operate. If the guardian spirit approves, it will lend its aid to the operation as well (Greenfield 1987: 1101).

The work of Dr. Fritz and his team is part of a much larger mission dedicated to healing and spiritual enlightenment. This larger mission consists of over twenty-two thousand spiritual entities and is allegedly directed and overseen by three spiritual mentors: Friar Fabiano de Cristo, Dr. Bezerra de Menezes and Antonio Francisco Lisboa. This mission is in turn sponsored by a "hospital" on the spirit plane which is named after and dedicated to Saint Francis of Assisi (Magalhães 1986: 18-32).

The invocation of these famous figures from Brazilian, Spiritist and Christian history as "directors" of Dr. Fritz's work helps to legitimize the mission among prospective patients. Saint Francis is especially popular as a source of healing in Brazilian folk Catholicism (Greenfield 1990b). In fact, one of the patients which I interviewed (patient #13) believes that it was actually St. Francis, working through Dr. Fritz, who effected his cure of prostate cancer. The ultimate source of all healing through Dr. Fritz's work, however, is believed to come from Jesus Christ. Dr. Fritz, then, is working through, and expanding upon, a long standing tradition in the Brazilian religious milieu of using spiritual intercessors to help his patients gain favors from God. Working through such traditions rather than at variance with them plays a major role, I believe, in helping his patients to be more

comfortable with, and have more faith in, their treatment, thus increasing the chance of a positive outcome. This is especially important in view of the fact that the Catholic Church has a long-standing tradition of opposing all Spiritist practises.

Since Arigó's death in 1971, several people have claimed to receive the spirit of Dr. Fritz. These mediums include Maurício da Silva Magalhães, José Carlos Ribeiro and Dr. Edson Cavalcante de Queiroz. In *Dr. Fritz: O Médico e Sua Missão* (Magalhães 1986: 15), the spirit of Dr. Fritz (through Magalhães) states that his first medium was actually a nun which he does not name or talk about in any detail. The second was Ze Arigó, the third Maurício Magalhães, and the forth Dr. Edson Queiroz. He does not recognize José Ribeiro as a medium by name, but says that one other medium is in training and will be revealed at a later date.

This lack of recognition of José Ribeiro may be construed as a form of competition between mediums. The Fritz/Ribeiro surgeries are particularly sensational; to the point of using a gasoline-powered buzz saw to make incisions (Greenfield and Gray 1989). The Fritz/Magalhães surgeries witnessed by the author were far less dramatic by comparison. Fritz/Magalhães is often critical of Edson Queiroz as well. "Edson has not yet decided to profoundly dedicate himself to the study of Spiritist Doctrine and to spiritual works. He treats his mediumship as something phenomenalistic" (Magalhães 1986: 22) [author's translation].

Dr. Fritz and his mediums have had considerable difficulties with Brazilian law in the past. Arigó was accused of being a *curandeiro*, that is, a faith healer or, in this context, a charlatan by state authorities in Minas Gerais. He was twice convicted under an anti-*curandeirismo* law in 1956

and 1964. In the first instance, he was pardoned by the Brazilian President Jucelino Kubitchek in 1958. It is said that Arigó cured one of the president's daughters of kidney stones. In the second instance, the Federal Supreme Court cancelled his sentence in 1965 as a result of wide-spread public outcry and the intervention of an American doctor, Andrija Puharich, who studied the medium's surgeries during the 1960s (Hess 1991: 129-130).

The case of Dr. Edson Queiroz is somewhat different since he was a licensed member of the medical community. As such, he was not subject to prosecution under anti-curandeirismo laws. Until his death in 1991, he practised gynecology in Recife, the largest city in the state of Pernambuco. During this time, however, he was constantly under attack by the medical community for his mediumistic surgeries. At one point, the Pernambuco Regional Council of Medicine voted to revoke his medical license on the grounds that he did not charge for his services when working as Dr. Fritz. This decision was later overturned by the National Council of Medicine since they could find no evidence that he had harmed any of his patients. In spite of the National Council's decision, the Pernambuco Council voted to revoke his license again in 1988 (Hess 1991: 135-136).

In addition to conflicts with Brazilian law and the medical community, Dr. Fritz and his mediums have often been at odds with factions within the Spiritist movement itself. The highly influential AMESP (Spiritist Medical Association of Saõ Paulo) has repeatedly criticized medumistic surgeries of the invasive type, where the patient's skin is broken, as being unnecessary as well as dangerous to the patient. In his book *Spirits and Scientists*, Hess (1991: 125-151) argues that the practises of mediums such as Queiroz are believed by the "intellectual Spiritists" to undermine their goal of Spiritist

practises and treatments becoming accepted as legitimate material for scientific study among scientists and parapsychologists world wide. Intellectual Spiritists stress the use of non-invasive treatments such as *passes* and spirit *disobsession,* in conjunction with modern medicine, as the proper course of Spiritist medicine. The charismatic mediums of Dr. Fritz have greater appeal to Spiritists who are oriented toward the more evangelical side of the movement.

The majority of the subjects interviewed for this study were treated by Dr. Fritz through the medium Maurício Magalhães. Magalhães was born in 1957 in Campo Grande, the capital city of the state of Mato Grosso do Sul. At age five he lost his father and soon became a street vendor and shoe-shiner to help out his impoverished family. Due to work obligations he was forced to drop out of school after the forth grade and never returned to continue any formal education. Magalhães began to show signs of his mediumship between the ages of 13 and 14. These included having strange and frightening visions, hearing unidentified voices and feeling a sense of suffocation during these episodes. The first manifestation of Dr. Fritz occurred spontaneously at age 16, whereby the spirit treated the illness of a young child through Magalhães (Magalhães 1986: 1-2).

Word spread quickly throughout the city of Compo Grande and Magalhães soon found his services to be much in demand. In 1982 he married Maria Angela who began assisting the surgeries of Dr. Fritz as a nurse. Magalhães now travels to most major cities in Brazil throughout the year treating the sick. He charges no specific fee for his services, but the centers which sponsor his visits are expected to pay the traveling expenses of himself and his family. He typically visits the *Dr. Periguary de Medeiros*

center in Fortaleza twice a year. In order to pay his expenses and to provide medical supplies for the surgeries, the center usually raffles off television sets or bicycles and collects voluntary donations.

CHAPTER 2

Background of the Study

A Brief History of Spiritism

The Spiritist belief system had its beginnings within the context of the general movement of *spiritualism* in upper New York State with the Fox sisters in the middle of the nineteenth century. In 1848 these sisters claimed to communicate with the spirit of a murdered peddler who was haunting the house in which they were living (Hess 1994: 4). These communications received widespread media coverage and the sisters then began to receive other spirits to entertain friends. The Fox sisters' feats were soon emulated and spirit communication became very much in vogue. These communications, along with "...the tradition of traveling hypnotists known as Mesmerists, helped spark the Spiritualist movement in the United States" (Hess 1994: 4).

Spiritualism spread to Europe almost immediately. In Britain it retained the same name and roughly the same character. In France, however, it came under the influence of Hippolyte Léon Denizard Rivail (1803-1869). Rivail was a resident of Paris and a professor of mathematics, science and grammar. In 1854 he was introduced to the "table turning" phenomena of the Spiritualist séances which were becoming so popular at the time. He soon received a message through the mediumship of two young girls that spirits of a very high rank would continue to communicate with him since he had been selected for a very important mission (Renshaw 1969: 57).

The spirit communications were made at first through a code of taps on

the séance table. But Rivail and others soon developed a system of "planchette-writing," whereby the spirits guided a pencil attached to a small basket, upon which the mediums' fingers were lightly laid (Renshaw 1969: 57). It was next perceived that the basket or "planchette" was merely an extension of the medium's hand and was not needed. The medium now held the pencil in his or her hand and was apparently made to write under an impulsion independent of his or her will. In this manner the spirits were able to communicate more rapidly and effectively (Kardec 1989: 29-30).

Rivail then began extensive interrogations of spirits through several mediums in which he asked and received comments on a systemized series of questions about life, philosophy, religion and the nature of the universe. On April 30, 1856 the "Spirit of Truth" announced to Rivail that his mission in life was to codify and publish the teachings he received from the spirits under the pen name of Allan Kardec. He published his first book, *Le Livre des Espirits* a year later (Renshaw 1969: 57-58). The term *Spiritism* was coined to distinguish Kardec's doctrine from the Anglo-Saxon *spiritualism*.

Rivail gives two reasons why he was convinced of the authenticity of the mediumistic writings. The first is that the handwriting style changed between different spirits writing through the same medium. "In such cases the medium would have to train himself to change his handwriting an indefinite number of times, and would also have to remember the particular writing of each spirit" (Kardec 1989: 30). The second has to do with the quality of the answers and comments received. Rivail states that the messages were often, "...notoriously beyond the scope of knowledge, and even of the intellectual capacity, of the medium" (Kardec 1989: 30). Furthermore the questions, he claimed, were sometimes asked in a language

completely unknown to the medium.

Through his experimental method of inquiry, Rivail became convinced of the scientific validity of reincarnation, the existence of the perispirit and spirit communication through mediums- the three cornerstones of the Spiritist belief system. Aside from Spiritism's more structured and organized moral and philosophical doctrine, the belief in reincarnation was the primary difference between early French Spiritism and Anglo-Saxon spiritualism. Among spiritualists reincarnation remains a controversial tenet (Hess 1991: 16).

For Kardec, reincarnation was closely tied to the notions of cause and effect as well as karma and free will. Free will and the laws of cause and effect are among the primary "philosophical and moral principles" Kardec received from the spirits. Each person accumulates a certain amount of karma through successive incarnations according to the goodness of one's deeds. Following Hess (1991: 16), Kardec's message appears to be a wedding of nineteenth-century liberalism with Indic doctrines. In addition, by stressing the importance of individual free will, it also resembles the Augustinian doctrine regarding the relationship between free will and the attainment of grace. Thus today, with regard to modern Brazil, reincarnation, "...forms part of a nexus of values in Spiritist doctrine that strikes a resonant chord in Brazil's predominately Catholic culture" (Hess 1991: 16).

Kardec's doctrine also rejected a number of basic Christian tenets, which is important in understanding the animosity toward Spiritism held by the Catholic and Protestant churches. These include: the divinity of Christ, the divine nature of miracles, the Trinitarian concept of God, the

existence of angels and demons and the physical reality of heaven and hell (Hess 1991: 17). "Miracles" are seen by Spiritists as natural psychic phenomena or spirit activity which will eventually be explained through scientific means. Angels and demons are understood to be simply greater or lesser developed spirits, with Christ having been one of the most highly developed spirits to ever be incarnated on earth. This latter belief is in sharp contrast to what the author found at the Spiritist center in Fortaleza, where many members stated their belief in the divinity of Christ. The rhetoric of Dr. Fritz, which the author witnessed during the medium's visit to Fortaleza, also appeared to support the notion of Christ's divinity.

In *The Book of the Spirits*, Kardec's goal was to provide a systematic, scientific account of the spirit-world through the use of mediumship. The result was what we might today call an "otherworldly ethnography" (Hess 1991: 61). During the course of the work Kardec interviewed the spirits of many famous personalities including John the Baptist, St. Augustine, St. Paul, Socrates, Plato, Ben Franklin and the Spirit of Truth (often said to be Jesus). Despite the diversity of the "informants," Kardec found their messages to be fundamentally similar. He received over one thousand answers from various spirits on numerous subjects and then organized them into a coherent work.

In addition to describing the spirit world, the spirits prescribed a set of moral principles for behavior in the world of the living which followed the central tenets of Christian morality. Like many nineteenth century intellectuals, Kardec was concerned that the great advances in geology, astronomy and biology- including emerging theories of evolution- were eroding religious spirituality and Christian morality. Recent discoveries in

history and archaeology likewise made literal interpretations of the bible difficult (Hess 1991: 61). He saw Spiritist doctrine as a means to reconcile the competing views of science and religion. "Kardec viewed his doctrine as a kind of empirical science of the spirit world, but a science that bridged the gap between 'is' and 'ought' by taking what he interpreted as the facts of spirit communication and transforming them into the moral principles of Spiritist doctrine" (Hess 1991: 61).

Kardec's second work, *The Book of Mediums* (1859), focused primarily on the practical aspects of mediumship. This book describes the various types of mediumistic activity- speech, spiritwriting, clairvoyance, etc.- and gives practical advice on how to develop the mediunic gift (Renshaw 1969: 68). *The Gospel According to Spiritism* (1864) is a more specifically religious work which emphasizes the Spiritist Doctrine as the third revelation of God following the earlier revelations of Moses and Christ. Here Kardec claims to show the mediumistic nature of the earlier revelations, and argues that the three revelations correlate with different steps in the evolutionary progress of human religious thought. In Brazilian Spiritist centers today, readings from *The Gospel According to Spiritism* are often dominant, sometimes to the exclusion of other works. This has led Renshaw (1969: 74) to observe that the "...doctrinal study session is increasingly becoming a worship service, with a mysticism of charity at its center."

Kardec's first works were written primarily for the intellectual elites of Paris' middle and upper classes, which he called the "head" of the movement. Kardec asserted that the majority of Spiritists came from the upper ranks of society. The rapid growth of Spiritism during the 1860's, however, has been shown to have been rooted in the "...charismatic appeal

he had among the working classes of southern France, especially in Lyons, which he referred to as the 'heart' of the movement" (Hess 1991: 62). The greatest challenge to Kardec's doctrine came from one of these Lyonnais Spiritists named Jean-Baptiste Roustaing.

In 1866, Roustaing published *The Four Gospels: The Revelation of the Revelation*, based on communications through the French medium Madame Collignon. Collignon claimed to communicate with the original authors of the gospels thereby producing new, corrected versions of their biblical accounts. They reasserted key Catholic dogmas such as the virgin birth, the Trinitarian concept of God, and the divinity of Christ. Roustaing embraced the "docetic" doctrine that Christ had a purely "fluidic" or "perispritual" body, which relieved him from physical suffering and the limitations of ordinary human beings. These changes appeared to give Spiritism a more religious character. Kardec, who viewed Spiritism as a philosophy rather than a religion, repeatedly criticized Roustaing's views in the periodical *Revue Spirite* and later in his book, *Genesis* (1868). Although Roustaing's work was not well received in France, it was a primary source of the doctrinal differences and factions within Spiritism which later developed in Brazil (Hess 1991: 62).

The beginning of Spiritism in Brazil is officially recognized as September 17, 1865, when a séance was held in Salvador, Bahia, by Luis Olympio Telles de Menezes, a physician. Telles de Menezes defended the teachings of Allan Kardec in a Bahian newspaper in the same year and earned the personal thanks of Kardec. For the following twenty years, numerous attempts were made to charter various Spiritist organizations in Brazil, usually over the objections of the Catholic Church and the Brazilian

intellectual elite.

These early groups were frequently at odds over doctrinal differences. On one extreme were the scientific Spiritists who emphasized Kardec's first two (more philosophical) works: *The Book of Spirits* and *The Book of Mediums*. At the other end of the spectrum were the Roustaingian Spiritists or "mystics" who accepted the virgin birth, the preternatural nature of Christ's flesh, and his divinity. Between the two were the evangelical Spiritists who tended to emphasize Kardec's more religious works such as *The Gospel According to Spiritism*, but did not wholly accept Roustaing's works. These early divisions are still very much in evidence today, although they should be viewed as points in a continuum rather than set categories of belief. The man who helped to bring together these disparate factions was Adolfo Bezerra de Menezes Cavalcanti. Today he is often referred to as the "Brazilian Kardec " or the "unifier" (Hess 1991: 81-85).

Menezes was a political leader, entrepenuer, and medical doctor who announced his support of the Spiritist doctrine before a group of Rio's elite in 1886. He later served as the president of the Brazilian Spiritist Federation (FEB) during the 1890's, until his death in 1900. Under Menezes' leadership the FEB became a central unifying force in Spiritism, especially as a rallying point in opposition to a new federal law which banned *Espiritísmo*. Although the statute was intended to address primarily the Afro-Brazilian religious groups of the time, the Kardecian/Roustaingian groups were also threatened.

During 1890's, the FEB presented themselves as a scientific organization dedicated to research in an effort to avoid repression. The evangelical

Spiritists, however, were always the majority. Menezes was able to reconcile the evangelical Spiritists with the Roustaingists when the FEB voted to recognize Roustaing's *Four Gospels* as officially sanctioned reading. The scientific Spiritists were never completely reconciled with the FEB, however, and some splintering of groups occurred (Hess 1991: 86).

Menezes' most influential work, *Insanity Through a New Prism* ([1897] 1939), presented a carefully constructed position which could be accepted by the differing factions within the Spiritist movement. Menezes accomplished this by beginning his work with a critique of materialism and a defense of spirit phenomena. His conclusion also emphasized the importance of Christian morality in the Spiritist treatment of mental illness. All of these positions were relatively non-controversial (Hess 1991: 87).

Menezes' *Insanity Through a New Prism* was also a description of spirit obsession and its treatment- spirit disobsession. Menezes defends the view that in cases where there is no cerebral lesion, the cause of mental illness is spiritual, resulting from the harmful influences of less developed disincarnate spirits which attach themselves to human beings. The obsessing spirits must be contacted by mediums, educated in Spiritist doctrine, and persuaded to leave the victim alone. Spirit disobsession is still a major form of therapy at Spiritist centers today, and will be discussed in greater detail in the next section of this chapter.

During the first half of the twentieth century, divisive forces within the major Spiritist organizations continued to plague the movement. These forces were mitigated somewhat, however, by the continued threat of persecution from the government, since it was believed that all Spiritists needed to stand together in resistance. For example, the FEB established

hospitals for the treatment of the mentally ill (spirit-obsessed) around the turn of the century. However, they were prosecuted for the illegal practice of medicine in 1904-05 under new governmental legislation which made healing legal only for licensed doctors (Hess 1991: 197).

Over the next 50 years the FEB remained the most influential of the various Spiritist groups. They were able to establish major programs for assisting the needy, schools for the training of mediums, and sanatoriums for treating the obsessed. For the most part, the alliance of the Roustaingist and evangelical Spiritists was able to retain control of the FEB, but a major split occurred in 1926 when a group of intellectual Spiritists, apparently dissatisfied with the FEB, split off to form the Spiritist League of Brazil. This group eventually became the Spiritist Federation of the State of Rio de Janeiro (Hess 1991: 198-199).

Perhaps the most influential and well known of all Brazilian Spirit mediums is Francisco Candido "Chico" Xavier. Xavier is a "psychographic" or "automatic writing" medium who receives spirits and writes down their messages while in a trance-like state. His background as a minimally-educated, lower-middle-class, civil servant has convinced Spiritists that the highly erudite communications he receives from spirits are genuine (Hess 1991: 31). He has served as the medium-author for hundreds of books by a variety of spirits. The most famous of these are: Brother X, said to be the Brazilian poet Humberto Campos; Emmanuel, said to be the spirit of the colonial Jesuit Manuel da Nóbrega; and André Luiz, said to be the spirit of the medical researcher Carlos Chagas (Hess 1994: 31).

In 1944 Xavier published the first in a sixteen book series by the spirit André Luiz called *Nosso Lar* or *Our Home*. The work begins with a

description of "Nosso Lar" as the celestial home where Spiritists believe Brazilians go when they die. It is located on the spirit plane just above the worldly city of Rio de Janeiro, and is run by a benevolent dictator who has descended from a higher plane to run the colony as charity work (Hess 1994: 31). The Luiz/Xavier writings describe Nosso Lar as a kind of idealized version of past and present day Brazil. However, like modern Brazil, Nosso Lar is still in a state of development, and is therefore not highly placed in the hierarchy of colonies on the spirit plane.

As pointed out by Hess (1991: 31-36), the parallels with terrestrial Brazil are abundant. For example, Luiz describes spending an indefinite amount of time floating in a kind of limbo or *Umbral* (literally "threshold") immediately after his death. In this place, seemingly between heaven and hell, Luiz is greeted only by the cries of spirits more isolated than himself, until he is found by a "friendly old man" named Clarêncio who smiles and says, "'Courage my son! The lord has not abandoned you'" (Xavier 1944: 24). After Luiz is taken under the patronage of Clarêncio and guided to Nosso Lar, he learns that he was rescued only after his mother descended from higher planes to *dar um jeitinho* (intervene to bend some rules) on his behalf (Hess 1991: 32). This is a clear example of the type of patron-client relationships still present in terrestrial Brazil in the mid-twentieth century. It is an idealized form of these relationships, however, since the *jeitinho* works for common people such as Andre' Luiz. Likewise, in contrast to the worldly Brazil of the time, the governor of Nosso Lar "...does not need to use authoritarian police measures to deal with dissidence; instead he merely explains to the troublemakers their mistakes which they readily see" (Hess 1991: 35).

Nosso Lar (1944) then may be seen as both an otherworldly ethnography of the Brazilian spirit-world, and a critique of the *Estado Novo*, or "New State," government (Hess 1991: 31-35). It is Brazil as it ought to be. Xavier's works have done more to make the Spiritism of Brazil more uniquely *Brazilian* than perhaps any other author. His works are widely published in Brazil and are used by many Spiritist Centers in their weekly "services."

Spiritist Disease Theory and Treatments

The connection between the spiritual and material components of human beings lies at the heart of Spiritist disease theory. Over the years, Spiritists have developed a very complex and interesting conception of the joining of these two disparate elements. All spirits are believed to have the equivalent of a non-material or spirit body. Disincarnate spirits live on the astral or spiritual plane in these bodies, to which their perispirits are attached. When a spirit incarnates, the corresponding parts of the spirit and somatic bodies are brought together by means of the perispirit to fit exactly. The points of juncture on the somatic body are called *plexuses*, while the corresponding parts on the perispirit are called *chacras*. When these points of juncture are not in perfect alignment, illness occurs (Greenfield 1987: 1099-1100).

Spiritists believe that human beings are constantly bombarded by cosmic forces (radiations) and forces from the earth (irradiations). Both of these forces are electromagnetic in nature and can upset the delicate balance between the perispirit and the somatic body, resulting in illness. Likewise, the *perturbations* of low-level disincarnate spirits, or strong negative

emotions from living human beings, can disturb this balance and throw the entire system "out of whack" (Greenfield 1987: 1100).

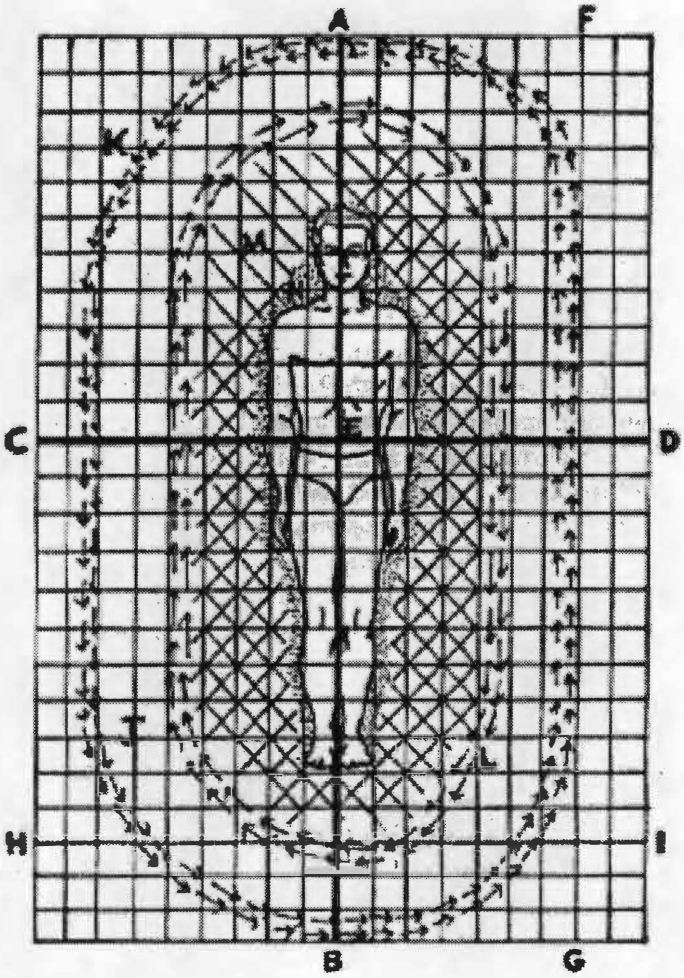

Figure 1: The fluidic body in a healthy state.

Figure 1 (St. Clair 1971: 193) shows the area in which the joining of the perispirit and the somatic body occurs. The entirety of this area is often referred to as the *fluidic* body. The fluidic body is believed to lie on a vertical axis and a horizontal axis. The individual in Figure 1 is said to be in "perfect balance with the elements" since the plexuses of the somatic body and the chacras of the perispirit are properly attached and aligned (Greenfield

1987:1100).

In this figure, the letter E designates the somatic body, while N is the perispirit. It is the perispirit which is the last to leave the body upon death. Spiritists believe lingering perispirits are responsible for the various sightings throughout history of "ghosts," since the form of the perispirit mimics that of the material body at death. The letters F, G, I and H representthe cosmic and emotional forces which constantly bombard the individual. K and L are the individual's outside and inside protective auras which are believed to move, respectively, in counter-clockwise and clockwise directions. The outside aura (K) should appear bluish-white; if it is gray, this indicates illness to a medium. Between the two protective auras lies a void (J). Directly inside the inner protective aura (L), is a light (M) whose color indicates the body's mental health to an especially sensitive medium or healing spirit (St. Clair 1971: 193-194).

Gifted mediums and powerful healing spirits (such as Dr. Fritz) are believed to be able to see all of the various elements of the fluidic body and thus immediately diagnose any physical, mental or spiritual ailment. The medium will then know what to cure and exactly how to go about it. As stated before, however, some illnesses are part of the patient's karma, and thus, out of the healing spirit's jurisdiction. The spirit healer must confer with, and gain permission from, the patient's guardian spirit in order to proceed with the treatment. Another essential element in the Spiritist healing process is faith. "Without faith- faith on the part of the patient- nothing can be done" (St. Clair 1971: 194).

Figure 2 (St. Clair 1971: 195) shows a patient who is in need of spiritist treatment. The fluidic body is said to be "out of whack" with the elements

and invaded by evil thoughts or malign cosmic vibrations. The job of the medium or healing spirit is to put everything back into the smooth working order illustrated in Figure 1. One method a medium may use to accomplish this is the *passe*. The passe pulls out the damaged particles of the fluidic body and replaces them with fresh new particles and energy. All of this is allegedly done with magnetism and emanations from the hands of a medium (St Clair 1971: 196).

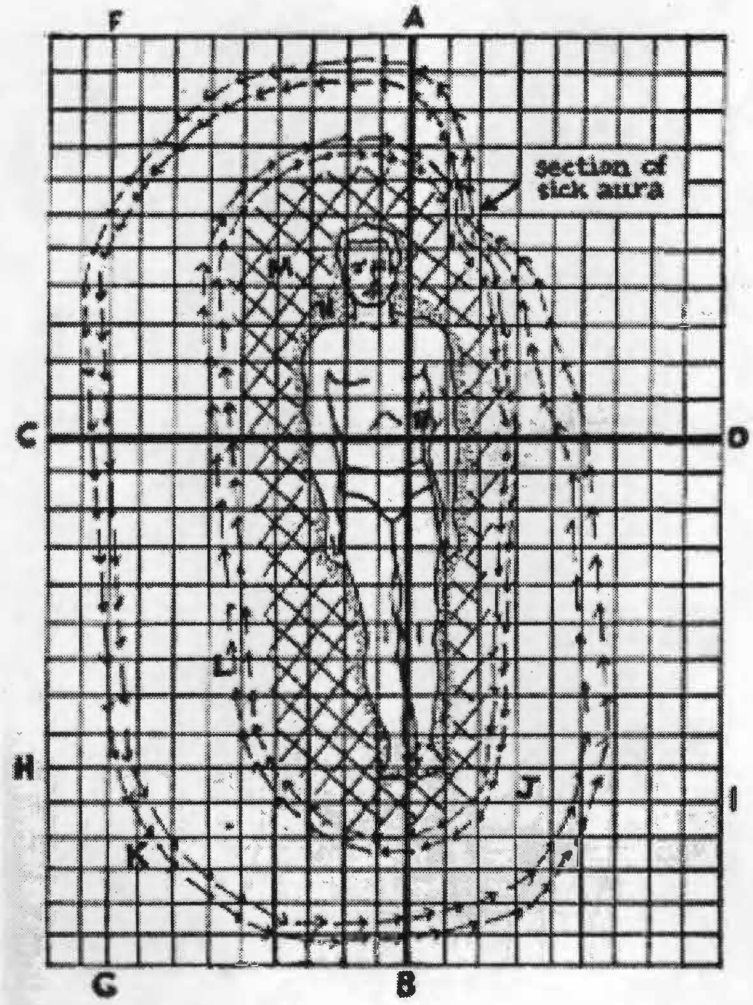

Figure 2: The fluidic body in need of Spiritist treatment.

The *passe* is most often given with the patient seated in an upright yet

relaxed posture. The patient is asked to close his eyes and sit with his hands in his lap with the palms facing upward. The arms and legs are never crossed as this will disrupt the flow of energy. The medium then places his or her hands, with the fingers stretched out, a few inches from the patient's temples and passes his hands downward slowly in an arch until they are roughly even with the patient's knees. This process is often repeated several times until the medium is sure the exchange of energy is complete. A medium's hands, when they begin to discharge magnetic fluids, are said to turn light blue, and emit rays of the same color which can only be seen by other mediums. Patients are often said to feel certain sensations during a *passe*, such as a tingling of the skin, while others reportedly go into a trance-like state (St. Clair 194-199).

In addition the medium's spiritual knowledge, the healer should also be familiar with human physical anatomy. He knows, for instance, where the liver lies, how kidneys should function and where the important nerve endings are. He likewise knows about bone joints, heartbeats and the digestive tract (St. Clair 1971: 196). The spirit healer's ministrations effect changes in the correlative regions of the perispirit, which in turn are believed to manifest themselves as cures in the physical body. Thus, knowledge of human physical anatomy by the healing spirit is believed to be essential.

Spiritists also believe the body is composed of positively and negatively charged portions. Figure 3 (St. Clair 1971: 196) is an illustration showing these different areas. The healing spirits are said to use these regions... "one against the other, much like a magnet," (St. Clair 1971: 196) when conducting *passes* and other types of treatments.

Before continuing with a discussion of the other various forms of Spiritist treatment, it must be stressed that Spiritists also accept modern medicine. Some illnesses are viewed as purely physical, but many, or perhaps most, have spiritual causes. Modern medicine is seen as ill equipped in these cases, and capable only of treating the symptoms present in the somatic body (Greenfield 1987: 1101).

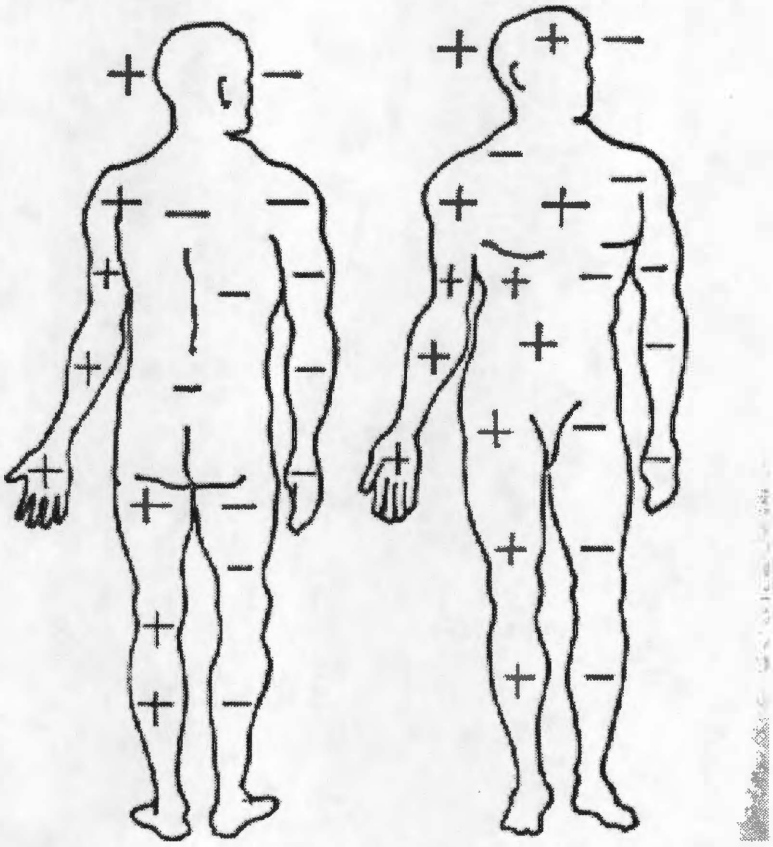

Figure 3: negatively and positively charged portions of body.

Although *passes* are the most common form of treatment found at Spiritist centers, other modalities exist; these include: disobsession therapy, "psychic surgery" (such as that performed by Dr. Fritz), fluidic healing at a distance, and a rare form of treatment called *apometry*. Disobsession therapy is used to treat mental illnesses believed to be caused primarily by the perturbations of low-level disincarnate spirits. Upon death, a highly

evolved spirit will normally remember its past lives and know that it is now disincarnate. The disincarnate spirit will then move on into the spirit plane to contemplate its experiences. Some spirits, however, are believed to be too attached to the physical world and are unwilling or unable to leave. Thus, the disincarnate spirit will linger in the material world, often attracted to people who manifest the same baser emotions to which it was drawn in life. Spirit disturbances can also result from the victim's own actions in a past lifetime. In these cases, a disincarnate spirit may exact retribution for offenses committed against it by the victim in a previous incarnation. The errant or malign spirit is then said to cause perturbations or disturbances of varying degrees in their victims.

There are three types of perturbations recognized by Spiritists and ranked according to their severity (Greenfield 1987: 1102). Perturbations of the first order involve mild spiritual influences which result in such conditions as mild depression, jealousy, sadness, fear, malaise, complexes and domestic misunderstandings. The treatment involves a medium who accepts the errant spirit and dialogue ensues between the spirit and a knowledgeable spiritist leader who is normally not a medium. The leader then educates the errant spirit as to its disincarnate status and points out the moral advantages of behaving appropriately. In effect, the Spiritist leader gives the errant spirit a lecture in Kardecist doctrine. He then convinces the spirit to stop disturbing the patient.

Perturbations of the second degree involve more intense forms of the conditions outlined above, as well as some physical illness. In these cases, the low level intervening spirit may cause a blockage in the flow of the victim's magnetic fluids, or an imbalance in the fit between the perispirit

and the somatic body, resulting in serious mental illness. The treatment is usually the same as that described above for perturbations of the first order; but in some extreme cases, new magnetic fluids may have to be transfused from the healing medium to the patient (Greenfield 1987: 1102).

Perturbations of the third degree result from very intense spiritual disturbances. The most serious of these is spirit obsession. In addition to the symptoms described above for perturbations of the first and second orders, the patient often experiences uncontrolled outbursts of crying and apathy or extreme pain at the top and frontal regions of the head (Greenfield 1987: 1102). Treatments include *passes* and transfusions of magnetic fluids, as well as indoctrination of the errant spirit in Kardecist philosophy. If the cause of the problem is related to an offense committed by the victim in a past lifetime, a past life regression may also be included as part of the treatment. In extreme cases, the perturbing spirit may resist the indoctrination to a greater degree than the spirits involved in perturbations of the first and second orders.

Another type of treatment used by Spiritists, "psychic surgery," is exemplified by the work of the spirit surgeon- Dr. Fritz. In these cases, the skin is often broken and actual physical surgery through the hands of the medium takes place. As stated previously, not all Spiritist organizations approve of these surgeries and some have condemned the practice as potentially harmful to the patient. This type of treatment is the focus of the present study and has been described in a general way in Chapter 1, and will be described in greater detail in Chapter 5.

One important note, however, is that the character of the surgeries appears to be affected by the medium. For instance, the surgeries observed

by the author, through the mediumship of Maurício Magalhães, seem to be somewhat less invasive than those reported by Greenfield (1987) of Edson Queiroz and José Ribeiro. In fact, of the thirty-five patients I interviewed who had physical treatment via Maurício Magalhães, thirty were treated only with acupuncture needles. In these cases, the medium usually inserted three or four needles into various places on the body, left them in the patient's body for a couple of minutes while attending another patient, and then returned to remove the needles. Dr. Fritz (personal communication via Maurício Magalhães) told me that these needles were needed to "focus spiritual energy" into chacras which correspond to various parts of the body and the perispirit.

I later showed some video clips of the surgeries I witnessed to a licensed acupuncturist from New York City. He told me that Dr. Fritz was employing many of the same points of insertion on the patients' bodies that are used in acupuncture. The Fritz surgeries differ significantly from acupuncture, however, in that acupuncturists will use a great many more pressure-points (as well as needles), and leave the needles in the patient for a much longer time. The acupuncturist said he believed that taken alone, the type of "acupuncture" practiced by Dr. Fritz would have little or no therapeutic effect on the patients.

A forth type of treatment employed by Spiritists is fluidic healing at a distance. Dr. Fritz has always maintained, through several mediums, that physical surgery is not needed to affect a cure. Since all healing is done by spirits, the material intermediacy of the medium is really unnecessary (Greenfield 1987: 1103). Belief on the part of the patient, however, is essential. Dr. Fritz's use of mediums and physical surgery is by his own

admission merely a prop designed to help people believe in the cure. As Edson Queiroz maintains, Brazilians are, like most people, overly materialistic. "They need to physically see the healing performed by the spirits or else they will not have the faith to believe" (Greenfield 1987: 1103). With proper preparations and faith, the healing may be done through correspondence.

Correspondence treatment is offered by many spirit organizations throughout Brazil, most often for the purpose of spirit disobsession. Three of the patients in the present study received treatment by correspondence (see Appendix C: subject #'s 33, 35 and 40). Two of the subjects contacted and requested treatment from a Spiritist center in Rio de Janeiro and one from Dr. Fritz via Edson Queiroz in Recife. In each of these cases, a list of instructions was mailed back to the patients outlining an elaborate system of ritual preparations which were required of the patient before treatment. These preparations were almost identical to those required by Dr. Fritz/Maurício Magalhães before his physical surgeries and will be discussed in greater detail in Chapter 5. The patients were also given the exact date and time at which the spirit treatment would occur.

Each of the correspondence-subjects I interviewed reportedly sensed spiritual activity at the time of the operation. In one case, the subject felt an intense pain at the top of her spine as if a surgical instrument was being inserted downward into her back. In another case, the subject reported that the room began to smell like a hospital and that she had the sensation of being "drugged" just before the appointed time of the surgery (see Appendix C: subject #'s 33, 35 and 40).

A final type of spiritist treatment called *apometry* has been reported at

the Spiritist Center of the *Casa do Jardim* in Porto Alegre (in the far south of Brazil) by Greenfield (1992). Apometry was developed by the Center's leader-Dr. Jose Lacerda de Azevedo from techniques he learned through a Spiritist leader from Puerto Rico. Lacerda claims to have developed a method of separating the patient's spirit body from her material body. This separation is accomplished by counting out a series of taps with a metal rod on a platform. The spirit body of the patient is then sent to a hospital on the astral plane to be examined and treated by attending healers there. The result is said to be more efficient and effective treatment (Greenfield 1992: 28-30).

A medium at the Casa do Jardim will usually accompany the patient to the astral plane and provide a narrative account of what transpires there. In cases of disobsession, another medium at the Center is present to accept the errant spirit. An interesting factor here is that the malign spirits are often those of Umbanda who are working "black magic" on their victims. The spirit is then educated in Spiritist doctrine by Dr. Lacerda and persuaded to leave the victim alone (Greenfield 1992: 30-31). It is important to note that the Casa do Jardim Center combines more elements of syncretism with Umbanda than is common in Spiritism, and their practices should not be viewed as typical.

Fortaleza and the Spiritist Center

The research for this thesis was conducted in Fortaleza, the capital of the State of Ceará. It is a city of about two and a half million inhabitants on the northeast coast of Brazil, about four degrees south of the equator. Unlike the interior region of the state, temperatures in the city rarely exceed 90

degrees Fahrenheit, thanks to the cool, moderating effects of the ocean breezes. The temperatures in general tend to remain constant throughout the year. Because of it's ideal tropical weather and stunning, pristine beaches, Fortaleza is a popular tourist spot for visitors from the southern regions of Brazil during the winter months. The region is also well known for it's traditional arts and crafts, folklore, music and dance, such as the fast-paced *forró*. The people are very friendly and out-going, while the economy is quite depressed in relation to other regions of Brazil.

The rainy season normally comes during the months of March and April, but little rain has fallen for the past several years due to a drought in the region which has severely damaged agricultural production. Like the other cities of the less developed northeast, Fortaleza is a study in contrast. While the city has more than its share of slums or *favelas*, whose inhabitants often live in abject poverty, it also has a great many high-rise apartment buildings and mansions where many enjoy a standard of living equaled by only the most affluent members of North American society. In between these two extremes are a large group of working-class poor, and a struggling, yet steadily growing, middle class. From these latter two groups come the majority of the subjects in the present study.

The Spiritist Center which hosted the visits from Dr. Fritz was called the "The Spirit Home of Dr. Periguary de Medeiros" named after an important Spiritist leader. The Center was located in a large, old warehouse on the outskirts of town in a suburb called Parangaba. It took approximately two hours to reach the Center from the downtown area by bus. The buses did not run when the meetings or *reuniões* ended at 9:00pm., so I depended upon friends to give me rides back to my apartment. I attended nearly all

the weekly meetings on Tuesday nights from January through April 1992.

Members, frequenters and newcomers alike typically arrived at the Center by 6:00pm in order to take *passes* and meet with the two mediums who regularly accepted spirits and counseled those in need. The *passes* were conducted by mediums-in-training in a separate room at the back of the Center. The room was very dimly lit while soft classical music played in the background. This setting gave the experience a relaxing, otherworldly ambiance.

The meetings formally began at 7:00pm. with an invocation to Jesus, God, and the elevated spirits to watch over and bless those in attendance. The meetings were led by the director of the Center's "White Table," Claudio Cysne, who also owned the warehouse in which the meetings were held. Mr. Cysne was a young, prominent businessman in Fortaleza who was diagnosed with terminal cancer several years before. He had been treated by specialists in Brazil, Europe and the United States before deciding to travel to the south of Brazil to be treated by Dr. Fritz through the mediumship of Maurício Magalhães. The doctors had reportedly given him only a few months to live, and, during the time of my fieldwork (five years later), he appeared in good health, and was in a full remission which he attributed entirely to the treatment by Dr. Fritz. He died from his illness a little over a year later in 1993 and the Spiritist Center was disbanded. It is safe to say that the Center owed a great deal of its vitality, both spiritual and material, to Claudio Cysne's patronage.

In Brazil, Kardecism in general is sometimes referred to as *Mesa Branca* or "White Table," since the members, mediums and mediums-in-training are all dressed in white and seated around a white table during the meetings.

From there they invoke the help of elevated spirits who are believed to be attracted to the color white. In the case of the Spiritist Center in Parangaba, the white table was located at the front and center of the largest room in the warehouse. Pitchers of water were placed at the center of the table which were blessed or *fluified* by the elevated spirits during the ceremony. At a later point in the meeting, cups of the fluified water were given to everyone in attendance.

Visitors were seated in folding chairs around and facing the table. At a typical weekly meeting some 10 to 20 Spiritist members were seated at the table while the audience numbered perhaps 40 to 80. At the meetings immediately prior to the visit from Dr. Fritz, however, the audience grew to as much as 200.

During the invocation of spirits at the beginning of the meeting, the two mediums-in-residence would receive their spirits and then retire to another room at the warehouse to receive the patients who requested counseling and guidance. One of these mediums was a male who received the spirit of a local Brazilian doctor. The doctor would occasionally perform non-invasive treatments, prescribe homeopathic remedies, or recommend surgery by Dr. Fritz. As is common in Spiritism, the medium showed little outward sign of receiving the spirit; he simply raised his hands in the air, shook them a bit, and the transformation was complete.

The other medium was female and received the spirit of a *preto velho*, or an "old black slave." *preto velho* spirits are commonly found in Umbanda ceremonies and the spirit's appearance here is an interesting example of syncretism. Although Umbanda mediums frequently accept the so-called "higher" spirits of Kardecism (Carmargo 1961; St. Clair 1971; Bastide

1978), instances of Kardecist mediums accepting Umbanda spirits are rare indeed. I have often heard Brazilian Kardecists refer to Umbanda in a slighting fashion as *espiritísmo baixo* or "low spiritism." They strongly object to accepting Umbanda spirits and sometimes revile them as responsible for spirit obsessions of the living. In fact, where the practice of Kardecist mediums accepting Umbanda spirits has been reported (Greenfield 1992), the spirits were usually *Exús* or, in this context, "trickster" spirits who were obsessing living victims. The mediums accepted these spirits in an effort to council them and disobsess the patient.

This was not the case at the Center in Parangaba. The *preto velho* was considered a well respected and somewhat elevated spirit- a "noble savage" so to speak. The *preto velho* would give advice and counseling on just about any subject and would prescribe various herbal remedies for the sick. In the more extreme cases, the *preto velho* also recommended surgery by Dr. Fritz. The Spiritists at the Parangaba Center showed a remarkable tolerance for Umbanda or "lower spiritism" in general. In fact, several members of the White Table told me they often attended Umbanda ceremonies as well. One member, Claudia Cysne (Claudio Cysne's daughter), confessed that she preferred Umbanda to Spiritism.

In the view of the author, this tolerance of "lower spiritism" can be explained by the extreme degree to which the Center in Parangaba was evangelical in nature. Not only were they evangelical in Hess' (1991) sense of being more religious or Roustaingian, but they appeared willing to tolerate any form of syncretism if they could get more patients for Dr. Fritz. The Center, after all, was founded and supported by a prominent businessman who believed himself healed by Dr. Fritz. I think they were

aware that at least some of the prospective patients would perhaps be more familiar, and more comfortable with, Umbanda spirits than the more clinical, "higher" spirits of Spiritism. If the *preto velho* could hold the attention of these potential patients (and/or members) until they received treatment, then perhaps a firmer indoctrination into Spiritism would ensue at a later time.

After the invocation of good spirits, the congregation would join in the singing of hymns. These songs were taken directly from standard Catholic hymnals which were provided by the Center. Afterwards, a member of the White Table would address the audience with a series of readings which always included scriptures from the Bible and readings from *The Gospel According to Spiritism* (Kardec 1864). Various readings from Kardec's other works, or from the writings of Chico Xavier, were also common.

Immediately following the "scripture lesson," the leader of the White Table, Claudio Cysne, began to speak. Both the style of the oratory and the content of the message strongly reminded me of a Christian sermon not unlike those I have heard in the southern United States. Except here, the crux of the message was spiritual evolution rather than salvation. Cysne would always represent Spiritism as the realization of the prophesies found in the Judeo-Christian Bible. He frequently gave witness for the healing powers of God, his patron Saint Francis, and Dr. Fritz, all of whom, he believed, had a hand in his recovery from cancer. His prayers, however, were always directed to Jesus, and it was clear that Christ's divinity was not in doubt.

Cysne usually ended the "sermon" by leading the congregation in the Lord's Prayer, followed by a long period of silence reserved for individual

prayers. This silence was broken only by the sound of soft, yet uplifting, classical music playing in the background. During this time, the other members of the White Table passed out cups of fluified water to the audience, which had been blessed by the spirits and imbued with magnetic fluids during the service. After the empty cups had been collected, another member of the White Table, usually a woman named Sara, would begin to speak. Her speech had a very soft, almost hypnotic, quality as she called upon the audience's imagination to envision the healing powers of the spirits working on their own bodies. She constantly repeated and encouraged praise and thanks to Jesus, "from whom all miracles come," during these oratories. As the time of Dr. Fritz's arrival neared, her segments grew progressively longer and more detailed. At the meeting just before Dr. Fritz's operation date, her segment lasted for over an hour. She began by asking the audience to close their eyes and imagine a warm, healing, restructuring beam of light entering one of their fingers, then proceeded to describe in great detail its healing effects as it crept into each and every part of their bodies. As I said before, it took her over an hour to get through all the parts of the body; all the while repeating our thanks and praise to God and Jesus and invoking the aid of the Patron Saints and the elevated spirits.

By the end of her segments, many individuals in the audience had fallen asleep. These people were then roused and obliged to stand for the final hymn of the evening. This was followed by a benediction which dismissed the good spirits, blessed the congregation, and gave thanks to God for being with us.

After the service, many visitors and members lingered to ask and

answer questions or simply to socialize. A large body of Spiritist reading material was made available for purchase at a booth near the exit, the proceeds of which were used to fund the Center's various charitable projects. As the time of Dr. Fritz's visit neared, the Center also began to hold raffles of small items to raise money for Maurício Magalhães' traveling expenses and for medical supplies for the surgeries. A donation jar was also present near the exit at all the meetings.

My experiences at the Fortaleza Center have led me to agree wholeheartedly with Renshaw's statement that the "...doctrinal study session is increasingly becoming a worship service, with a mysticism of charity at its center" (1969: 74). The form and order of the meetings resemble a worship service to such a degree that they are virtually indistinguishable. The content is much the same as well, except for the inclusion of another layer of "elevated spirits" not normally found in traditional Catholicism, and the emphasis on spiritual evolution rather than salvation. Spiritism and Catholicism have much in common, not the least of which is their emphasis on charitable works, and the Center's leaders spent much of their time emphasizing the similarities and reassuring potential members that Christianity and Spiritism are in no way at odds. This is perhaps possible only in a country like Brazil, where religious syncretism runs particularly deep.

CHAPTER 3

Research Context

Religious and Medical Pluralism in Brazil

Brazil's rich history of religious syncretism and pluralism has been well documented (Bastide 1978; Brandão 1986; Droogers 1995; Hess 1987; Renshaw 1969), and continues to be the source of endless fascination and prolific study for social scientists. It is this rich tradition which originally allowed Spiritism to find fertile ground in Brazil, and continues to allow it to flourish today. Closely interwoven with the religious tradition, is a longstanding, popular reliance on alternative or "folk" medicine by the population at large. I will attempt only a cursory review of some of the more salient features of these two immense topics in the present section.

Brazil could be called a laboratory for religious studies (Droogers 1995: 97), in light of the fact that almost all the world's religions are present there in one form or another. Throughout history many religious traditions have made their way onto Brazilian soil. The Portuguese colonizers brought the first form of Christianity, Jewish immigrants imported Judaism, African slaves brought their native tribal religions, immigrants from the Middle East imported Islam, successive waves of Japanese immigrants brought influences from the east, while Kardecism and Umbanda represent just two of the many syncretic combinations of the various religions currently popular.

But Brazil is best known today as the country with the largest number of Catholics in the world; more than 80% of the population declares itself to be Catholic, although only a minority of them regularly attend Mass. "For

the majority, popular Catholicism is what matters: practical, festive, non-sacramental in nature, centered on the Virgin Mary and the saints" (Droogers 1995: 98). During the period of colonization, the Christian mission was the responsibility of the Portuguese king, and he had the ability to appoint bishops. The period of "Romanization," which brought Brazil's branch of the church more firmly under the control of the Vatican, did not occur until the end of the last century, and the more relaxed, social and mystically oriented Portuguese Catholic traditions were the ones imported and entrenched into Brazil (Brown and Bick 1987: 84; Droogers 1995: 95).

Portuguese Catholicism was of the "folk" or "popular" variety which emphasized the worship of the Catholic saints. This "cult of the saints" was based on the belief in their miraculous powers, particularly to heal illnesses, and their willingness to answer individual petitions (Brown and Bick 1987: 84). These traditions are still prevalent today as is evident from the popularity of massive pilgrimages undertaken by thousands of individuals giving thanks to, or petitioning help from, the various saints (Gross 1971; Greenfield 1990b). Even in upper-class, urban settings, many people are known to visit *benzedeiras* (Catholic healers) while selected priests may be widely known for their abilities as exorcists, diviners, and curers. Popular Catholicism, then, may be seen as legitimizing the individual quest for supernatural assistance which is also central to the syncretic, mediumistic religions of Spiritism and Umbanda (Brown and Bick 1987: 84).

The institution of slavery is also responsible for much of the religious pluralism present in Brazil. During the period of colonization, the Portuguese crown was relatively poor by European standards and could not afford to embark upon an expensive, concerted effort to settle the immense

country. This job was largely undertaken by rich noblemen interested in little else than making a fortune in the new world. They were often in control of massive tracts of land where they exercised absolute power. Without a large indigenous population to draw from, the cheapest labor for their farms was obtainable only through the slave trade from Africa. Although estimates are difficult, scholars believe that over three and a half million black slaves were imported into Brazil from the sixteenth through the nineteenth centuries. This accounts for roughly half the slaves ever imported into the new world from Africa. In fact, black slaves continued to outnumber the European population, as well as the growing mulatto population, until well into the nineteenth century (Bastide 1978: 34-36).

The slaves continued to practice their native religions, if for no other reason than to help them cope with the terrible deprivations of slavery. Although they received Catholic baptism, and did not directly challenge their European owners, they were able to continue their native worship by disguising their gods and goddesses as Catholic saints. Although countless African traditions (including Moslem) were imported and adapted into the new cosmology, the tradition of Yoruba came to predominate (Bastide 1978). Yoruban religion, like "folk" Catholicism, was also based on the miraculous powers of deities, their ability to heal, and their willingness to answer individual petitions. The Yoruban deities or *orixás* were each identified with different Catholic saints: such as *Yemanjá* (the goddesses of the sea) with the Virgin Mary, or the god *Ogun* with Saint George. In addition to this, a considerable number of elements from native Amerindian traditions were included in the new cosmology. These factors eventually gave rise to the emergence of the syncretic Afro-Brazilian religions such as Macumba

and Candomblé, which combine, to greater or lesser extents, the African, Amerindian and Catholic traditions (Droogers 1995: 98-99).

Both the African and Amerindian religions also included strong traditions of spirit possession. Although these practices were not approved of by even the more liberal Portuguese Catholics, they were able to remain intact by thousands who conducted such rituals mostly in secret. Certainly, the Europeans were aware of these practices, but with the total population dominated by slaves, probably found that it was best to ignore them. Likewise, considering the mystical and superstitious nature of the "folk" brand of Catholicism, the possibility of supernatural retribution was not very far-fetched, and probably engendered at least guarded respect. Thus, the seeds were sown for a more widespread acceptance of spirit possession; and, as the population became more homogeneous, that is exactly what happened.

With respect to medical therapies, it must be remembered that the Portuguese settlers found themselves in a strange new environment in Brazil. There were not only new illnesses, but radically different flora and fauna. European medical systems, developed in radically different environments, had little therapeutic help to offer for the conditions found in the new world. The Portuguese increasingly found themselves turning to native Amerindian and African medical and herbal systems for healing. The Portuguese settler also relied heavily on the Amerindian and African religious traditions for spiritual healing. "The white elite imposed Catholicism for the soul, while at the same time creating conditions in which all religious resources- primarily African and Amerindian- were called in to deal with afflictions of the body" (Droogers 1995: 98).

The tradition of herbal or "folk" remedies in Brazil is still evident today even in the largest of cities. There are always sections of town filled with street vendors who set up what are virtually "roadside apothecary shops" with all manner of traditional herbs and homeopathic remedies available for purchase. These vendors play an important, and perhaps primary, role in providing affordable health care among today's urban poor (Logan 1991). Data from the present study indicate that Dr. Fritz often prescribes such homeopathic and herbal remedies available primarily from street vendors (see Appendix B: responses to Question #15).

By the time of Spiritism's rise in Brazil in the late nineteenth and early twentieth centuries, belief in spirit possession was firmly entrenched in the daily lives of many individuals in the primarily black and mulatto lower classes. The tradition was likewise present at least in the minds of those in the more European middle and upper classes, while the literature hints at more widespread acceptance in these groups as well (Brown and Bick 1987: 84). The now-consolidated Afro-Brazilian religions such as Macumba and Candomblé, however, were continually being criticized by the Catholic clergy and the intellectual elite. Even two very influential social scientists of the time Nina Rodrigues, writing at the turn of the century, and Artur Ramos in the 1930's, continually referred to these religions as "primitive," "barbaric," "fetishtic" and based on ignorance and superstition (Brown and Bick 1987: 75).

Help in disabusing the intellectual elite of these hostile and disparaging attitudes actually came from Spiritism. By the simple fact that it, too, was a religion of spirit possession it lended some of its growing acceptance to the Afro-Brazilian, mediumistic religions.

> While Spiritism did not escape attacks by Catholic intellectuals and the medical profession, often in the same terms used to denigrate Afro-Brazilian religions, the social and intellectual status of leading Spiritists and their extensive sponsorship of charitable activities established Spiritism's acceptability as a religion, and in turn helped to legitimize its rituals and beliefs within the upper sectors of the Brazilian population [Brown and Bick 1987: 84].

Likewise, other mystical religions and philosophies that flourished among the educated sector of Brazil at the time, such as Theosophy, Rosicrucianism and Swedenborgianism, had created a climate of belief in the existence of spirit and astral worlds which interact directly with our own (Brown and Bick 1987: 85).

Homeopathy also received widespread attention among Brazil's elite when it entered the country in the late nineteenth century, and homeopathic medical schools, doctors and pharmacies proliferated. Spiritism also picked up many of these studies and created similar institutions, all of which still flourish today. It is not uncommon to find Brazilian doctors who combine in their practice both official medicine and various forms of spiritual healing. "Thus, problems of health and curing never became the sole domain of official medicine, treatment being shared among the medical establishment, homeopathy, and religions including Spiritism and Catholicism as well as Umbanda" (Brown and Bick 1987: 85).

Spiritism also had a major syncretic effect on the Afro-Brazilian religions, resulting in the birth of Umbanda. Umbanda was created when a group of disaffected Spiritists split from their group in Rio de Janeiro and founded the new religion. It combines belief in the African deities and

rituals (syncretized with the Catholic saints), with the Spiritist beliefs of a fluidic body, treatment by means of the *passe*, and reincarnation. Scholars today often refer to Umbanda followers as being either more Kardecist in orientation or more African, and closer to the beliefs of Candomblé (Bastide 1978; Brown and Bick 1987; Hess 1994; Pressel 1974).

Umbanda combines belief in the Yoruban *orixás*, with an acceptance of a variety of Brazilian spirits by mediums. The most common types of spirits accepted by Umbandists are *preto velhos*, *crianças* and *caboclos*: "old black slave", "child" and "indian" (native American) spirits, respectively. These spirits give counsel to those who are troubled or may heal the sick. In some cases, Umbanda mediums will also accept the "higher" spirits associated with Spiritism. Umbanda has traditionally been associated with the lower and middle economic classes, but with over thirty million followers in Brazil today (Brown and Bick 1987: 74), it is rapidly gaining acceptance among the upper classes as well. The practice of Umbanda spirits being accepted by Spiritist mediums (as in the present study as well as Greenfield (1992)), although rare, seems to attest to this fact. This practice may also be seen, I believe, as a way for the more charismatic and healing-oriented Spiritist groups to appeal to the much larger population of Umbanda followers.

This overview of religious pluralism in Brazil, although brief, should serve to illustrate how well Spiritism has fit into, and expanded upon, long standing religious traditions in Brazil. Spiritism, "folk" Catholicism, and the Afro-Brazilian religions all have in common their emphasis on miraculous, supernatural healing. They also have in common their belief in evil or errant spiritual influences which must be exorcised in one way or

another. They all embrace the Christian doctrine, while individual Spiritists may or may not accept Christ's divinity. And they all believe in a hierarchy of spirits which may be petitioned to act as intercessors between God and human beings.

Although spirit possession is not accepted by the Catholic church, by the time of Spiritism's arrival, it was already a long standing cultural tradition accepted by a large portion of the population. Today, countless Brazilians who would never refer to themselves as anything other than Catholic, still believe in spirit possession. Not surprisingly, the growing Protestant religions are more than two-thirds Pentecostal (Droogers 1995: 99-100), and have their own form of spirit possession and mystic rituals, much in keeping with Brazil's popular traditions.

Although reincarnation was not completely new to Brazil before the arrival of Spiritism, having been brought by Japanese and Indian immigrants, it was certainly not widely accepted. One can imagine, however, that the idea of reincarnation in a country with such a gap between the rich and poor would seem quite attractive. Spiritism's brand of reincarnation not only answers the fundamental religious questions of, "what happens after death?," and "why do bad things happen to good people?," it also claims to have *empirically proven* the responses through mediumship. Most importantly, it does all of this within the framework of *Christianity* and, because of Brazil's unique history of religious syncretism, does not draw charges of blasphemy from the general population.

Spiritism's final, unique addition to Brazil's religious cosmology, or "mythic world," is its emphasis on science. It was this claim of being a scientific endeavor which engendered interest among Brazil's intellectual

elite, and favored its acceptance as a social institution. This scientific emphasis, as well as Spiritism's unique brand of reincarnation, has been borrowed by Umbanda, and thus spread to a larger audience. As I will argue in Chapter 5, Dr. Fritz's use of not only religious, but modern scientific and medical symbolism as well, plays an essential role in taking his form of symbolic healing to a contemporary audience with access to modern medical care.

Theories of Symbolic Healing

Countless studies of "shamanic," "non-Western" or "spiritual" healing have been conducted within a variety of academic disciplines during the past century. Following Moerman (1979) and Dow (1986a), I will often refer to these practices, as well as Western psychotherapy, placebo treatment, and other forms of holistic medicine, collectively as "symbolic healing." By a compounding of evidence, we know that many of these treatments indeed provide positive therapeutic results, yet the mechanisms by which these effects occur are still poorly understood (Csordas 1983; Dow 1986a; 1986b; Finkler 1980; 1981; Kleinman 1980; Prince 1982).

In the ethnographic literature, non-Western curing techniques are usually described in the context of the cultures and the medical systems of which they are part- as is appropriate in a structural-functional analysis of a specific society (Foster 1978: 101). It is only in recent years, however, that researchers are beginning to disseminate the elements common to all such practices and to present testable models of explanation (Csordas 1983; Dow 1986a; 1986b; Kleinman 1980; Moerman 1983; Prince 1982; Rossi 1993). These models can be tentatively divided, I believe, into two related categories:

those studies which emphasize the psychological aspects of the relationship between the healer and the patient in their cultural context and, more recently, those which emphasize the body's physiological reactions to various mental states.

It is now generally accepted that traditional healing has been most effective in the category of psychosocial support therapy (Foster 1978: 126). Psychosocial support is also an area which modern Western medicine seems to increasingly ignore. Fifty years ago the family physician was judged by his "bedside manner," the concern and psychological support he conveyed to the patient, his words of hope and encouragement and his obvious personal interest. In a preantibiotic era, these were perhaps the principal factors which contributed to the patient's recovery. Today, the term "bedside manner" has all but disappeared from our vocabulary. "It has been said that contemporary medicine has made great progress in the science of curing but, in so doing, it has lost the art of healing" (Foster 1978: 137).

Moreman (1983: 162) has pointed out that Western medicine currently operates from a kind of "Cartesian dualism" in which the body is uncoupled from the mind. In reality these systems are obviously intertwined, yet the adherence to this dualism has prevented Western medicine from explaining, and in some cases even acknowledging, the positive therapeutic effects of non-Western medicine or those of placebos.

Many researchers feel that the primary cause of therapeutic results in traditional symbolic healing can be attributed to the placebo effect. The consensus appears to be that the powerful emotional responses associated with placebos may affect the speed and concentration of reparative biochemicals in ways that are not presently understood (Buchanan 1993: 55).

Among others, the research of Finkler (1980; 1881; 1983; 1985), Kleinman and Sung (1979) and Kleinman (1980) all highlight the importance of the placebo effect in traditional healing. Other researchers who have drawn comparisons between non-Western symbolic healing and Western psychotherapy (Buchanan 1993; Josepe 1978; Krippner 1987; Moerman 1983) have also emphasized the role of placebo in both forms of healing.

According to Josepe (1978), little attention was given to the placebo effect in Western medicine until the middle of the twentieth century, when the use of placebos as control "medication" in double blind tests of the efficacy of new drugs became more extensive. In many cases, the use of placebos such as sugar capsules, distilled water, vitamins and other pseudotherapies produced surprisingly positive results when measured against the true drug. Health care professionals commonly prescribe placebos today for a variety of reasons. For instance, if a patient demands more medicine for pain, but has already taken the maximum safe dose, a placebo is often given (Foster 1978: 137).

The most comprehensive model for the psychobiological effects of placebos has been put forward by Rossi (1993). Rossi contends that the role of placebos in all forms of healing has been greatly underestimated. For example, in scores of double blind studies with analgesics such as morphine, aspirin, darvon, codeine and others, approximately 55% of the pain reducing response is attributable to placebos (Rossi 1993: 16-18). The placebo effect is not limited to pain relief, however. It has been found to play a similar role as a mind-body healing factor in all the following illnesses (items 1-3), therapeutic procedures (items 4-6), and even in the expectation of getting help (item 7):

1) Hypertension, stress, cardiac pain, blood cell counts, headaches, pupillary dilation (*implicating the autonomic nervous system*);
2) Adrenal gland secretion, diabetes, ulcers, gastric secretion and motility, colitis, oral contraceptives, menstrual pain, thyrotoxis (*implicating the endocrine system*);
3) The common cold, fever, vaccines, asthma, multiple sclerosis, rheumatoid arthritis, warts, cancer (*implicating the immune system*);
4) Surgical treatments (e.g. for angina pectoris or "heart pain");
5) Biofeedback instrumentation and medical devices of all sorts;
6) Psychological treatments such as conditioning (systematic desensitization) and perhaps all forms of psychotherapy;
7) Making an appointment to see a doctor [Rossi 1993: 15].

For Rossi, the consistency and degree of placebo response necessitates a common underlying mechanism or system of mind-body communication present in all forms of healing. In Rossi's model of this system, the communication links between the mind-brain level and the cellular-genetic level of the body in health and illness are mediated by a variety of messenger molecules which encode all forms of novel experience into the lymbic-hypothalmic and related somatic systems. The lymbic-hypothalmic system in turn coordinates all the endocrine, autonomic, immune and neuropeptide systems. This encoding of information is especially effective during periods of heightened states of awareness, emotion, and motivation related to the kinds of shock, trauma and stress that result in mind-body problems. This heightened form of mind-body encoding is called "state-dependent memory, learning and behavior" or SDMLB. Likewise, SDMLB is the common denominator behind most forms of psychotherapy including hypnosis, psychoanalysis, imagery, and behavior therapy as well as most

forms of traditional symbolic healing (Rossi 1993: 45-46). Ongoing research is clarifying the precise pathways by which the messenger molecules are mediating the mind-body connection which, in Rossi's view, is the ultimate source of mind-body healing via therapeutic hypnosis, the placebo response, and the traditional practices of mytho-poetic and holistic medicine (Rossi 1993: 314). Rossi is confident that psychobiology will eventually bridge the gap between the mind and the body created by the Western ethnometaphysic of Cartesian dualism.

Prince (1982a; 1982b) and others have addressed the question of pain reduction in symbolic healing by the release of neurochemical endorphins. Pain-reducing endorphins are released primarily during periods of stress and fear or exhaustive activity. In many cases of ritual healing, however, no such periods of stress are elicited, calling into question the universal applicability of the endorphin approach (Dow 1986a: 39). The practice of acupuncture is also known to release pain-reducing endorphins, although unless a specific type of dull aching sensation is also produced, there is no anesthesia (Prince 1982b: 412). Prince's observations are particularly interesting in view of the present study and will be discussed in relation to the data in Chapter 5.

In addition to the newer biological and chemical approaches, several psychological and cultural explanations for symbolic healing have been offered. Some authors have concentrated on the therapeutic power of suggestion as a means of healing. Suggestion is therapeutic because it can relieve anxiety, offer the patient new ways of coping, and change maladaptive behavior to adaptive behavior (Dow 1986a: 58; Frank 1961: 96; Kiev 1964: 7-8). The power of suggestion lies in the ability of the healer to

develop new patterns of thought and behavior in the patient in a way that would not be possible in a normal environment (Dow 1986a: 58). Frank (1961: 94) refers to this process as "persuasion," implying a preexisting condition of suffering and heightened dependence on the healer which goes beyond suggestion. In the view of the author, this "persuasion process" appears to be in complete agreement with what Rossi (1993) calls "state dependent memory, learning and behavior."

Other authors have seen traditional symbolic healing as dealing more with social restructuring than with individual illness. Turner (1967: 392), for instance, when writing about symbolic curing among the Ndembu, says: "The sickness of the patient is mainly a sign that 'something is rotten' in the corporate body." The patient will get well only after the social group has performed the rituals necessary to alleviate social tension and disorder. Ritual activity associated with the satisfaction of soul desires served a similar function among the Huron of North America (Trigger 1990). Munn (1973) also stresses the importance of social relations as a *cause* of psychological problems in all societies. Thus, the restructuring of social relations is an important pattern often found in traditional symbolic healing (Dow 1986a: 59).

Kleinman's (1980) observations have led him to believe that much of the success of traditional healers may be attributed to the conditions they treat. He argues that indigenous healers primarily treat three types of disorders: "(1) acute, self-limited (naturally remitting) diseases; (2) non-life threatening, chronic diseases in which management of illness (psychosocial and cultural) problems is a larger component of clinical management than biomedical treatment of the disease; and (3) secondary somatic

manifestations (somatization) of minor psychological disorders and interpersonal problems" (Kleinman 1980: 361). All of these disorders, he says, are better treated through the psychosocial and cultural means which indigenous healers are usually in a unique, advantageous position to perform.

Csordas (1983) sees the rhetoric of the healer as the essential component in healing among Catholic Pentacostals in the United States. He believes rhetoric, as opposed to the notions of suggestion, support or placebo effect, contributes a much needed recognition that healing is contingent upon a meaningful and convincing discourse which transforms the phenomenological conditions under which the patient exists and experiences suffering or distress (Csordas 1983: 346). Csordas discusses three types of rhetoric which must perform three closely related tasks in order to facilitate healing: (1) The rhetoric of *predisposition* must convince the supplicant that healing is possible within the context of the religious community. (2) The rhetoric of *empowerment* must persuade the supplicant that the therapy is efficacious, i.e., that he is experiencing the healing effects of spiritual power. (3) The rhetoric of *transformation* must convince the supplicant to change, i.e., to accept the cognitive/affective, behavioral transformation that constitutes healing within the religious system (Csordas 1983: 348). As will be seen in Chapter 5, similar forms of rhetoric exist in Spiritist healing, although I do not believe they play a completely dominant role in the healing process.

Perhaps the most widely applicable psychosocial model of symbolic healing has been put forth by Dow (1986a; 1986b). For Dow (1986a: 59), all systems of symbolic healing are based on a model of experiential reality

which he refers to as its mythic world. The term "mythic world" is used because myths contain truths which may be more salient than scientific truths because they represent solutions to personal human problems. Curing is often accomplished by restructuring a disorder in a mythic world. As the patient begins to accept the mythic world of the healer, and believe in his or her ability to help, an existential shift occurs which allows the patient to change and find new avenues for adaptation (Dow 1986a: 60). Dow believes this is the same process utilized by Western psychotherapists as well as traditional healers.

The first step in the healing process is to establish a general mythic world which is believed in by both the patient and the healer. The healer then particularizes this mythic world for the patient and defines his or her problem in its context. In Western psychotherapy, the particularized mythic world is placed in its proper scientific place, in the mind of the patient. The Western psychotherapist usually asks the patient to dramatize and project his or her own mythic world, which the therapist then relates to the patient's "real" history. In most magical healing, however, it is the healer who dramatizes and projects the particularized mythic world (Dow 1986a: 60).

The next step in the healing process is for the healer to attach the patient's emotions to transactional symbols in this particularized mythic world. In traditional healing, these symbols are often taken from generalized symbolic media in the general cultural mythic world. For example, Jesus is a generalized symbol particularized by many faith healers. "Sacred ideas, beings and objects of a cultural mythic world are usually generalized symbolic media" (Dow 1986a: 63). For Dow, a transactional

symbol is one which is particularized from general cultural myth for use in symbolic healing, since symbols from cultural myth tend to draw the strongest emotional responses. Emotions are, in turn, the primary media which link the mind or "self system" with the body or "somatic system."

The final step in symbolic healing is for the healer to manipulate these transactional symbols to which the patient's emotions are attached in such a way as to facilitate change. Among the Otomí, for example, Dow (1986b) studied shamans who would cut out paper figures which represented the life force of different individuals. The manipulation of these figures in creative ways by the shaman suggests change. Similarly, Christian faith healers encourage "patients" to let Jesus, a mythological being and generalized symbol, come into their lives as a living presence (Dow 1986a: 63-64). Other examples are apparent: "Nails may be pulled out of the body; 'demons' may be cast into darkness; 'souls' may be found; sorcerers may be identified; and so on. However if the healer has done the job well, the symbolic healing will be a significant experience for the patient" (Dow 1986a: 65).

Dow's (1986a) model suggests that the effectiveness of the symbolic treatment is dependent upon several identifiable factors. These include: the presence of a common cultural mythic world from which to begin; the patient's degree of belief in the particularized mythic world projected by the healer, including belief in the healer's abilities; the choice of strong, appropriate transactional symbols to evoke emotional responses; and the skill and effectiveness with which the healer manipulates these symbols. In my opinion, Spiritism and the surgeries by Dr. Fritz fulfill all these criteria in superlative fashion. These issues will be discussed in relation to the data

in Chapter 5.

CHAPTER 4

Fieldwork Methods

Data Collection and Constraints

I arrived in Fortaleza in mid-November of 1991 and spent the first two months getting accustomed to the language and to my new surroundings. I had just completed a four month intensive course in Portuguese which was roughly the equivalent of two years introductory instruction. Needless to say, I was barely conversant in the language when I arrived. After spending the first two weeks with the English-speaking family of my former Portuguese professor in the U.S., Odirene de Almeida, I decided to move into an apartment of my own in order to immerse myself in the language and the culture. It is surprising how quickly you can pick up a foreign language when you have to speak it everyday to get food, transportation and all other necessities. I also contacted several native friends-of-friends-of-mine, and had to learn the language quickly in order to converse with them. In addition to this, I continued taking classes in Portuguese at the University of Ceará during my entire stay in Brazil. Within a few short months, my basic communication skills were quite good.

I was able to meet with my primary research contact- Dr. Harbanes Lal Arora, during the first week of January 1992 after he got back from an extended trip. Over the next several weeks, I was given access to names, addresses and phone numbers of Spiritist patients who had had operations by Dr. Fritz in Fortaleza on October 12, 1991. These names and addresses were collected as part of an ongoing research project by Dr.

Sidney Greenfield of the University of Wisconsin-Milwaukee and Dr. Harbanes Lal Arora of the Federal University of Ceará in Fortaleza. This project was being done in cooperation with the Spiritist Center of Dr. Periguary de Medeiros in Fortaleza, which periodically hosts the visits from the medium, Maurício Magalhães. These researchers were attempting to collect medical diagnostic reports via telephone communication with the patients and their doctors before and after the Dr. Fritz treatment for comparison. The person primarily responsible for carrying out the telephone interviews was Sara, a member of the White Table at the Spiritist Center. I was to then select a few patients to conduct more in-depth, personal interviews.

Patients who are to be treated by Dr. Fritz are encouraged to attend one or more of the weekly meetings prior to the day of treatment. During two of these meetings before the October 1991 visit, patients who had seen a medical doctor about their illness prior to that time were asked if they would participate in the study. Ninety-one persons agreed to participate.

In the beginning of January 1992 I received 91 *fichas*, or forms, which included, at the least, the patient's name, address, telephone number, age, religious affiliation and medical problem/s in their own words. In a few cases, a medical diagnosis of the patient's condition before the Spiritist surgery was also listed, but subsequent interviews of the patients' doctors had not yet been attempted. I also received twelve similar *fichas* of Spiritist patients collected before the medium's earlier visit in April of 1991. These were acquired in the same manner as described above for the October surgeries.

The sole criterion I used in selecting patients was whether they were available for an interview. Of the original ninety-one October patients, roughly half either lived too far away to make an interview feasible, or were children and thus not suitable for the study. Of the remaining forty-three October patients which I attempted to contact, I was able to interview twenty-seven. Eleven of the forty-three had decided not to go through with the Fritz operation at the last minute, two of them had died; and the remaining people contacted either no longer resided at that phone number, or were unavailable for an interview. No one flatly refused to be interviewed.

I was also able to interview five of the patients selected from the April 1991 *fichas*. The collection of April patient-forms was apparently a pilot effort, and my contact, Sara, had only twelve available for my use. Five of these were specifically selected by my interpreter, Alcir, and myself at Sara's house on the basis of accessibility. She also told me that Maurício/Dr. Fritz only treated about one hundred and fifty patients in April 1991, while in October he treated almost two hundred. During the visit I attended on February 22, 1992, he treated almost two hundred and fifty in the space of four and a half hours!

In addition to these thirty-two patients of Maurício/Dr. Fritz for which I received *fichas*, I was also able to find eight more subjects to interview for a total of forty interviews of Spiritist patients conducted from January through April of 1992. These eight additional subjects were discovered during the course of the interviews, as many of the patients knew of other people who had received Spiritist treatment. Of these, two had been treated by Dr. Fritz through the mediumship of Edson Queiroz

a few years before, three were treated by correspondence with no physical surgery involved, and three had surgery through Maurício Magalhães in October, 1991.

Of the forty subjects interviewed for this study, thirty were treated by Dr. Fritz through the mediumship of Maurício Magalhães on October 12, 1991, five by Fritz/Magalhães in April of 1991, three by recent correspondence with Spiritist centers in the south of Brazil, and two by Dr. Fritz through Edson Queiroz in 1985 and 1987 in Recife- a city about six hours southeast of Fortaleza by bus.

In addition to conducting personal interviews, I also attended the weekly meetings, or *reuniões*, at the Spiritist Center. At these meetings, I was able to make valuable contacts and have relatively brief conversations with members of the White Table, as well as visitors and those who attend the meetings on a regular basis. No actual interviews of Spiritist patients were conducted at these meetings, however, due to time constraints. (See Chapter 2: *Fortaleza and the Spiritist Center* for a more detailed discussion of the meetings).

Several primary informants emerged from my visits to the Center. Of these, the most notable were Sara- a member of the White Table who leads songs and prayers and gives *passes* at the meetings, and Maria- a nurse who is also a Spiritist, and regularly assists the surgeries of Dr. Fritz/Malgahães when he visits the Center. Both Sara and Maria were kind enough to put themselves at my disposal to answer any questions I might have during meetings, at other times by telephone, or during visits to their homes. They both provided a great deal of background and contextual information for which I am very grateful. Two other

members of the White Table, Cláudia and Cléide, also provided me with a great deal of similar information. Cléide is the medium mentioned in Chapter 2 who regularly accepts the spirit of a *preto velho* , a type of spirit more commonly found at Umbanda ceremonies, at the Spiritist Center. The *preto velho* spirit functions primarily as a spiritual counselor who is able to help people with their problems and give advice during the weekly meetings. This spirit is also known for its knowledge of herbal remedies and often prescribes such for those she councils.

In addition to these primary informants, I was also able to purchase some important literature on Spiritism at the Spiritist Center. Most of these books are unavailable except at Spiritist Centers or at some Spiritist bookstores in the larger cities to the south. The revenue from these books, I was told, goes to funding the Center's various charitable activities. The books I bought proved invaluable as background material for the present study.

In gaining access to the subjects, several logistical problems had to be overcome. The most serious of these were transportation and working around time schedules. When I first arrived in Fortaleza, I found myself in an unfamiliar foreign city, without an independent means of transportation, and with only rudimentary knowledge of the native language to help me get around. Much to my chagrin, there was no such thing as a map of the bus routes in Fortaleza. The routes apparently changed so often that making maps was futile. Furthermore, most of the people I met were only familiar with the bus systems which they used on a regular basis. Consequently, if I wanted to get to a far away *bairro*, or neighborhood, my best bet was to go to one of two or three bus stops in

the center of town which served as "hubs" connecting to different parts of the city, find the right branch to take me in the general direction I wanted to go, and then ask more directions when I arrived on that branch. More often than not I would miss a stop here or there, have to do a lot of backtracking, and then repeat the whole process to get back home.

I conducted my first interview on January 6, 1992 using the bus system with a native of Fortaleza serving as a guide and interpreter. We left the University at noon and got back there at 5:30 pm. The interview only took about an hour, but asking directions and navigating the bus system took four and a half hours! The interpreter, Shirley, had used her only afternoon off that week to help me. At that point I knew I had to find other means of transportation to make the study possible.

Fortunately for me, Alcir Pereira and Aurineide Costa da Penha agreed to help. Alcir teaches English at the Brazil/United States Institute and Aurineide is an English professor at the University of Ceará in Fortaleza. Alcir had a motorcycle and Aurineide had a car. From mid-January to mid-April they ferried me around from interview to interview serving as interpreters, while working around both of their full-time jobs and Alcir's classes as a student at the University. They each served as interpreters for about half the interviews we eventually conducted. This study would have been completely impossible without them and they both have my unending gratitude.

With only three exceptions, the interviews were conducted in the homes of the subjects and all interviews were set up in advance by telephone. Of the exceptions, one interview was conducted at my

apartment, one at a local restaurant and one at the subject's place of work. Most of the interviews took from approximately an hour to an hour and a half; depending upon how talkative the informant was. On a few occasions, we found ourselves spending most of an afternoon or evening talking about a variety of subjects with some of the more out-going informants. Many informants wanted to know all about the United States, to talk about politics or gossip, or to talk about all manner of "supernatural" phenomena that they, or someone they knew, had experienced in their lives. I was amazed at the degree of warmth and openness of the informants as a whole. In almost all cases we were offered coffee and refreshments and on some occasions invited to dinner, or to come again just to visit. This attitude of cooperation and congeniality was pervasive among the informants regardless of whether they felt their Spiritist treatment had been successful, as well as across lines of ethnicity and economic class.

In the majority of cases, I made the first contact with a prospective informant by telephone. I explained, albeit in halting Portuguese, that I was a graduate student in anthropology from the United States interested in studying Spiritism, and asked if they would grant me an interview. I would then set up a time to visit at their convenience and according to the schedules of my interpreters. In a few instances, the schedules involved were irreconcilable and no interview was possible. Likewise, because of the limited time available to my interpreters, I did not attempt to call people who lived in far away neighborhoods or in other towns. Every effort was made to schedule a single day's interviews among informants who lived in the same general area since my interpreters

were usually available for only two to four hours a day, once or twice a week. At least two interviews were usually possible during any one of these interviewing periods; with four being the largest number of interviews completed in a single day. Working around and coordinating these differing schedules and locations was perhaps the most difficult part of the fieldwork.

Not surprisingly, these constraints had considerable effect on the data and I do not claim that the informants are representative of Dr. Fritz's patients as a whole. The informants who were nearest and easiest to get to (within thirty or so minutes by car or motorcycle) were the first to be interviewed. In most cases, the closest neighborhoods to the University, downtown, my apartment or the homes of my interpreters were targeted first, and these neighborhoods tended to be primarily middle class. The poorer neighborhoods in Fortaleza are usually located on the outskirts of the city and were thus more difficult to get to. Also, the original patient forms were specifically collected from patients who had already seen a medical doctor about their problem/s prior to being treated by Dr. Fritz. Although Brazil has some socialized medicine, access to medical care is certainly not equal and the poor are often unable to get the type of care that was available to my informants. Consequently, the data are probably not representative of Spiritist patients in general across lines of economic class.

The sample population is also skewed with respect to age and gender. The interviews were conducted around the schedules of my interpreters. Alcir Pereira was available on weekends and some week-nights, while most of the interviews I conducted with Aurineide Costa

da Penha were done on weekday afternoons when most men of working age are away from home. Not surprisingly, the interviews conducted with Alcir are more evenly distributed across gender lines, while those subjects interviewed with Aurineide on weekdays tended to be females or retired males. This resulted in what is probably an over-representation of females and elderly males in the sample population.

The Interviews and the Survey Instrument

The primary purpose of this study is to assess patient satisfaction with Spiritist treatment. Toward this end, a set of questions was developed during the Fall of 1991 and revised again in Brazil to suit the resources which I found were available to me there. The original drafts were written with the supervision of my advisor, Dr. Michael Logan and then sent to Dr. Sidney Greenfield at the University of Wisconsin-Milwaukee for review and comment. The original translation, and other suggestions about interviewing in Brazil, were made by my Portuguese professor in the U.S., Odirene de Almeida- a native of Fortaleza. The final version was completed in consultation with my interpreters- professors Alcir Pereira and Aurineide Costa da Penha. The final version presented here was used consistently throughout all of the interviews.

The original drafts of the questions to be asked were written with a survey-style of interview in mind which would take thirty minutes or less to complete. Before I left for Brazil, I did not realize the extent of the "openness" of the people to be interviewed, nor did I expect to have the luxury of two translators with transportation who were willing to spend

an hour to an hour and a half talking to the subjects. Once I became aware of the resources at hand, the questions were expanded to allow for lots of whys, wherefores, and under-which-circumstances something had occurred. The interpreters and I also had time to explain and clarify the questions and answers to the informants and to go over relevant facts which may not have come to light in a strict survey interview. The survey instrument, then, became simply a set of questions, and in some sense a check list, to give some structure to an in-depth interview and to make sure that I got all of the information I needed.

Since the majority of informants were contacted several days to a week before they were actually interviewed, most of them had had considerable time to reflect upon their Spiritist experience and to think about what they were going to say during the interview. This created the tendency of the subjects to simply launch into "their story" in the order in which they had organized it in their own minds. When this happened I listened carefully and took notes without interrupting, but then went through all the questions later regardless of redundancy. In these cases my lack of fluency in Portuguese was turned to an advantage, since I could use this as an excuse to get the informants to repeat themselves.

The first interview was taped on cassette, but this practice was then abandoned when the second informant interviewed expressed his wish not to be taped. The microphone had also seemed to make the first subject somewhat nervous, so rather than take a chance on microphone shyness, no further attempts to tape the informants were made. I do not believe this detracted from the information, however, since the

interpreters were excellent and the subjects were very patient as I took notes. The notes were then carefully reviewed by the interpreter and myself after each interview session to make sure that nothing was left out and that all points were clear; creating a copy of the interview in a revised prose style. In addition to this, I kept a personal journal to record peripheral and contextual infomation.

An English translation of the interview questions in the order in which they were asked is given in Figure 4, entitled: *Interview Questions.* Copies of the original questions in Portuguese and again in English are given in Appendix A for ease of reference. Although the responses to the questions are presented in Chapter 5: *Data Presentation,* they are organized there on the basis of subject rather than order, and an explanation of the questions and the manner in which they were used is appropriate for this chapter.

The questions were of two types: open-ended and closed-ended. The eight closed-ended questions (numbers 5-12) could be answered only with the possible responses of "Yes," "No," "More or Less" or "Don't Know." The possible responses were chosen based on their clarity and cultural appropriateness. The expression "more or less" (*mais ou menos*) is widely used in everyday speech in Brazil to indicate "mostly agree" or "yes mostly," and proved to be a very popular response. To my knowledge, there is no negative equivalent ("more or less no" or "somewhat disagree") in the Brazilian vocabulary or mind set.

The closed-ended questions were designed to gauge the patient's level of satisfaction with the treatment, and with their Spiritist experience as a whole, in a uniform, quantifiable manner. Consequently,

Figure 4: Interview Questions

Open-ended Questions:

1. What is (or was) the problem/s for which you were treated by Dr. Fritz?
   - Do you still have this problem?

2. What type of treatment did you have?
   - Please describe what happened during the treatment.

3. How did you feel during the surgery (or treatment)?
   - Please describe (were you fearful, tense, calm, did you feel pain?, ect.)

4. Did you go to a doctor after receiving the Spiritist treatment?
   - What did the doctor say? Was there a change in your condition?
   - (if applicable) Do you have a copy of the doctor's report? May we confer with the doctor?

Closed-ended Questions: Please respond only with "Yes," "No," "More or Less" or "Don't Know."

5. Did the treatment help you?

6. Do you feel better than you did before seeing Maurício Magalhães?

7. Would you say that you are less preoccupied with illness in general because of your experience with Spiritism?

8. Do you have more energy now, than you did before the treatment?

9. Are you able to work better now?

10. Are you cured?

11. Would you seek the help of a Spiritist healer again?

12. Would you recommend that others seek the help of Dr Fritz?

Open-ended Questions Continued:

13. What made you look to Spiritism for help?
    - Do you know others who were cured by Spiritist healers?

14. Do you feel any different now than you did right after the treatment?
    - If so, how?

15. Did Maurício Magalhães (or Dr. Fritz) give you any instructions about what to do, or medicines to take after your surgery (treatment)?
    - Instructions before?
    - What were these instructions? Please explain.
    - Did you follow the instructions?

16. Were you treated for the same illness by a medical doctor before going to Dr. Fritz? (If so) Please explain.
    - Did the medical doctor's treatment help?

17. Do you believe that spirits have the ability to cure people through mediums?
    - And that Maurício Magalhães is one of these mediums?
    - Did you believe this before your treatment?

18. Are you a Spiritist?

**Do you have something you would like to add about your treatment or Spiritism?

we decided to ask primarily positive-oriented questions such as: "Are you able to work better now?" and "Would you seek the help of a Spiritist healer again?" and then gauge the "positiveness" of the response. One important purpose of these questions was to be able to compare the responses of the other "satisfaction oriented" questions with those of the point-blank question: "Are you healed?"

As has been shown among the patients of *spiritualist* healers in Mexico (Finkler 1985), the actual efficacy of such treatments is often low when compared to the patient's positive reaction to the treatment or the healer. This phenomenon can be attributed, I believe, to the patient's faith in the healer, as well as his or her charisma and ability to create and manipulate symbols in the patient's "mythic world" (Dow 1986). Although this study does not attempt to test the medical efficacy of the treatments, it logically follows that patients could have a very positive response to the healer, the belief system and the treatment- to the point of actually feeling better and returning to Spiritism time and again for help, and yet, when faced with the point-blank question, "Are you healed?," will have to admit that they are not. As will be seen in Chapter 5, this notion is well supported by the closed-ended-question responses.

The open-ended questions were designed to elicit qualitative data about the results of the surgeries in the patients' own words. There are ten primary questions, 1-4 and 13-18, with each having secondary questions (indented and designated with a dash, -) which were asked only if the information wasn't included in the patient's initial response. For instance, when we asked question #2, "What type of treatment did you have?," the patient usually responded with a detailed description of

the entire surgery. If this information wasn't included or complete, we would ask the informant to give us more details. The questions were asked in the order of their relative importance to the study. The first four questions are the most essential, followed by the closed-ended questions. The first four questions deal with the patient's condition before and after the surgery, Dr. Fritz's surgical procedures, how the patient felt during the surgery, and whether any results could be confirmed by a medical doctor. The closed-ended questions address patient satisfaction in a more standardized, quantifiable manner for comparative purposes. Questions 13-18 deal with topics which are less central to the question of patient satisfaction.

The first question yielded very detailed information on the patients' condition and the results of their treatments. The interpreter and I would often pause to ask the informant more specific questions about his or her condition and therapeutic results. Many of the patients were treated by Dr. Fritz for several maladies. The forty patients we interviewed were treated for sixty separate illnesses. I later grouped the responses by illness and by whether they were "Cured," "Helped" or received "No Help" from the surgeries (see Appendix B:*Table 1*). "Helped" in this case meant that the patient mentioned specific, positive, therapeutic results but still retained some form of the illness. For more detailed information on the responses by the individual patients, see Appendix C: *Patient Summaries*.

Question 2 asked the patient to describe the medium's actions during the treatment or surgery. For the most part (70%), Dr. Fritz used only acupuncture needles during the surgeries, but some more invasive

procedures were recorded. Question 3 referred to the patient's feelings during the surgery. It often required some prompting to bring out a reference to an emotional state as well as whether the patient felt any pain. The responses to the first three questions and to question number 10, "Are you cured?" are summarized for each individual patient in Appendix C: *Patient Summaries* and will be discussed in detail in Chapter 5.

Question #4 asked if the patient had seen a medical doctor after the surgery by Dr. Fritz. Seventeen of the informants responded with "yes." The responses of each of these subjects can be found in Appendix B: *Summary of the Results,* along with the combined responses for all the other questions. We gave the names of the informants who had seen medical doctors after the Fritz surgeries to Sara for later confirmation by telephone. We were also able to obtain a copy of one EKG exam which patient #12 said was conducted 15 days after the Fritz surgery.

Question #13 asked about the patient's motivation for seeking the help of Dr. Fritz. As we expected, most of the subjects mentioned that they had gone to Dr. Fritz at the recommendation of a friend or relative in their initial response. If they did not mention this, we asked if they knew others who had received Spiritist treatment. In eight cases, this led us to another informant suitable for the study.

Question #14 asked if the patient felt any different now than he did immediately after the surgery by Dr. Fritz. I wrote this question with the expectation that some patients would respond with "yes," and go on to explain that they felt better right after the Fritz surgery than they did at the time of the interview. I suspected that the positive feelings induced

by the charisma of the healer and the ritual activity might wear off over time for those patients who were not truly healed. As will be seen in the following chapter, this hypothesis is *not* supported by the data.

Question #15 inquired about instructions given to the patient by Dr. Fritz before and after the treatment. We were later made aware of a set form of instructions given to all of the patients prior to the treatment. These instructions will be discussed in the first section of Chapter 5. Not all of the patients followed these instructions properly, however, and, in several cases, cited this as the reason they were not healed. Additional remedies or instructions given by Dr. Fritz for use after the surgeries were also collected. They included prescriptions for several homeopathic and over-the-counter remedies, as well as three prescriptions for antibiotics. In addition to simple curiosity, another purpose of this question was to determine if there are any differences in the post-operative instructions of Dr. Fritz/Maurício Magalhães versus Dr. Fritz/Edson Queiroz. As the reader may remember, Edson Queiroz was a licensed medical doctor who often prescribed large doses of antibiotics as a post-operative measure (Greenfield 1987: 1103).

Question #16 asked if the patient had been treated by a medical doctor for the same illness and, if so, how the different treatments compare. Most of the patients had been treated by medical doctors before the Spiritist treatment as a condition for inclusion in the study. They had gone to Dr. Fritz *because* they were unsatisfied with the treatments they had received from modern medicine. Consequently, the results fell completely within expectations.

Questions 17 and 18 dealt with the issues of the patients' faith in the

healer and their religious beliefs. They were included in an effort to test the impact of faith on the healing process and to determine the number of "conversions" to Spiritism prompted by the treatments. Although the sample number of subjects is much too small to say anything definitive about either of these subjects, the results do point to trends which may be addressed in later studies. This paper will now turn to an examination and discussion of the data.

CHAPTER 5

Data Presentation

Patient Preparation

The majority of prospective patients begin attending the weekly meetings or *reuniões* at the Spiritist Center in Parangaba several weeks prior to each scheduled visit by Maurício Magalhães. As stated previously in Chapter 4, I attended the weekly meetings held there every Tuesday night from early January until late April 1992. The personal observations described here, however, come from the time period just before Dr. Fritz's visit on February 22, 1992. Although the majority of subjects who participated in the present study received their treatment during the medium's previous visit to Fortaleza in October 1991, I was assured that the preparatory techniques which I observed were the same ones used before all the medium's previous visits.

The typical meeting I attended in early January lasted about an hour and a half from 6:00 to 7:30pm. The three or four meetings immediately prior to the day of the surgeries, however, grew progressively longer; lasting until perhaps 9:00, 10:00 or even 11:00pm, in order to accommodate an increasing number of prospective patients. Upon arriving, each Spiritist member, frequenter, visitor or prospective patient would typically move to a line at the back of the building which led to a very dimly lit room where *passes* were given. In this room from four to eight mediums (members of the Center's White Table) were giving passes at the same time. Recipients were asked to enter quietly one at a time and sit in a designated chair facing a medium. They were told to sit up straight, put their hands in their laps with

their palms facing upward, and to close their eyes. The medium would then hold his or her hands, with fingers extended, a few inches from the forehead of the recipient and slowly pass his hands downward until they were level with the recipient's knees. This process was usually repeated several times. At no time, however, did the medium actually touch the recipient. Each *passe* typically took about one minute.

I received *passes* at all the meetings I attended and found them to be both pleasant and relaxing. The atmosphere created during a *passe* seems highly conducive to meditation or trance. Imagine yourself sitting in a room illuminated only with the light from a door in front of you which is slightly ajar. Soft classical music is playing in the background. The medium tells you to close your eyes yet you can still sense her in front of you. When the medium places her fingers close to your face you feel a definite sensation; whether from a subtle movement of air, a passing shadow seen through the eyelids, or simply the close proximity, your skin begins to tingle. At this point it is not difficult to imagine a transfer of invisible energy. When you open your eyes you feel sleepy, relaxed. As you emerge from the room your senses are assaulted by bright lights and the sounds of forty or fifty people milling about the room. The contrast is startling, and reinforces the notion that you have just experienced something extraordinary.

After receiving their *passes*, prospective patients were asked to proceed to another room to register for treatment from Dr. Fritz. A receptionist would then record their names and the illnesses for which they sought treatment on a small sheet of paper. Depending upon the seriousness of the illness, the receptionist would then place a red, blue or yellow sticker on the paper. The patient was told to bring the paper or *ficha* to the Center the day

of the operation. Those patients with red stickers (indicating very serious illnesses) would be treated by Dr. Fritz first, followed by those who had blue and finally yellow stickers. Those with the least serious illnesses would be treated last.

The patients were also given a printed set of detailed instructions to be followed the week before, the day of, and immediately following the surgeries. This set of instructions reads as follows (author's translation):

1. THE WEEK BEFORE
a) Attend the indoctrination meeting.
b) Read the *Second Gospel According to Spiritism.*
c) Pray and guard your thoughts and actions.
d) Avoid heavy physical exertion.
e) Begin taking passes three days before.

2. ON THE DAY OF THE TREATMENT
a) Stay at rest both physically and mentally.
b) Maintain positive conversations and vibrations.
c) Do not smoke, or drink alcoholic beverages or soft drinks.
d) Do not eat meat, fried foods, fat, canned goods or manioc.
e) Bring a transparent bottle of filtered water.
f) Take a bath in rock salt or white rose petals.
g) Bring a white or red rose.
h) Be at the Center by 5:00pm.

3. DURING THE PERIOD OF CONVALESCENCE
a) For the following 24 hours, rest and have light meals.
b) Continue the (above) diet for three more days and avoid driving.
c) Drink a cup of fluified water 4 times a day.
d) Give thanks to God for the blessings you receive, which are always in proportion with your merit.

The "indoctrination meeting" mentioned in the instructions for the week before, refers to the last weekly meeting before the day of the surgeries. This meeting lasted much longer than usual and included the intense

visualization healing therapy conducted by the White Table member, Sara, which was discussed previously in Chapter 4. Visualization therapy has been cited by Rossi (1993) and others as a highly effective alternative treatment for many types of illnesses.

The *Second Gospel According to Spiritism* (Kardec 1864), is Kardec's most evangelical and religion-oriented work (see Chapter 2). It presents an extensive Spiritist interpretation of Christian biblical text, and is meant to familiarize the prospective patient with Spiritist doctrine. The *Second Gospel* is perhaps the most convincing Spiritist work for the traditional Catholic who is reluctant to accept elements of religious syncretism.

The patients were also asked to pray to God for a cure each day, to avoid heavy physical exertion (as you would before any surgery), and to begin taking *passes* three days before. Members were available at the Center to give *passes* each of the three days before the surgery. The patients were told that a family member or friend may conduct the *passes*, if the patient was unable to come to the Center during this time. In these cases, the friend or family member was given instructions on how to perform the *passe*. "Guard your thoughts and actions" is a popular expression in Brazil meaning to think only positive thoughts and to avoid confrontations with, and angry thoughts toward, others. Interestingly, one of the patients I interviewed (#27) told me she thought the surgery by Dr. Fritz failed because she got in a fight with her husband the day before the surgery and was very upset (see Appendix C).

On the day of the treatment, the patients were asked to observe numerous food, drink, and behavioral taboos. These were to be continued for three days after the surgery. Taboo observances associated with ritual are

well established in the ethnographical literature. They are found in activities and settings as diverse as fishing the open sea in the Trobriand Islands (Malinowski 1948), or pitching a major league baseball game in the United States (Gmelch 1978). As Malinowski (1948) says, if an activity is very important, yet the outcome is uncertain, then greater use of ritual will be associated with that activity. This hypothesis certainly holds true for the surgeries of Dr. Fritz.

The purpose of bringing a transparent bottle of filtered water was so that it could be *fluified* (imbued with magnetic fluids) by the spirits, and then taken home by the patient and consumed four times a day during the period of convalescence. Taking a bath in rock salt or with white rose petals is thought to aid the flow of magnetic energy in the patient's fluidic body. Patients were also asked to bring a white or red rose to the Center the day of the surgery. These roses were given to Dr. Fritz, who then passed them out to members at the Center as a way of thanking them for their participation. As I was observing one particular surgery, Dr. Fritz gave me a red rose. I later asked Maurício Magalhães' wife, who was assisting the surgeries, what the rose had been for. She responded that Dr. Fritz had used some of my "energy" to help heal the patient he had been working on. After the surgeries, Dr. Fritz told the members, assistants and myself that the rose symbolized many things: truth, beauty, and the gratitude and prayers of the patients; as well as the fleeting, temporary nature of the body as opposed to the eternal nature of the spirit. The patients, however, were left to attach whatever meaning they wished to the rose.

Question #15 of the survey (Appendix A) applies most directly to patient preparation. It asked whether the patient had been given any

instructions about what to do, or remedies to take, before and after the surgery. It also asked if the patient followed these instructions. All but one of the patients received the set of instructions printed above. The patient (#15) who did not receive the instructions was unable to attend any of the four meetings immediately prior to the surgeries. She had not known about the instructions until we showed her a copy, and immediately seized upon this fact as a reason that she was not healed. Similarly, three other patients who said they received the instructions, but did not follow them properly, cited this as the reason for their failure to be cured.

Sixteen respondents received instructions beyond the standard form to be followed after the surgery. These are printed in Appendix B under the responses to Question #15. For the most part, these instructions involved taking homeopathic remedies, popular over-the-counter medicines, and vitamins. In only two instances did Fritz/Magalhães prescribe antibiotics. The other patient who was told to take antibiotics (#38) received surgery from Fritz/Queiroz in 1985.

It should be clear from the above discussion that Dr. Fritz's work makes very extensive and sophisticated use of ritual preparation in order to put the patient in the best possible frame of mind to be healed. In my opinion, the preparations done before the surgery are just as essential to the healing process as the treatment itself, and go a long way toward explaining the high rate of success. For example, in an age when modern medical care seems to be losing its "human touch" (Foster 1978: 137), Spiritist preparations encourage close human interaction. Prospective patients are able to meet with concerned Spiritist members who patiently listen to their problems each week.

At each meeting they receive individual, personal treatment in the form of a *passe*, and are bombarded with what Csordas (1983) calls the "rhetoric of *predisposition, empowerment*, and *transformation*" (see Chapter 3) during the "worship service." In addition, they receive supernatural counseling from the various spirits who are regularly accepted by mediums at the Center each week. Cleide, the female medium who accepts the *preto velho* spirit, told me that most of the people who talk with the *preto velho* become virtual "clients" who come to the spirit repeatedly with all of their personal problems and concerns. There they receive compassion, sympathy, and practical advice. As a former black slave who is considered very wise, the *preto velho* speaks with authority on the subjects of pain and suffering, and patients are perhaps better able to accept the spirit's commiseration as a result. Most importantly, the *preto velho* acts as "living" proof that all misery eventually ends, but that life does not. Sickness may simply be part of a trial in this life, which must be overcome. This appears to me to be a very powerful coping mechanism.

The majority of the work which Dow (1986a, 1986b) says is essential in the universal process of symbolic healing is already accomplished before Dr. Fritz ever arrives. As discussed in Chapter 3, the first step is to establish a common mythic world believed in by both patient and healer. In Brazil, this common mythic world is already in place. In the section on religious pluralism (Chapter 3), I discussed how well Spiritism has fit into, and expanded upon, the religious cosmology in Brazil. For the purposes of healing, Spiritism has simply added another level of spirits which can be called upon as supernatural intercessors- a practice with a long standing tradition in Brazil. The ministry of Dr. Fritz is particularly evangelical in

nature, emphasizing its affinity with Catholicism and, in the case of the Center in Fortaleza, its status as a Christian religion. Given Brazil's unique religious history, it is not difficult for Brazilians to accept Spiritist doctrine. Spiritist doctrine itself fulfills the second step in Dow's (1986a, 1986b) theory of symbolic healing, in that it particularizes symbols in the mythic world. Furthermore, the majority of symbols utilized in Spiritist doctrine are already *transactional* in nature, since they are designed to readily lend themselves to healing, and are based on *generalized symbolic media* capable of evoking strong emotional responses (see Chapter 3).

As discussed in Chapter 2, Spiritism presents a very sophisticated theory of the body, the spirit, and the nature of illness. Prospective patients are educated in this doctrine through "required" reading and attendance of meetings. After the doctrine (or at least elements of it) is accepted, the final step in Dow's (1986a, 1986b) symbolic healing can be taken- the manipulation of transactional symbols in the particularized mythic world. All the ritual preparations mentioned in this section are excellent examples of this type of manipulation. The fact that these symbols are largely Christian in orientation makes them all the more effective in evoking emotion. At the same time, they are grounded in a "scientific" theory of illness developed by Spiritist doctrine, and make extensive use of modern medical symbolism as well. Further use of medical symbolism will become clear in the following section on the surgeries by Dr. Fritz. These surgeries, however, should not be viewed as isolated events, but rather as the final, definitive step in a highly creative, holistic, and informed healing process.

The Surgeries

The following descriptions of the surgeries by Dr. Fritz through the mediumship of Maurício Magalhães, as well as the descriptions of the surgical environment, come from my personal observations on February 22, 1992. The data which follow these descriptions, however, come from the interviews conducted with patients who received treatment during previous visits from the medium. I was assured by many sources at the Center, as well as by other independent sources, that the operation processes I observed were conducted in exactly the same manner as during the previous visits.

The majority of the surgeries by Dr. Fritz/Maurício Magalhães last only a few minutes. On the day of the surgeries which I witnessed, Dr. Fritz treated about two hundred and fifty patients in four hours. This rapid pace was achieved largely through the efficiency of the Spiritist assistants and the lay-out of the "operating room." The operating room took up an area of approximately forty by fifty feet. It was set up in the back of a large, rectangular (forty by one hundred and twenty foot) room at the Center and was sectioned off from the rest of the room by temporary, portable partitions. In the larger, non-operating section of the room, Spiritist members, prospective patients, and family members continually sang selections from a Christian hymnal throughout all the surgeries. Their singing was easily heard by the patients while receiving treatment. Two portable beds were placed end to end and about three feet apart in the center of the operating area. Washing tubs, surgical instruments, towels, cotton, gauze, alcohol, Mecuricrome and other surgical supplies were stored and readied on shelves and tables along the back and side walls.

As Dr. Fritz examined and treated one patient, another was told to lie down on the other bed. When first encountering a new patient, an assistant was present who read the color-coded *ficha* mentioned earlier which described the patient's condition. Dr. Fritz typically examined the new patient for a few seconds, perhaps asked the patient a question or two, and then inserted a few acupuncture needles (approximately one inch long to the hilt) into various places on the patient's body. Dr. Fritz/Magalhães would then move to the other bed to examine a second patient, leaving the needles in place in the first patient. About a minute later, Dr. Fritz would return to the first patient, conduct any other procedures deemed necessary, and then remove the needles and dismiss the patient. As Dr. Fritz moved to the other bed to finish the surgery on the second patient, a third was quickly ushered in to replace the first. This process was often prolonged in the more invasive surgeries and intensive treatments. As the disposable, paper bed sheets were soiled, they were discarded and replaced by assistants.

Dr. Fritz discarded all needles, syringes, tongue depressors and other less expensive surgical instruments immediately after removing them from each patient's body by simply tossing them onto the floor behind him. An assistant would then sweep up this paraphernalia and throw it away. More expensive surgical instruments such as scalpels and surgical clamps were washed in a tub of soap and water and then sterilized in alcohol by assistants before being used on a second patient. Although it is difficult to judge the effectiveness of this cleaning and sterilization process, after observing over two hundred surgeries, I never saw Fritz/Magalhães use an "unclean" surgical instrument on a patient. This is in stark contrast to the surgeries of Dr. Fritz/Dr. Edson Queiroz witnessed by Greenfield (1987) and reported by

two of my informants as well (see patient #'s 34 and 38 in Appendix C).

Fritz/Magalhães never wore gloves but frequently washed his hands, although not after each operation. Some of his assistants wore gloves while others did not and there appeared to be no pattern in this whatsoever. Dr. Fritz and all the Spiritist members assisting the surgeries, or working in any capacity at the Center that day, wore white lab coats with official and medical-looking name tags on the pockets and Spiritist patches on the sleeves. Those assistants who were actually registered nurses (there were two of them) also wore their professional identification tags.

Question #2 of the survey pertained directly to the surgeries. It asked the patient to describe the treatment and their feelings during the surgery. For ease of reference, these results can also be found in Appendix B under responses to *Questions 2, 3 and 4.* As stated previously, I interviewed thirty patients who received surgery by Dr. Fritz through the mediumship of Maurício Magalhães in October 1991, five who had surgery by Fritz/Magalhães in April 1991, two who had surgery by Fritz/Queiroz in 1985 and three who had recently been treated by correspondence with no physical surgery involved.

Of the thirty-five patients treated by Fritz/Magalhães, twenty-eight of the surgeries were conducted by needle-insertion only. Of the seven exceptions, two were conducted with needles plus an incision with a scalpel, one with a single "longer needle," one with a single needle plus the eyes were scraped with a scalpel, one with an unidentified instrument (probably a needle) inserted into the back of the patient's head, and one with several needles inserted into the chest plus a pair of surgical clamps thrust "way up" into the nostrils. The two surgeries by Fritz/Queiroz were both for the

removal of cysts and involved incisions with a scalpel. In both of these cases the informants said they actually saw blood from the previous patient on scalpel before it was used on them.

The feelings the patients experienced during the surgeries can be divided into two categories: references to pain and references to an emotional state. Out of all forty patients interviewed, thirty-four made references to pain. Of the latter, twenty-five patients (74%) said they felt no pain at all during the surgery (most of these said they felt only a slight sticking sensation), seven (21%) said they felt "a little pain" and only two (6%) said they felt "a lot of pain."

Fifty separate references to emotional states were also recorded from the forty interviews. These are grouped and presented in numerical form in Appendix B under responses to Question 3: *Feelings during the surgery.* Roughly half of these references were positive in nature- i.e. the patient felt calm, relaxed, confident, no fear, etc., while the other half were negative in nature- i.e. the patient felt tense, nervous, anxious or frightened. Emotional states experienced during the surgery, however, appear to have no discernable correlation with whether the patient believed himself or herself to be cured, or even a clear pattern with whether the patient felt any pain.

The question of pain in the context of alternative medical therapy has been addressed from several points of reference. Greenfield (1987) has suggested that the patients of Dr. Fritz are experiencing altered states of consciousness similar to hypnosis or trance which may retard the pain response. Other authors have discussed situations in alternative medicine where hypnosis or "focused" trance states do indeed appear to lessen pain (Kleinman 1980; Prince 1982b; Rossi 1993). Although trance may be

associated with a variety of emotional states, hypnosis patients are usually described as being very calm, relaxed and cooperative during the treatment. This process may account for the patients who said they felt very calm, confident and relaxed during the surgeries; many of whom made references pertaining to feeling "drugged" or "like they had just been operated on," but it may not apply to patients who said they were very tense, nervous, hyper-aware and frightened (sometimes to the point of trying to push the medium's hand away!) during the surgeries (see Appendices B and C). In many cases, these patients also said they felt no pain at all during the surgery.

Prince (1982b) has suggested that enhanced endorphin release during periods of extreme anxiety, pain or physical exertion may also reduce pain. These emotional states can likewise be described as altered states of consciousness, and may help account for the patients who experienced rather "negative" emotional responses. Likewise, Prince (1982b) discusses acupuncture as being an effective pain treatment. Some analgesic effects of acupuncture occur shortly after the needles are inserted, but the anesthesia reaches its peak after the needles have remained inserted for about forty minutes (Prince 1982b: 412-413). Since Dr. Fritz typically leaves the needles in the patient for only a minute or two, it is unclear what physiological role acupuncture plays in his surgeries.

The surgeries of Fritz/Magalhães appear to be somewhat less invasive or "cleaner" than those of Fritz/Queiroz (Greenfield 1987), although the data are certainly not in sufficient quantity to make an accurate assessment. Nevertheless, I did ask Maurício Magalhães' wife about the differences in the techniques of the two mediums. She said that the medium does have

an effect on the manifestation of Dr. Fritz, and she agreed that the two do appear to be somewhat different, but she did not elaborate in any more detail.

Finally, the use of medical or scientific symbolism in the surgeries of Dr. Fritz should be apparent. Everyone associated with the surgeries wears white lab coats and name tags, and the surgical environment is permeated with medical paraphernalia. Rossi (1993: 15) has included both surgeries and other types of medical instruments in a list of therapies which tend to evoke a high placebo response (see Chapter 3 page 54). In addition, as Greenfield (1990a) has mentioned, the choice of a *German* spirit-doctor is probably no accident, since Germans seem to symbolize a high degree of modern efficiency and technical knowledge for many Brazilians. Some of the surgeries of Dr. Fritz are plainly physical; especially those which remove growths or cysts from the body. Most are intended to operate primarily on the perispirit or fluidic body, however, and appear to be based on symbolism. But the fact that actual physical surgery is performed, and the patient's skin is actually broken, is perhaps the most convincing symbol of all.

Therapeutic Results

Survey question #1 yielded the most detailed information about the outcomes of treatments for specific illnesses. The patients were asked to describe the problem/s for which they received treatment from Dr. Fritz, and and to describe the present condition of the illness/es. I was able to get very specific information about the past and present condition of each patient's illness or illnesses because the interpreter and I were given plenty of time to ask subsequent clarifying questions. The forty patients interviewed were

treated for sixty separate illnesses. These were later divided by myself into three categories based on the patients' responses for each illness. These results are given in Table 1. (1) The term *Cured* was assigned if the patient believed they were completely healed by the treatment; (2) *Helped* was assigned if the patient believed they had experienced a significant improvement in the condition, but did not consider the illness to be completely healed; and (3) *No Help* was designated if the patient believed they received no positive results from the treatment by Dr. Fritz.

As can be seen in the table below, 47% of the illnesses were believed to be healed, 22% received partial therapeutic aid, and 32% of the conditions were unchanged by the surgeries. This gives an overall success rate, measured by those illnesses which the patients believed to be either *cured* or *helped* in some way, of about 69%. This is especially impressive in view of the fact that the majority of the patients had already been to medical doctors for treatment or consultation and were largely unsatisfied with the care they had received from them. Of the forty patients interviewed, thirty-five had gone to medical doctors before deciding to seek Spiritist treatment.

Question #16 addressed this issue. Twenty-four of the individuals (60%) said they had been *actually treated* for the same illnesses by a medical doctor. Of these, fifteen individuals said the medical treatment had helped, but in all these cases the help was either partial or temporary- usually involving medicines or physical therapy for pain, or drug treatments for permanent, incurable conditions. Nine of the twenty-four individuals treated by medical doctors said they received no help at all from the medical doctor's treatments. Of the sixteen individuals who were not treated by medical doctors for the same illnesses, eleven said they *had seen MDs for these*

Table 1: Problems for which the Patients were Treated.
(Responses to Question #1)

Illness Treated	Number	Cured	Helped	No Help
Back Pain	8	5	1	2
Vision	7		4	3
Cysts/Growths	4	3		1
Hypertension	3	3		
Headaches	3	2	1	
Arthritis	3	1	1	1
Stomach & Intestinal Pains	2	2		
Abdominal Hernia	2			2
Ovarian Cyst	2	2		
Inflammation of Ovaries	2		1	1
Facial Paralysis	2			2
Depression	2		1	1
Fibrosis (on foot)	2	2		
Diabetes	2			2
Balance Disorder	2		1	1
Kidney Pains	1	1		
Blood in Urine/Kidney Stone	1	1		
Menstrual Problem	1	1		
Pains in Legs	1	1		
Speech & Memory (stroke)	1	1		
Breathing	1	1		
Cancer (Prostate & Metastasis)	1	1		
Angina	1	1		
Prostate Gland (enlarged)	1		1	
Chronic Throat Inflammation	1		1	
Hiatal Hernia	1		1	
Arterial Obstruction	1			1
Hearing (partially deaf)	1			1
Leukocitosis	1			1
Totals	**60**	**28 (47%)**	**13 (22%)**	**19 (32%)**

conditions but were not actually treated. In two of these instances, they said the doctor was unable to find the problem. In other cases there was no treatment available for the condition. In still others, a medical doctor had recommended surgery for a specific condition but the patient decided to try Dr. Fritz's (presumably less invasive) surgery first (see Appendix C patient #s 8, 16, 22, 24, and 28). Patient #38 was a unique case. She had a cyst (4x3x2cm in size) on her hip which the doctors had refused to remove. Fritz/Queiroz did remove the cyst, however, and it has not returned.

Question #4 asked if the patient had returned to a medical doctor since the Fritz surgery and, if so, what the doctor had said? Seventeen patients had seen medical doctors since the Spiritist treatment. The responses of each of these individuals can be found in Appendix B under the responses to Question #4.

These responses are extremely difficult to evaluate since they are based on second-hand information, that is, what the patient told me the doctor said. In a few cases, however, the answers were fairly straight-forward. For instance, the blood conditions of four patients (diabetes in two patients, low blood lithium in one, and leukocitosis in another) remained unchanged, two other patients who had hernias were told that they still had them, one man was told he still had a clogged artery, one woman that she still had poor vision and another that she still had arthritis. In all of these cases, the MD's conclusions probably determined the patients' responses as to whether they were cured. In only two instances did patients claim that the doctor seemed perplexed or surprised; once for an ovarian cyst that had disappeared and once for a fibrosis and back problems that had disappeared (see Appendices B and C: patient #'s 24 and 3). In each case we were unable to get copies of the

sonogram (#24) or the x-ray (#3).

Other cases were more problematic. For example, in many instances the doctor had taken the patient off pain medication, indicating to the patient a confirmation of a cure. But this was most likely due to the patient simply saying they were no longer in pain. In other cases the conditions may have been naturally remissive or the patient was also on medication which could account for the "normal" present condition. For instance, one man's prostate cancer was in remission, a woman's tumor had not grown, a man's EKG exam was normal whereas a previous one had been abnormal, and so forth.

Although the data are insufficient to make definitive conclusions as to the apparent efficacy of Dr. Fritz's surgeries between different types of illnesses, certain patterns are seen which should be addressed in future research. As discussed in Chapter 3, Kleinman (1980) has argued that the *types* of diseases treated by indigenous healers help to explain their success. Briefly, these are: (1) acute, self-limited (naturally remitting) diseases; (2) non-life threatening chronic diseases which are better treated by psychosocial management; and (3) somatic manifestations of minor psychological disorders and interpersonal problems (Kleinman 1980: 361).

While I suspect that many of the illnesses treated by Dr. Fritz fall into these categories, others clearly do not. I also suspect that the success rates for those that do will tend to be higher, but it is impossible to test these hypotheses with the data at hand. Even if we had the best medical data possible on each patient's condition before and after the Fritz surgeries, hypothesis testing would still be difficult.

For example, how do we know if a case of cancer, an ovarian cyst or

even back pain will be naturally remitting unless no other treatment is given? Also, how would we know this until after the fact? How do we know if a migraine headache is due to a psychological or a physical problem? Often the *assumption* in medical science today is that if a physiological cause cannot be found then the problem *must* be due to psychological stressors, but this is difficult to prove. Similarly, chronic diseases (including cancer, heart disease, conditions that lead to stroke, etc.) can appear non-life threatening for many years, yet they are the primary causes of death in developed countries. It is also as yet unclear whether many of these conditions are better treated biomedically or psychosocially (Mausner and Kramer 1985).

Nevertheless, the data do appear to indicate that the surgeries of Dr. Fritz tend to have particularly high rates of success in *categories of illnesses which are often found to be* self remitting or related to stress, such as headaches, back pain, cysts, some cancerous growths, hypertension and stomach disorders. Likewise, the treatments appear to be particularly successful in the long term relief of pain in general. All of these conditions are also included in Rossi's (1993: 15) list of illnesses in which the placebo effect plays a powerful role (see Chapter 3 page 54). Conversely, the surgeries of Dr. Fritz do not appear to be particularly effective in treating non-symptomatic, genetic disorders such as insulin dependent diabetes and leukocitosis or other genetic and trauma-related disorders such as blindness, deafness and facial paralysis (see page 93 of this section or Appendix B: *Table 1*). I suspect that these trends will be present among all the illnesses treated by Dr. Fritz; however, further study of this subject is necessary in order to make definitive statements.

But the questions of which types of illnesses are better treated by Dr. Fritz, or whether the therapeutic effects are actually based on placebos are, of course, irrelevant to the patient who actually feels better. Patient #10, for instance, whose angina (chest pain) was so terrible he used to "cry like a baby," probably does not give these questions a second thought. He simply knows that he is not in pain anymore, and no longer has to take medicine. Or patient #13 (a retired University chemistry professor), who believes that Dr. Fritz, along with his patron- St. Francis, has cured him of prostate cancer and prevented its spread into his back and shoulders, would probably laugh at anyone who tried to tell him the cure was "all in his head." A medical doctor told him there was no longer any sign of cancerous growth in his prostate, and he trusts the same is true for his back and shoulders. Other dramatic success stories like these can be found in Appendix C: *Patient Summaries*. My point here, however, is to stress that the surgeries of Dr. Fritz were, for whatever reason; successful for many individuals, while in most of the cases studied, the treatments of modern medicine were not.

Patient Satisfaction

The question of patient satisfaction was addressed primarily through the closed-ended questions which the informant had to answer with either "yes," "no," "more or less" or "don't know." These questions were designed to gauge the patients' attitudes toward Dr. Fritz, the treatment they received, and their total experience with Spiritism. The patients' responses to these questions are given in Table 2 as well as in Appendix B for ease of reference. (*Note:* questions 1 through 4 have been discussed in the previous sections).

Table 2: Closed-ended Questions

	Yes	No	M/Less	Don't know
5. Did the spiritist treatment help you? (N=43)	35 (81%)	6 (14%)	2 (5%)	0
6. Do you feel better after seeing Maurício Magalhães? (N=40)	32 (80%)	5 (13%)	0	3 (8%)
7. Are you less occupied with illness in general because of your experience with spiritism? (N=40)	27 (68%)	6 (15%)	5 (13%)	2 (5%)
8. Would you say that you have more energy now than you did before the spiritist treatment? (N=40)	27 (68%)	5 (13%)	0	8 (20%)
9. Are you able to work better now? (N=40)	23 (58%)	4 (10%)	1 (3%)	12 (30%)
10. Are you cured? (N=45)	18 (39%)	20 (44%)	6 (15%)	1
11. Would you seek the help of a spiritist healer again? (N=40)	38 (95%)	2 (5%)	0	0
12. Would you recommend that others seek the help of spiritist treatment? (N=40)	38 (95%)	1 (3%)	1 (3%)	0

As noted above, questions 5 and 10 have more than forty responses each. This is because several of the patients had been treated for more than one illness and some of them decided to give more than one answer while others did not. Since the forty patients were actually treated for *sixty* separate illnesses, it is unclear whether many of the patients with more than one illness *grouped* their responses within one of the categories above or responded primarily for the illness with which they were the most concerned. For this reason, the information on treatment outcomes presented in the previous section should be considered a far more accurate measurement of treatment results.

Questions 5 through 9 and questions 11 and 12 deal with the patients' general feelings and attitudes toward the treatment and their experience, while question #10 simply asks if the patient was healed. Questions 5 and 6 are very general and pertain to whether the patient was helped, feels better, or, in other words, derived any benefits at all from the Spiritist treatment. For this reason, they are perhaps the best measure of patient satisfaction with the actual treatment. These responses were very positive with about 80% saying "yes" and 14% saying "no."

Questions 7 and 8 asked about specific therapeutic effects which I thought might be common results in Spiritist treatment. In effect, I was putting words into the mouths of the patients with these questions and, in hindsight, perhaps should not have asked them for that reason. Predictably, the responses were less certain, with a larger percentage of patients responding with "more or less" or "don't know." This uncertainty had an impact on the positive responses, with only 68% answering "yes," while the negative responses seemed unaffected and in line with those of the first two

questions at about 14%.

Question #9 asked whether the patient was able to work better as a result of the treatment. Unfortunately, this question did not apply to many of the informants since they were retired and did not work anyway. This factor, I believe, accounts for the much higher uncertainty (30% replied with "don't know") present in the responses, as well as the lower positive response at only 58%.

Questions 11 and 12 asked if the patient would return again to Dr. Fritz should they take ill and if they would recommend the treatment to others. These questions are meant to reflect the patients' general attitudes toward Spiritism and Dr. Fritz. They measure, I believe, whether the patient sees the Spiritist healing process as worthwhile and at least potentially effective. These responses were overwhelmingly positive with 95% of the patients saying "yes."

As discussed in Chapter 4, the responses to the seven "satisfaction-oriented" questions just presented were to be compared with those given to the point-blank question of, "Are you cured?" Finkler (1985) has found that among *spiritualist* healers in Mexico, the actual medical efficacy of the treatments is lower than the overall positive response to the treatments and the healer. While this study does not measure the *medical* efficacy of the treatments, it follows that the patients' responses to question #10, "Are you cured?," would be less positive than their overall reaction to the experience. This is easily seen in the data above. The question, "Are you cured?," elicited only 18 (39%) "yes" responses, while getting 20 (44%) responses of "no." Six (15%) responses of "more or less" (indicating only a partial cure) were also recorded while one person said they "didn't know." These figures

are significantly lower than the *average, combined percentages* of responses for the *other seven* closed-ended, "satisfaction-oriented" questions. These combined percentages are: 78% "yes," 10% "no," 3% "more or less," and 9% "don't know."

As mentioned previously, the question, "Are you cured?," obscures many of the details of the therapeutic benefits gained for each separate illness. The combined percentage figures based on the outcomes of each of the sixty separate illnesses (presented in the previous section) are more accurate. These were as follows: 47% of the illnesses were believed to be *cured*, 22% to be *helped* in some way, and 32% of the illnesses were believed to have received *no help*. This gives an overall success rate (those illnesses which were *cured* or *helped*) of approximately 69%.

Furthermore, questions 7 through 9 ask about specific therapeutic effects which clearly do not apply to many of the patients. This tended to reduce the "positiveness" of the satisfaction-oriented responses when combined. In my opinion, the responses to questions 5 and 6 are the best representation of patient satisfaction with the treatment itself. In this case, 80% of the patients thought that the Spiritist treatment helped them and made them feel better on some level. The responses to questions 11 and 12 are in turn the best representation of the patients' faith in the treatment's potential efficacy. In this case, 95% of the patients would return to Dr. Fritz a second time and they would also recommend the surgery to others.

Related Issues

As discussed in Chapter 4, I asked question #14, "Do you feel any different now than you did right after the surgery? and, if so, how?" in an

effort to get some idea of the progression of the believed therapeutic effects of the treatment over time. I expected to find that many patients would feel better initially as a result of having just been exposed to the "emotional high" of the treatment, but would eventually realize that they were not healed.

This was rarely the case. Twenty-three of the forty patients I interviewed said they felt differently at the time of the interview than they did right after the surgery. Interestingly, eleven of these twenty-three said they felt particularly bad, weak, and/or tired, sometimes running a fever, for the first three or four days after the surgery. Seven of these eleven patients also mentioned increased pain and/or irritation or inflammation in the immediate area where Dr. Fritz had operated or broken the skin. In the most dramatic of these cases (patient #38), the subject had surgery by Fritz/Queiroz in Recife in 1985 to remove a *tumor* (probably a cyst 4x3x2cm in size) from her hip. After the surgery she said she lay bed-ridden for ten days in a hotel with a high fever, and was unable to walk. Fritz/Queiroz had prescribed antibiotics which she took during this time. She had been very frightened during the surgery but felt no pain even though Dr. Fritz had to literally scrape the growth off the bone with a scalpel. Fritz/Queiroz had used a scalpel covered with dried blood during this operation. The cyst or "tumor" has not returned (see Appendix C).

The presence of fever, skin irritation and general feelings of fatigue are often classic signs of the body fighting off minor infections. The case just described, I believe, is an example of the body struggling with a very serious infection. This infection was likely caused by the Fritz surgery since the woman treated had felt fine just before the surgery. These instances suggest

the possibility of post operative infections resulting from the surgeries of Dr. Fritz, something that should be looked at in further research.

Six of the remaining twelve patients who said they felt differently now than they did right after the surgery said their condition improved very gradually, over a period of a few months. Three more said their condition began to improve only after three or four days, but did not mention feeling poorly during this time. The three remaining patients said their condition improved dramatically at first, but then returned to the way it was before the surgery.

The final questions in the survey addressed faith and religious issues. These were asked primarily out of curiosity and the resultant data are not central to the thesis at hand. Question #17 asked if the patient believed that spirits are capable of healing people through mediums, if Magalhães (or Queiroz) is one of these mediums, and if they believed these things before the surgery. Thirty-eight subjects (95%) said they did believe that spirits could cure people, but many of these people qualified this response by saying that God or Jesus was the true healer and that He simply worked through the spirits. Two of the informants said they weren't sure, and none said they did not believe. Thirty-two (of 35) respondents said they believed Maurício Magalhães was one of these mediums, while three others weren't sure. Both of the patients of Fritz/Queiroz believed he was a medium. Twenty-nine (73%) of the patients said they believed these things before surgery, while nine (23%) said they did not and two said they didn't know. Six of these nine, however, said they began to believe as they attended the meetings prior to the treatment. All nine of the subjects who said they did not believe that spirits were capable of healing illnesses before the treatment

said that they still had faith that God would heal them, and that they do believe that spirits can play a role in this process now. For the most part, the illnesses of these nine subjects were either "cured" or "helped" in some way.

Question #18 asked if the patient was a Spiritist. Only nine individuals (10%) said they considered themselves spiritists. In each of these cases, the informants said they became Spiritists before the treatment. Four of these individuals had considered themselves Spiritists for many years, while the other five became more interested in Spiritism while attending the meetings prior to their treatment. Five additional individuals who do not consider themselves Spiritists said they have been regularly attending the meetings each week since their surgeries. Two of these individuals also helped with the surgeries of Dr. Fritz in February. The rest of the individuals usually said they were simply Catholic, while one said he was agnostic, and another said she was Christian but non-affiliated.

This information on religious affiliation is difficult to evaluate, since whether one considers himself to be a Spiritist is based on criteria known only to the informant. For example, most of the patients indicated that to be a Spiritist was primarily a question of doctrinal practice, thus, they did not include themselves in this group. While others seemed to believe being a Spiritist simply meant that one believed in all manner of spirit-related, supernatural phenomena. A few of these individuals are included among the nine who consider themselves Spiritists, in that these individuals do not *practice* Spiritism on any regular basis. In the vast majority of cases, however, the informants said they do accept many of the beliefs and practices of Spiritism that they had witnessed, but many said they were simply not very familiar with the doctrine itself. From the (albeit sparse)

data above, only about 10 (25%) of the patients I interviewed now attend Spiritist meetings on a regular basis, and, of this figure, only half do so as a result of the preparations at the Center or the treatment by Dr. Fritz.

As to the issue of belief in the potential efficacy of the treatment, however, I think it can be safely said that virtually all the patients had this belief by the time of the surgery. I believe this is due primarily to the impressive, preparatory efforts of the Spiritist members at the Center before the patients' encounter with Dr. Fritz.

CHAPTER 6

Summary and Conclusions

The central concern of this thesis was to demonstrate that the patients of Dr. Fritz exhibited a strong sense of satisfaction with the Spiritist treatment they received. Based on the high percentage of illnesses which the forty informants believed were either cured or helped in some way, I believe this has been shown to be the case. This high rate of success is particularly impressive since the majority of the patients had seen medical doctors for the same illnesses, and were largely unsatisfied with the limited results that modern medicine had been able to produce. This conclusion is also based on the very positive attitudes the patients expressed toward Dr. Fritz, the Spiritist movement, and their treatment, regardless of whether they believed themselves to be completely cured. In attempting to account for this high rate of success, many important factors have emerged.

Brazil's rich history of religious syncretism and pluralism has provided fertile ground for the growth of Spiritism. Many of the essential beliefs espoused by Spiritism were already present in the traditions of folk Catholicism, or the Afro-Brazilian religions, well before Spiritism's arrival. This high tolerance of syncretism, as well Spiritism's appeal as a scientific endeavor, provided what was necessary to allow many of the potentially controversial elements of Spiritism to become rooted in the Brazilian psyche. Since symbolic healing in general is thought to require strong belief on the part of the patient, the general population to be healed must be willing to accept the central tenets or "mythic world" of the healer. This is certainly the case for Brazil.

I have also noted that the Spiritist Center in Fortaleza which hosts the visits from Dr. Fritz is unusual among Spiritist groups in its high degree of evangelical and religious orientation. The "meetings" at the Center strongly resemble, both in form and content, a traditional, Christian worship service. It also appears to be unusual in its acceptance of what many Spiritists would call elements of "lower spiritism," such as Umbanda. I believe these traits can be accounted for by the simple fact that the Center wishes to make the surgeries of Dr. Fritz available and acceptable for as large an audience as possible.

In a brief discussion of competing theories of symbolic healing, I have concentrated on the work of Dow (1986a; 1986b), who has identified the various universal aspects of symbolic healing. This healing process begins with a common mythic world. The healer then particularizes this world for the patient, then manipulates transactional symbols within the mythic world in order to affect changes in the patient's condition. The degree of the patient's belief in these symbols, and the skill with which the healer manipulates them, plays an essential role in the effectiveness of the treatment (Dow 1986a). I have argued that the criteria described above are all present in the Spiritist healing processes described in this thesis. In fact, the majority of these criteria are fulfilled long before the arrival of Dr. Fritz. Extensive use of religious as well as scientific symbolism is evident in not only the surgeries of Dr. Fritz, but in the indoctrination and ritual preparations conducted by the Center before a single patient encounters the healer. The fact that the religious symbols are grounded in Christianity makes them all the more powerful for the population seeking aid.

I believe these ritual preparations play a vital role in the healing

process. The data, although limited in number, lend support to this notion in that the four individuals who either did not engage in this activity, or did not properly follow instructions, did not receive therapeutic benefits. As has been shown, simply attending the meetings prior to the Fritz surgeries also provides many therapeutic encounters for prospective patients, including; prayer, charismatic sermons, visualization therapy, *passes*, and supernatural counseling. The Center is responsible for providing that concerned, "human touch" component which is important in all forms of healing, but is increasingly absent in Western medicine. The healing process finally culminates in the focused, efficient surgery by Dr. Fritz. Here, surrounded by assistants in white lab coats, and armed with all manner of shiny, surgical instruments, the healer literally carves the transactional symbols into the patient's body. "Just like a regular doctor," one might say, only with the full weight of the patient's belief system behind him.

With regard to the patients' feelings during the surgeries, the data indicate that few individuals experience the degree of pain one would think would be associated with these procedures. Several possible explanations for this were discussed, such as hypnosis, trance, and endorphin release due to stress or acupuncture. But further study of these techniques, perhaps in controlled clinical tests, are needed to assess their efficacy in reducing the pain response. In addition, some indications of post operative infections resulting from the Fritz surgeries were evident in the data, but this would require additional data of the same kind, as well as perhaps clinical examinations of patients immediately after the surgeries, in order to make an accurate assessment.

In regard to the patient-perceived efficacy of the treatments, the data

indicate a success rate of approximately 69%, based on the percentage of illnesses which the patients said were either cured or helped in some way. This figure is especially impressive in view of the fact that most of the patients were dissatisfied with the treatments given by their medical doctors for the same illnesses. As expected, the perceived efficacy rate was less positive than the patients' general attitudes toward their treatment, the healer and their experience. These attitudes were measured by the percentage of patients who said that the treatment helped them and made them feel better on some level (80%), and by those who said they would return to Dr. Fritz again if needed and would recommend the surgery to others (95%).

The division of most illnesses into clear-cut categories of psychosomatic, on the one hand, and biological, on the other, is at best difficult and tentative; at worst, it is an exercise in what many authors have called the "ethnometaphysic of Cartesian dualism." Similarly, divisions of illnesses into those which are better treated by psychosomatic means and those which are better treated through biomedicine are as yet unclear. However, the data at hand do indicate certain possible trends in the types of illnesses for which the treatments of Dr. Fritz are more effective. And these are similar to what has been suggested by other authors (Foster 1978; Kleinman 1980; Rossi 1993).

The data indicate high rates of therapeutic efficacy for severe headaches, back pain, hypertension, heart disease, stomach disorders, cysts, and some cancerous growth. The surgeries of Dr. Fritz also appear to be highly effective in the long term relief of chronic pain. These types of medical complaints have often been found in other contexts to be either naturally

remitting, stress related, or highly susceptible to the placebo effect. The data also indicate less efficacy for other kinds of illnesses. I must stress, however, that these trends are tentative, since they are based on a very small sample. Far more data of the present kind are needed to judge the comparative, patient-perceived efficacy of the surgeries.

I believe the most important contribution of this study, and of others like it, lies in the fact that the types of illnesses for which symbolic healing appears to be the most successful are precisely the types of illnesses which modern medicine has the most difficulty in treating. I am speaking primarily here of chronic problems such as heart disease, cancer of multiple organs, stress related disorders, and the long term management of pain. These ailments become more predominant each day in modern societies where the population is aging and most infectious diseases have been conquered. A possible key lies in a more adequate understanding of how the mind affects changes in the body. This will perhaps one day be explained by a limited number of identifiable chemical processes, but a clear understanding of how these processes are evoked in their cultural context will still be needed. As a study of a particularly sophisticated and effective symbolic healing process, which operates exceptionally well in a modern population, I believe this thesis is both relevant and timely.

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APPENDICES

APPENDIX A

Interview Questions- Portuguese

Open-ended Questions:

1. Qual é (ou era) o problema do/a Senhor/a?
   - O Senhor ainda tem este problema?

2. Que tipo de tratamento o Senhor teve?
   - Por favor, descreva o que acontenceu.

3. Como o Senhor se sentiu durante a operação (ou tratamento)?
   - Descreva por favor (se sentiu medo, tensão, calma, alguma dor? ect.)

4. O Senhor tem ido ao médico depois do tratamento com Espiritísmo?
   - O que o médico disse? Houve alguma melhora?
   - (if applicable) O Senhor tem uma cópia do diagnostico? Podemos confirmar com o médico? Qual é o nome dele?

Closed-ended Questions: Respond with Sim, Não, Mais ou Menos or Não Sei

5. O tratamento lhe ajudou?

6. O Senhor/a se sente agora melhor depois que viu o Mauricio Magahães?

7. O Senhor está menos preocupado com doenças de um modo geral por causa da sua experiencia com o Espiritismo?

8. O Senhor diria que tem mais energia agora, do que tinha antes do tratamento?

9. O Senhor pode trabalhar melhor agora?

10. O Senhor é curado?

11. O Senhor procuraria ajuda de um curador espirita novamente?

12. O Senhor recomendaria alguem a procurar a ajuda de um curador espirita (ou o Dr. Fritz)?

Open-ended Questions Continued:

13. Por que o Senhor se decidiu a procurar ajuda do espiritismo?
    - Conhece outras pessoas que tem sido curadas pelo Espiritismo? Quem?

14. O Senhor se sente diferente agora do que se sentiu logo depois do tratamento?
    - Como?

15. O Senhor Magalhães lhe deu instruçoes sobre o que fazer, ou sobre os remedios par tomar depois que ele lhe curou/tratou?
    - E antes
    - Quais foram a instruçoes? Explique, por favor.
    - O Senhor seguiu a instrucoes? Explique.

16. O Senhor foi tratado da mesma doença por um médico antes do tratamento pelo Dr. Fritz? Explique, por favor.
    - O tratamento dele lhe ajudou?

17. O Senhor acredita que os espiritos são capazes de curar pessoas atraves dos mediuns?
    - E que o Mauricio Magalhães é um dos mediuns?
    - O Senhor acreditava nisto antes do tratamento?

18. O senhor é um espirita?

** O Senhor tem alguma coisa a acrescentar sobre o tratamento ou sobre o Espiritismo?

Interview Questions- English

Open-ended Questions:

1. What is (or was) the problem/s for which you were treated by Dr. Fritz?
   - Do you still have this problem?

2. What type of treatment did you have?
   - Please describe what happened during the treatment.

3. How did you feel during the surgery (or treatment)?
   - Please describe (were you fearful, tense, calm, did you feel pain?, ect.)

4. Did you go to a doctor after receiving the Spiritist treatment?
   - What did the doctor say? Was there a change in your condition?
   - (if applicable) Do you have a copy of the doctor's report? May we confer with the doctor?

Closed-ended Questions: Please respond only with "Yes," "No," "More or Less" or "Don't Know."

5. Did the treatment help you?

6. Do you feel better than you did before seeing Maurício Magalhães?

7. Would you say that you are less preoccupied with illness in general because of your experience with Spiritism?

8. Do you have more energy now, than you did before the treatment?

9. Are you able to work better now?

10. Are you cured?

11. Would you seek the help of a Spiritist healer again?

12. Would you recommend that others seek the help of Dr Fritz?

Open-ended Questions Continued:

13. What made you look to Spiritism for help?
    - Do you know others who were cured by Spiritist healers?

14. Do you feel any different now than you did right after the treatment?
   - If so, how?

15. Did Maurício Magalhães (or Dr. Fritz) give you any instructions about what to do, or medicines to take after your surgery (treatment)?
   - Instructions before?
   - What were these instructions? Please explain.
   - Did you follow the instructions?

16. Were you treated for the same illness by a medical doctor before going to Dr. Fritz? (If so) Please explain.
   - Did the medical doctor's treatment help?

17. Do you believe that spirits have the ability to cure people through mediums?
   - And that Maurício Magalhães is one of these mediums?
   - Did you believe this before your treatment?

18. Are you a Spiritist?

**Do you have something you would like to add about your treatment or Spiritism?

APPENDIX B
Summary of Results

Table 1: Problems for which the Patients were Treated.
(Responses to Question #1)

Illness Treated	Number	Cured	Helped	No Help
Back Pain	8	5	1	2
Vision	7		4	3
Cysts/Growths	4	3		1
Hypertension	3	3		
Headaches	3	2	1	
Arthritis	3	1	1	1
Stomach & Intestinal Pains	2	2		
Abdominal Hernia	2			2
Ovarian Cyst	2	2		
Inflammation of Ovaries	2		1	1
Facial Paralysis	2			2
Depression	2		1	1
Fibrosis (on foot)	2	2		
Diabetes	2			2
Balance Disorder	2		1	1
Kidney Pains	1	1		
Blood in Urine/Kidney Stone	1	1		
Menstrual Problem	1	1		
Pains in Legs	1	1		
Speech & Memory (stroke)	1	1		
Breathing	1	1		
Cancer (Prostate & Metastasis)	1	1		
Angina	1	1		
Prostate Gland (enlarged)	1		1	
Chronic Throat Inflammation	1		1	
Hiatal Hernia	1		1	
Arterial Obstruction	1			1
Hearing (partially deaf)	1			1
Leukocitosis	1			1
Totals	**60**	**28 (47%)**	**13 (22%)**	**19 (32%)**

Question #2: **Types of Treatment Received**

Needles only	28
By correspondence	3
Surgery through Edson Queiroz*	2
Needle plus incision with scalpel	2
Syringe injection only	1
"Long" needle inserted into chest	1
Needle plus eyes scraped with scalpel	1
Unidentified instrument inserted into the back of the head	1
Needles plus surgical clamps thrust into nasal passages	1
Total	**40**

* One Queiroz patient said that the medium/spirit used a scalpel with dried blood on it in 1986 to remove a cyst from his face. The incision made was relatively small and shallow.
The other Queiroz patient said the healer made a deep incision with a bloody scalpel to remove a growth (cyst) from her hip in 1987. She was bed-ridden with weakness and fever for 10 days.

Question #3: **Feelings during the surgery.**

References to Pain (34)

No Pain	25 (74%)
A Little Pain	7 (21%)
A Lot of Pain	2 (6%)
No Reference to Pain	6

References to an Emotional State (50)

Calm, Relaxed, Fine, ect.	14 (28%)			
Tense/Nervous	14 (28%)	Very	4 (8%)	
Frightened	9 (18%)	A little	2 (4%)	Very 4 (8%)
Confidence/Faith	6 (12%)			
No Fear	4 (8%)			
Anxious	3 (6%)			

Other references during surgery

Commented on how quickly the surgery was over	8
Felt fully or hyper aware/awake	4
Felt "as if I had just been operated on" right after surgery	4
Felt only a "prickling" sensation from the needles	3
Felt only a "burning" sensation from the needles	2
Felt a "drugged" sensation immediately after the surgery	2
Felt very tired immediately after the surgery	1
Didn't feel the needles going in	1
(The needles going in) "felt like he was playing a piano on my back"	1
Had a "distinct lack of breath" for 5-10 minutes after the surgery	1
(The needle going in) felt like he was "getting a shot"	1
Felt very good and thrilled	1
Cried and shook during the surgery	1
Pushed the medium's hand away during the surgery (Queiroz Patient)	1
Felt only a scratching sensation from the scalpel (Queiroz Patient)	1
Felt only a squeezing sensation (Queiroz tumor removal)	1
Felt a great deal of pain immediately after "	1

Question #4: **Did you go to a medical doctor after the Spiritist treatment?**

Yes:	**17** (43%)
No:	**23** (58%)
Total:	**40**

(If so) **What did the doctor say?**

1. [Patient #22] Back pain appears to be gone, but the doctor says he still has a hernia.
2. [Patient #19] Doctor said he still has a hernia.
3. [Patient #13] Had an exam for cancer of the prostate one week after the Fritz surgery, but was unable to check metastasis. He says the doctor told him his prostate was normal (cancer in remission).
4. [Patient #24] Patient had a sonagram one week after the Spiritist surgery for her ovary cyst. She claims the doctor said "there was nothing there," and was perplexed.
5. [Patient #27] Patient said she went to her doctor three months after Fritz surgery. He said there was no change in her vision problem.
6. [Patient #16] Had biannual tumographies done before and after the Fritz surgery. Doctor said the brain tumor was still there but there was no sign of any growth.
7. [Patient #30] (April patient) had check-up 6 months after the Fritz surgery. The doctor said she still has arthritis and bone decalcification.
8. [Patient #32] (April patient) had check-up 5 months after the Fritz surgery. Her back pain had stopped after the Spiritist treatment so she did not mention this to her doctor. She also *did not* mention the Fritz surgery to her doctor at all. Dr. Fritz also treated her for hypertension. Her doctor simply told her to continue taking the medicine he had prescribed for hypertension. She assumed that this meant there had been no change in her condition.
9. [Patient #31] (April patient) had blood exam 3 months after the Fritz surgery for low blood lithium. The doctor had and continued to prescribe lithium for her condition. She was taking the medicine regularly before the Fritz surgery and continues to do so. The doctor said her blood exam was completely normal. She believes both the spiritist and medical treatments helped.
10. [Patient #7] Has monthly blood exams for leukocitosis (pre-leukemia). The doctor said there was no change in her condition.
11. [Patient #8] Had prostate gland pains, vision problems and a clogged artery. He says he no longer has prostate pains and that his vision has improved slightly as a result of the Fritz surgery, but he was examined by his doctor only for his heart. The doctor said his heart condition had not changed and that he needed to have a catheterization to further examine and help unclog his artery.

12. [Patient #11] Patient had trouble breathing due to a blocked nasal passageway. His doctor said he no longer had this problem shortly after the Fritz surgery.
13. [Patient #3] Had a "debilitating spine disease" (in her own words), a fibrosis on her foot and swelling in her hands and feet. She claims she went to her doctor 2 months after the spiritist surgery for an x-ray and that the doctor was extremely surprised and said that her foot and back problems had completely disappeared. She also said she tried to get a copy of the exam but had been unable to to so.
14. [Patient #12] Had high blood pressure with an arterial obstruction causing insufficient blood flow. He says he had an Ekg done 15 days after the Fritz surgery which the doctor said was completely normal. I have a copy of another Ekg done by his doctor several months before the Fritz surgery which is highly irregular.
15. [Patient #2] Patient has had Diabetes since childhood; has monthly check-ups. No change in her condition occurred after the Fritz surgery.
16. [Patient #33] Patient had treatment by correspondence 5 years ago through Edson Queiroz for a "shrinking birth canal" and menstrual problems. She says her doctor examined her soon after and said she had gained 80% function. She said that her doctor assumed she had had a medical operation in Recife and said "your operation went great."
17. [Patient #37] Patient had a stomach problem- colitis, and retinal displacement. Shortly after the Fritz operation her doctor told her she still has her eye problem, but the stomach problem had disappeared so he took her off the medicine he had prescribed.

Table 2: Closed-ended Questions

	Yes	No	M/Less	Don't know
5. Did the spiritist treatment help you? (N=43)	35 (81%)	6 (14%)	2 (5%)	0
6. Do you feel better after seeing Maurício Magalhães? (N=40)	32 (80%)	5 (13%)	0	3 (8%)
7. Are you less occupied with illness in general because of your experience with spiritism? (N=40)	27 (68%)	6 (15%)	5 (13%)	2 (5%)
8. Would you say that you have more energy now than you did before the spiritist treatment? (N=40)	27 (68%)	5 (13%)	0	8 (20%)
9. Are you able to work better now? (N=40)	23 (58%)	4 (10%)	1 (3%)	12 (30%)
10. Are you cured? (N=45)	18 (39%)	20 (44%)	6 (15%)	1
11. Would you seek the help of a spiritist healer again? (N=40)	38 (95%)	2 (5%)	0	0
12. Would you recommend that others seek the help of spiritist treatment? (N=40)	38 (95%)	1 (3%)	1 (3%)	0

Question # 13: **What was your motivation for seeking the help of Spiritism/Dr. Fritz?**
- Do you know of others who have been healed through Spiritism? Who?

Recommendation of friend or relative.	30
Was desperate, little or no help from conventional medicine.	4
Was a Spiritist	3
Heard about Dr. Fritz through the media.	2
Had frequented Spiritist meetings before but was/is not a Spiritist.	1

Question # 14: **Do you feel any different now than you did right after the treatment?**
(If so) How? Please explain.

Yes: 23 (58%)
No: 17 (43%)

1. Eleven (48%) of the people who said they felt differently now than they did right after the surgery (28% of the *total* sample) said that their condition got worse before getting better, and that they felt particularly bad, weak and/or tired, sometimes running a fever, for the first 3 or 4 days right after the surgery. Seven of these mentioned increased pain and/or irritation/inflammation in the immediate area where Dr. Fritz had operated (broken the skin). One of these- an Edson Queiroz patient, said she lay bed-ridden with a high fever, too weak to walk, in a hotel in Recife for ten days after after Queiroz had used a dirty, bloody scalpel to remove a tumor/growth from her leg. During this time she took the antibiotics prescribed by Queiroz. She returned to Fortaleza eleven days after the surgery but says she didn't feel "normal" for two months after the surgery. Her tumor has not returned.

2. Six (26%) additional people (of the 23 who responded "yes") simply said their condition improved very gradually since the surgery (over a period of several months).

3. Three more people (13%) said their condition improved after 3 or 4 days.

4. Three others (13%) said their condition improved dramatically at first then returned to the way it was before the surgery.

Question #15: **Did the medium/Dr. Fritz give you any instructions about what to do or medicines to take before/after you were treated? If so, what were they? Did you follow these instructions? Please explain.**

All Maurício Magalhães patients except one said they were given the standard form. The two Edson Queiroz patients and the three correspondence patients were given instructions which are virtually identical to the standard form given to the Magalhães patients. Because of the differences in procedure, the correspondence patients are not included in this sample.

Standard form only:	**20**
Standard form plus other instructions after surgery:	**16**
No instructions at all:	**1**
Total =	**37**

*Three patients said they did not follow the instructions properly.

The additional instructions given to sixteen patients are as follows:

1. Fritz prescribed popular over-the-counter eye drops and some vitamins.
2. " " a "natural medicine" (given at the center the day of the surgery) for arthritis.
3. Prescribed an antibiotic and a vitamin for back pain.
4. Prescribed an unknown medicine for her kidneys.
5. Prescribed vitamins with iron plus a common, over-the-counter medicine for menopause to a woman with an ovary cyst.
6. Prescribed *nux vomica*- a popular remedy for upset stomach to a man with a hiatal hernia.
7. Told the patient to apply *fibrosi* ointment (similar to Ben Gay) to his back for 3-4 days after the surgery.
8. Prescribed the antibiotic *cefamonex* to be taken for two weeks.
9. Told the patient to simply continue taking the medicine prescribed by his doctor.
10. Gave the patient some popular over-the-counter eye drops to be taken for a few days.
11. Prescribed iron pills to be taken regularly (indefinitely) but the patient said she stopped taking them because they hurt her stomach.
12. Prescribed *memoriol* a common medicine to help the memory of elderly patients composed mostly of vitamins and a mild tranquilizer.
13. Gave vitamin A tablets to a patient with astigmatism.

14. Prescribed *Moura Brazil* (a common disinfectant anti-irritant for the eyes) and vitamin A tablets.
15. Patient given eye drops during the surgery and told to take an unidentified medicine to help reduce inflammation of the ovaries for two weeks.
16. Prescription-required antibiotics prescribed and signed by Edson Queiroz to be taken for two weeks.

Question #16: **Were you treated for the same illness by a conventional medical doctor?**
- Did this treatment help?

Treated by MD (40 responses)	Yes	**24** (60%)
	No	**16** (40%)

(Of the sixteen people who said they *were not treated* by an MD *nine* said they had *seen* a doctor about their problem/s and were *diagnosed but were not actually treated.* Two other patients said their doctor was unable to find the problem.)

Did the MD treatment help? (24 responses)

Yes	**15** (63%)
No	**9** (38%)

Question #17: **Do you believe that spirits are capable of healing people through mediums?**
- And that Maurício Magalhães is one of these mediums?
- Did you believe this before the spiritist treatment?

Spirits are capable of healing?	Yes	**38** (95%)
	No	**0**
	More or Less	**2** (5%)
Magalhães is one of these? (n= 35)	Yes	**32** (91%)
	No	**0**
	More or Less	**2** (6%)
	Don't Know	**1** (3%)
Believed before?	Yes	**29** (73%)
	No	**9** (23%)
	Didn't Know	**2** (5%)

*All nine patients who said they did not believe before the surgery said they do now.

Question #18: **Are you a Spiritist? (Do you accept their teachings, regularly attend meetings, ect.?)**

Spiritist?: Yes: **9** (23%) No: **31** (78%)

**Only 4 of the 9 patients who now consider themselves spiritists claimed to be spiritists before their experiences with Dr. Fritz. In addition, five other non-spiritists now attend spiritist meetings regularly.

APPENDIX C
Patient Summaries

#1. Female, Age 63, Catholic, Poor
Problem/s:
Deafness: for 20 years (still hears some).
Sight: cataracts- sight was getting worse before Fritz surgery.
Labyrinthitis: a balance disorder, was difficult for her to stand/walk, unable to safely walk on the street.
Surgery: (Oct. 1991) Needles were inserted in each eye, one under each ear lobe and several in her stomach. She felt no pain but was very nervous.
Result/s: Balance Disorder has improved significantly- can stand/walk more easily. Sight has also improved. No change in Deafness. Did not return to a medical doctor after the Fritz treatment.
Cured: No.

#2. Female, Age 30, Christian (non-affiliated), Middle Class
Problem: Juvenile Diabetes
Surgery: (Oct. 1991) Four needles were inserted into her abdomen, she felt no pain- only a slight sticking sensation, was tranquil and calm.
Result: Medical check-up after 70 days- no change in condition.
Cured: No.

#3. Female, Age 50, Catholic (Spiritist), Poor
Problem: Severe back pain ("spinal deterioration" in her words), swelling in the hands and feet, fibrosis on her heel. Was unable to sleep in a hammock or bed (slept on the floor), couldn't put any weight on her heel.
Surgery: (Oct. 1991) Dr. Fritz made 12 perforations with the same needle in between each vertebra in her back. She felt no pain during the surgery but she says she felt very bad for several days afterward.
Result: Says she no longer has any pain and the growth on her foot is gone. She says she is now able to dance, sew clothes, wash dishes, work, ect., whereas she couldn't before. Says she went to a medical doctor after the Fritz surgery who apparently confirmed an improvement in her condition, but has been unable to obtain her medical records.
Cured: Yes.
Note: She believed in Spiritism before the Fritz surgery, but began going to "medium school" afterwards.

#4. Female, Age 50, Catholic, Middle Class
Problem: Back pain (hernia of the Lumbar Vertebra)
Surgery: (Oct. 1991) Two needles were inserted into her back and a small incision was made with a scalpel. She felt only a little bit of pain but was very frightened and nervous. She cried just before the surgery and shook

during it.
Result: She says she no longer has any back pain and is able to lift things that she couldn't before the Fritz surgery.
Cured: More or Less.

#5. Female, Age 18, Catholic, Lower Middle Class
Problem: Astigmatism- she can only see well at night. During the daylight her vision is/was very blurred.
Surgery: (Oct. 1991) 3 needles- one in the inner side of each eye-socket, and one in the back of her head. She felt no pain, but was a little nervous during the surgery.
Result: She says the Fritz operation helped her vision "by about 20%."
Cured: No.
Note: She had another Fritz operation in late February 1992. I contacted her 3 weeks later and she said no further change had occurred in her condition.

#6. Female, Age 61, Catholic, Upper Middle Class
Problem: Severe headaches and insomnia. She was also severely depressed because of a "bad marriage."
Surgery: (Oct. 1991) Fritz inserted "some kind of instrument" into the back of her head. She said it "felt like the head of an ink pen only with a smaller point" (probably a needle). She was very nervous, felt a little pain during the surgery and the wound bled a little as well. She said that the wound was inflamed, and that she felt a great deal of pain from it for two days after the surgery.
Result: Depression is still there, but she feels better. She no longer has any headaches but says the pain has "moved to her arm."
Cured: No.

#7. Female, Age 59, Catholic, Middle Class
Problem/s: Leukocitosis (Pre-Leukemia) irregular blood condition, abnormal increase of leukocytes in the blood stream. She takes the medicine, "lukeran" prescribed by her doctor regularly. She also had chronic pains in the joints of her arms and legs and severe headaches.
Surgery: (Oct. 1991) Fritz inserted one needle into each arm and leg very rapidly. She felt a little scared, but no pain.
Result: Monthly medical check-ups after the Fritz surgery revealed no physical change in the condition of her blood. She says, however, that the pains in her joints and her headaches disappeared completely 3-4 days after the Fritz surgery and have not returned.
Cured: No.

#8. Male, Age 67, Catholic, Middle Class
Problem/s: Prostate gland- painful & enlarged, heart condition (clogged artery), impaired vision (cataracts).

Surgery: (Oct. 1991) Several needles inserted into chest and abdomen areas; eye-balls scraped with a scalpel. He felt hyper-alert/aware; absolutely no pain.
Result: Medical check-up one month after the Fritz surgery revealed no change in his heart condition. His doctor wants to do a catheterization and recommended surgery to unclog the artery. He said his prostate gland problem has improved dramatically, but his doctor believes this is due previous medical surgery and subsequent time lapse. The patient also believes his vision has improved slightly (10-20%) as a result of the Fritz surgery.
Cured: No.

#9. Female, Age 51, Catholic, Upper Middle Class
Problem: Constant secretion/inflammation in her throat. Patient used to frequently cough-up chunks of yellow and green mucous, and often found it difficult/painful to swallow.
Surgery: (Oct. 1991) Several needles were inserted into the left and right sides of her throat (skin-deep perforations).
Result: Secretion and inflammation disappeared 4 days after the surgery, but she said she still had a "little bit" of the same problem at the time of the interview. Did not go to a medical doctor after the Fritz surgery.
Cured: More or Less.
Note: She had another Fritz operation in February 1992 which I witnessed. Two weeks after the second operation she said she believed she was cured.

#10. Male, Age 55, Catholic, Lower Middle Class
Problem/s: Heart problems (hypertension, angina), diabetes. Also had a stroke 5 years previously which caused him to "get his words mixed-up." Before the Fritz surgery, he took pills prescribed by his doctor for his heart (angina) every day. He said that if he didn't take these pills he would "cry like a baby," from the pain.
Surgery: (Oct. 1991) He said Fritz inserted one "long" needle into his chest, close to his heart. He felt anxious during the surgery, but no pain- only a slight pricking sensation.
Result/s: He says he still has some of the same problems, but generally feels much better. He says he no longer feels any pain, no longer takes the above mentioned pills and believes his head is clearer. He also finds it easier to talk on the telephone and walk now. He had not been back to a medical doctor since the Fritz surgery.
Cured: Yes.

#11. Male, Age 55, Catholic, Upper Middle Class
Problem: Blocked nasal passages- found it very difficult to breathe, impossible to run/exert himself. Doctors couldn't find the problem.
Surgery: (Oct. 1991) Six needles were inserted around the nasal area, and a

"scissors-like instrument" was forced "way up" into his nose (one length per nostril). His nose bled a great deal as a result of this. He says he felt absolutely no pain, but he was extremely nervous, scared and hyper-aware immediately before and during the surgery.
Result: Says his nose and breathing problem has improved 100%. He now runs 4 kilometers a day and has lost 8 kilograms of weight since the Fritz operation.
Cured: Yes.
Note: He says he didn't believe in Spiritism *at all* before the surgery (thought it all was a load of "bunk"), but was persuaded to go to Dr. Fritz by his wife. He now believes in Spiritism because he was cured- but does not consider himself a Spiritist.

#12. Male, Age 51, Not affiliated to any religion, Upper Middle Class
Problem/s: Severe headaches, high blood pressure, arterial obstruction /insufficient blood flow (had to take medicine for high blood pressure every day).
Surgery: (Oct. 1991) Fritz inserted the same (only one) needle into his chest and naval areas several times (made perforations) very rapidly. He felt no pain at all, was very scared immediately before the surgery, but was calm during it. He said he felt "drugged" immediately after the surgery.
Result/s: He said his headaches disappeared almost immediately after the surgery. He also said he went to his regular doctor 15 days after the Fritz surgery and had an EKG exam, which was completely normal- whereas one month before it had been highly irregular. He no longer takes any medicine for high blood pressure.
Cured: Yes.
Note: I have a copy of the patient's EKG scan dated 15 days after the Fritz surgery. It appears to be normal according to a Medical Doctor in the United States who checked it.

#13. Male, Age 64, Catholic, Middle Class (retired University professor)
Problem/s: Cancer of the prostate gland- spreading to metatasies of bones and other organs, sebatious cyst in his back which his doctor was afraid to operate on.
Surgery: (Oct. 1991) Fritz inserted a few needles into his shoulder and lower back, and made a 4-6 cm incision in his back to take out the cyst (he has a small scar). While the needles were inside, Dr. Fritz massaged his back. People who observed the surgery later said Fritz used his fingers and some surgical clamps to remove some "stuff" from his back (presumably the cyst). The entire procedure took approximately 5 minutes. He felt a sharp but bearable pain while Fritz was taking out the cyst, and only a little pain from the needles in his shoulders and back.
Result: He believes he is cured and feels much better. He had had a previous medical operation on his prostate, but the doctors were unable to

operate on the cancer in his back and shoulder bones. A medical examination of his prostate two weeks after the Fritz operation revealed no cancerous growth, but examinations for cancer in his bones use radioactive materials and may only be done every nine months. He said he would probably not have another of these examinations (which was due six months after the interview) because he believes he is healed.
Cured: Yes.
Note: He believes his patron saint, St. Francis, worked with Dr. Fritz in affecting his cure.

#14. Male, Age 47, Catholic, Middle Class
Problem: Hiatal Hernia- couldn't drink alcohol (it would make him vomit), eat passion fruit, pork, greasy foods, ect. Often had very bad stomach pains.
Surgery: (Oct. 1991) Fritz inserted three needles into his stomach/abdomen area very quickly. He felt no pain, but was a little nervous. Said he had a distinct lack of breath immediately after the surgery, and felt worse (like he had just been operated on) for three days afterwards; then he felt better.
Result: He still has occasional stomach pains, but feels much better. He now is able to eat pork, fruit, greasy foods ect., and had drunk alcohol three times since the Fritz surgery with no ill effects. He had not been to a medical doctor since the Fritz treatment.
Cured: Don't Know.

#15. Female, Age 73, Catholic, Lower Middle Class
Problem: Balance disorder- when she stands up and tries to walk she said it, "feels like something is pulling me down." Her doctor said it was a problem with her nerves, due to a stroke ten years before and that there was no cure.
Surgery: (Oct. 1991) Several needles (she didn't know how many) were inserted into her chest and then her back.
Result: She still has the same condition- no change. Had not been to a medical doctor since the Fritz operation.
Cured: No.
Note: She said she did not receive any instructions, or undergo any preparations, prior to the Fritz treatment. She answered "no" to closed ended questions 1-6, and "yes" to only the two closed-ended questions pertaining to her belief in Maurício's mediumship and Spiritism in general.

#16. Female, Age 20, Spiritist, Middle Class
Problem/s: Patient is cross-eyed from partial facial paralysis due to a small brain tumor. Inflammation of ovaries. She said some doctors wanted to operate, whereas others would not because of the tumor- which is small and benign.
Surgery: (Oct. 1991) Two needles inserted to the hilt into each inner eye socket. Needles were left there while he operated on another patient. When Dr. Fritz returned, he inserted two additional needles into her

abdomen and quickly removed them. She felt no pain, but was frustrated because he used only needles- she thought the surgery would be more invasive.
Result: She has a tomography done every six months, including one both before and after the Fritz surgeries. The second tomography revealed no change in the tumor (including no additional growth). She still has the facial paralysis and is cross-eyed. She believes, however, that the Fritz surgery reduced the inflammation of her ovaries "by at least 60%."
Cured: No
Note: This patient had also had Spiritist treatment by correspondence in 1990. She said that this treatment did not cure her, but improved her ability to move her right eye.

#17. Female, Age 69, Catholic, Upper Middle Class
Problem: Blindness- she went into shock during a surgery 13 years ago which caused an interruption of her optic nerves. She has been blind ever since. She said she has been to medical specialists in Brazil, Spain, Germany and the U.S.- all said that nothing could be done.
Surgery: (Oct. 1991) Fritz inserted one needle into each eye socket. She felt no pain and was calm.
Result: No change in condition.
Cured: No
Note: This patient was treated by a Spiritist medium in São Paulo in 1980 and by Dr. Fritz through Edson Queiroz in 1982. Both treatments were unsuccessful, but she said the experiences gave her hope. The first medium said she was blinded because she was a doctor who blinded one of her patients in a past life. She has also corresponded with the Spiritist medium- Chico Xavier, who told her to be patient, and that she would see again.

#18. Female, Age 40, Catholic, Lower Middle Class
Problem/s: Ovary cyst, cyst on right breast.
Surgery: (Oct. 1991) Fritz inserted some (she felt four) needles into her breast and abdomen. She felt a little pain (burning sensation) and was very tense during the surgery.
Result: She believes her ovarian cyst is cured, but the one in her breast remains. She did not consult a medical doctor after the Fritz surgery.
Cured: Yes and No.

#19. Male, Age 79, Catholic, Middle Class
Problem: Hernia (abdominal)- often has a lot of pain.
Surgery: Three needles were inserted into his abdomen. He felt no pain.
Result: He felt better for 3-4 days after the Fritz treatment, but the pains returned and are getting worse. He went to a medical doctor after the Fritz surgery who examined him and told him the hernia was still there.
Cured: No.

#20. Female, Age 76, Catholic/Spiritist, Lower Middle Class
Problem: Hypertension, Kidney problem- used to have a great deal of pain especially when she ate. Went to the clinic "yelling in pain" on many occasions.
Surgery: Three needles were inserted into each side of her stomach. She felt no pain and was completely calm.
Result: She feels better and no longer has any pains.
Cured: Yes.

#21. Female, Age 48, Spiritist, Lower Middle Class
Problem: Chronic back pain, stomach pains (gastritis). Patient found it impossible to lift heavy objects.
Surgery: (Oct. 1991) Fritz inserted needles all up and down her back and six in her stomach. She felt no pain and was not frightened during the surgery. Her stomach bled a little from the needles.
Result: She feels much better. She no longer has pains in her back or stomach and is able to lift objects which she was unable to lift before.
Cured: Yes.

#22. Male, Age 43, Christian (non-affiliated), Upper Middle Class
Problem/s: Hernia (abdominal), pains in the back- especially the lumbar vertebra. His doctor often prescribed muscle relaxers for his back, and recommended surgery for his hernia.
Surgery: (Oct. 1991) Fritz inserted ten needles in his back which caused no pain at all. Three additional needles were inserted into his lower abdomen- these bled and caused him pain.
Result: No longer has any back pain. The pain from his hernia went away for two weeks after the Fritz surgery, then returned and is getting worse. He returned to his doctor after the pain returned and the doctor said he still has the hernia and needs surgery.
Cured: Yes and No.

#23. Female, Age 61, Catholic, Middle Class
Problem: Facial paralysis (really a "nervous tick")- an after effect of a previous stroke. Doctors advised against medical surgery (they said it would be dangerous), and prescribed a tranquilizer to control the condition. The medicine was only partially effective.
Surgery: (Oct. 1991) Fritz inserted a single syringe behind her ear, into her cheek and into her back. She doesn't know if he injected anything. She felt no pain and was completely calm.
Result: No change in condition.
Cured: No.
Note: The patient felt that the October Spiritist surgery failed because she had given the wrong diagnosis for her condition. She had another operation by Dr. Fritz in late February 1992. I contacted her by phone two

weeks after the second operation. At that time, she said there had been no change in her condition.

#24. Female, Age 28, Catholic, Middle Class
Problem/s: Ovary Cyst- which disturbed her hormonal cycle, and pains in her spine. Her doctor suggested two possible treatments for her cyst- an operation or a strong medicine which she took but discontinued because of unwanted side-effects. She decided to try Dr. Fritz first, and return if his treatment didn't work. The pain in her back had persisted for some time. Her doctor gave her massages and prescribed physical therapy. Both only gave temporary relief.
Surgery: (Oct. 1991) Approximately 6 needles were inserted into her stomach/abdomen area and left there while Dr. Fritz saw another patient. When he returned, he removed the six needles then told to turn over and 6-10 additional needles were inserted along her spine. She felt no pain, but was very nervous before and during the surgery.
Result: She has no pains now and believes she is completely cured. She said she returned to her doctor after the Fritz surgery and had a sonagram which indicated the cyst was no longer there.
Cured: Yes.

#25. Male, Age 43, Catholic, Middle Class
Problem: Had blood in his urine consistently for 8 months prior to the Fritz surgery. He also frequently passed kidney stones.
Medical Diagnosis: Hematoma, blood in urine.
Surgery: (Oct. 1991) Four insertions were made very rapidly in his lower abdomen. The patient is not sure if Dr. Fritz used four separate needles or one four times. He felt no pain and was completely calm throughout the surgery.
Result: Passed one kidney stone 4 days after the Fritz surgery, none since. He said there was no blood in his urine the day after the Fritz surgery and has had none since.
Cured: Yes
Note: This patient received Spiritist treatment (non-physical) when he was 15. He had no further contact with Spiritism until the Fritz treatment. After the treatment he began attending Spiritist meetings regularly and assisted Dr. Fritz and the Spiritist center during his surgeries in February 1992. He does not consider himself a Spiritist, however.

#26. Female, Age 40, Lower Middle Class
Problem: Back pain in her lumbar vertebra. Had undergone physical therapy and massage treatments from her doctor for three years, but it was too expensive and only gave temporary relief.
Surgery: (Oct. 1991) Several needles (she doesn't know how many) were inserted into her lower back. She said they hurt quite a bit and that she was

very nervous and frightened during the surgery.
Result: No change in condition, but she said she felt *much worse* for 2-3 days after the surgery.
Cured: No.
Note: Her son was treated for asthma and her sister for migraine headaches by Dr. Fritz the same day. Neither were available for an interview, but she said her sister was completely healed, whereas her son had no success at all.

#27. Female, Age 51, Catholic/Spiritist, Lower Middle Class
Problem: Bilateral Myopia. The problem began fifteen years ago and the doctors said she would eventually be blind. One year ago her doctor removed a cataract from her right eye, diagnosed her with *glaucoma* and said she needed further surgery. The vision had improved in her right eye, but was still not perfect. The vision in her left eye had continued to deteriorate and was completely blurred by the time of the Fritz surgery.
Surgery: (Oct. 1991) Two needles were used, one for each eye. In the patient's own words, Dr. Fritz inserted one needle, "directly into each pupil." (This is highly unlikely. The needles were probably inserted into each inner eye socket, near the tear sack, as in other operations which I have observed.) She said she felt no pain, only a slight pricking sensation, and was perfectly calm during the surgery.
Result: Very little change in her condition, although she says she is able to read a little better than she could before. She said her vision improved considerably during the first two weeks after the surgery, then got worse again. She attributes the failure of the Fritz treatment to the fact that she was extremely upset and preoccupied over family problems after the surgery. She said she returned to her eye doctor a few days before the interview (which was Feb. 10, 1992), and the doctor said simply that her vision was bad; nothing more.
Cured: No.
Note: She said she would like to go back to Dr. Fritz when he returns to Fortaleza on Feb. 22, but has no one to take her there. She did not go back.

#28. Female, Age 70, Catholic, Middle Class
Problem: Cataracts- she couldn't watch television or see differences in the levels of the floor. Had to be extremely careful walking on the streets.
Surgery: (April 27, 1991) Dr. Fritz stuck two needles into the corner of her right eye. At one point, the vision of her right eye went completely black. She felt something round on the corner of her eye move as Dr. Fritz manipulated the needles. She said felt a little pain, and was a little scared, but was relieved by how fast the surgery went.
Result: She says her vision has improved significantly since the Fritz surgery, but is not perfect. She is able to read with her glasses now whereas she couldn't before.
Cured: More or Less

Note: The patient was scheduled to have eye surgery to remove her cataracts a week before the interview (Jan. 1992), but did not go. She said she wants to have a regular check-up first to see if the surgery is still necessary. She has not been back to the doctor since the Fritz surgery because of a physicians' strike.

#29. Female, Age 46, Catholic, Middle Class
Problem/s: Inflammation of the foot bone, migraine headaches (occurred approximately twice per week). She was unable to put any weight on her heel (she can now). The doctor said he couldn't do anything for her foot, and gave her medicine for her migraines, but it didn't work.
Surgery: (April 1991) Three needles were inserted into her foot and three into her stomach (Dr. Fritz said the latter were to treat her headaches). She was very tense and preoccupied but felt no pain during the surgery.
Result: she said she felt no different for about 2 months after the surgery, then suddenly felt better. Her migraines have not completely disappeared, but are much less frequent and severe. The inflammation in her foot has completely disappeared and she is able to walk much better than before. She had not returned to a medical doctor since the Fritz surgery.
Cured: Yes (foot), More or Less (headaches).

#30. Female, Age 55, Catholic, Middle Class
Problem: Arthritis (bone decalcification)- especially in her shoulders. She takes calcium supplements supplied by her doctor, as well as pain medicine, regularly.
Surgery: (April 1991) Several needles inserted into her shoulders. She felt no pain, was not nervous, but was very tired from waiting to be seen by Dr. Fritz.
Result: No change in condition. She has been seeing her doctor regularly during the 8 months since the Spiritist treatment, and continues to take calcium supplements and pain medicine.
Cured: No.
Note: She said she intended to go back to Dr. Fritz in Feb. 1992. She did not, however, since she was out of town due to family problems.

#31. Female, Age 35, Catholic, Middle Class
Problem/s: Severe Depression, Low blood lithium. Had been seeing an analyst regularly for 6 months for depression prior to the Fritz treatment. Began taking a prescription for lithium given by her doctor about the same time of the Fritz treatment.
Surgery: (April 1991) Several needles were inserted from the top to the middle of her back along her spine. She felt pain from the needles, but was calm and had no fear.
Result: Her depression disappeared almost immediately after the Fritz treatment and she stopped seeing an analyst. A blood exam 3 months after

the Fritz treatment indicated her blood was completely normal.
Cured: No
Note: She believes both medical treatment and the Fritz treatment helped her.

#32. Female, Age app. 50-60, Catholic, Upper Middle Class
Problem/s: Has had severe back pain for 17 years, Hypertension.
Her doctor had had her taking pain medicine for her back for years, as well as medicine to control her hypertension.
Surgery: (April 1991) 4-5 needles were inserted into her lower back along the spine. She was a little nervous but felt no pain.
Result: She said her back pain went away completely for six months after Fritz surgery, during which time she stopped taking any medicine for pain. The pain has since returned as before and she now takes her pain medicine. Her hypertension condition seemed to improve after the Fritz surgery as well. For the first six months she cut down on the amount of medicine she took (4 times a day to twice per day), but now takes it as before.
Cured: No (back pain), No (hypertension)

#33. Female, Age 45, Catholic, Upper Middle Class
Problem: "Shrinking of birth canal"/menstrual problems.
Surgery: (1987 Correspondence with Dr. Fritz via Edson Queiroz) She was nervous and scared the hour of the spirit-surgery. She felt "anesthetized, cold and immobilized." She said she tried to sit up but could not during the "surgery," and that at the exact hour appointed for the treatment to begin, her heart suddenly began to beat very rapidly, then returned to normal after two or three minutes. Preparation instructions were very similar to the standard hand-out given to Magalhães patients before physical surgeries. She felt no pain.
Result: She returned to her regular doctor for a check-up two weeks after the correspondence surgery. She said he thought or assumed she had had a surgery for he said, "your surgery went great," and that she appeared to have 80% function.
Cured: Yes.
Note: She also had a successful treatment at an Umbandist center 20 years previously which she believes enabled her to bear children.

#34. Male, Age 45, Christian (non-affiliated), Upper Middle Class
Problem: Had a lump in his throat approximately 1 x 2 centimeters in size. He had never seen a doctor about it before the Spiritist treatment.
Surgery: (1985) through Edson Queiroz. Dr. Fritz/Queiroz made one small incision with a non-sterilzed scalpel then manipulated the area and removed what he said was a cyst. Dr. Fritz/Queiroz then gave the cyst to the patient but the patient never had it analyzed.
Result: The cyst was completely removed and has shown no signs of

returning.
Cured: Yes
Note: This patient is a German immigrant.

#35. Female, Age 29, Spiritist, Middle Class
Problem: Severe back pain since childhood, it was very difficult for her to work before the spiritist treatment.
Surgery: (by Correspondence in 1985 with regional office in Rio De Janeiro) This patient went into a very long, detailed description of the sensations she felt during the "surgery." She claimed that she sensed 4 or 5 spirits in the room, heard their voices and smelled a distinct disinfectant or "hospital smell" during the appointed time of the spirit surgery. She even said she felt what seemed to be a foot-long instrument of some type inserted into the top of her spine, as well as a sharp pain in her stomach. She said she felt anxious immediately before the appointed time of the surgery, but became scared when she began to feel pain.
Result: Her condition has been steadily improving since the treatment, and is much better than before, but she is still unable to lift heavy objects.
Cured: More or Less

#36. Female, Age approximately 45-55, Catholic, Middle Class
Problem: Pains in her left leg for 4-5 months before the Dr. Fritz surgery. Inflammation of the ovaries. She said her doctor wanted to do a biopsy.
Medical Diagnosis: None
Surgery: (Oct 1991) Several needles were inserted into her chest, abdomen and left leg. She felt no pain and was completely calm during the surgery.
Result: The pains in her leg completely disappeared immediately after the surgery. She had no change in the inflammation of her ovaries and returned to her Doctor for treatment and a biopsy three months after the Spiritist treatment. The biopsy tested negative for cancer.
Cured: Yes

#37. Female, Age 32, Spiritist, Middle Class (Nurse)
Problem: Colitis- Stomach and intestinal pains. Retinal displacement.
Surgery: (Oct. 1991) Dr. Fritz inserted one needle into five different places in her abdomen very rapidly, and two other needles into each side of her right eye. She was very frightened during the surgery and attempted to push his hand away from both her abdomen and eye. She felt very little pain, like she was getting a series of very quick shots.
Result: No change in her sight. Abdomen is perfectly normal now.
Cured: Abdomen- Yes, Eye- No

#38. Female, Age 25, Catholic, Middle Class
Problem: Had a "tumor" on the side of her hip (4 x 3 x 2 centimeters in size- I have a copy of the endoscopy) for 10 years before the Spiritist surgery. She

said her doctor was afraid to remove it.
Surgery: (1985 in Recife with Dr. Fritz via Edson Queiroz) Fritz/Queiroz cut an incision above the tumor with an unwashed scalpel he had used on 99 previous patients during that session. He took a pair of scissors and cut into her leg on both sides of the growth. She said he had to "scrape the tumor loose from her bone" because it was stuck there. Her leg bled a great deal. She said she did not feel any pain during the surgery, only a squeezing sensation when he manipulated the area with his hands. Immediately after the surgery however, she felt a great deal of pain and was unable to walk. She said she was terrified during the surgery.
Result: The growth was removed and has not returned. She has a slight scar. For 10 days after the surgery however, she remained bed-ridden in Recife. She said she felt very weak, had a fever, some pain and felt dizzy when she tried to walk during this time. Fritz/Queiroz prescribed antibiotics which she took for 2 weeks after the surgery. She said she has been fine ever since.
Cured: Yes
Note: She was scheduled to be the 41st out of 100 patients to be treated during that session, but did not come up at her appointed time because she was frightened and had to be persuaded to have the surgery last.

#39. Female, Age 65+, Spiritist, Middle Class
Problem: Arthritis. Severe pains in her arms, legs and joints for the past 12 years. Took medicine for pain regularly.
Surgery: (Oct. 1991) Several needles were inserted into each shoulder and one into each knee. She says the needles were "stuck all the way in." She felt very calm during the surgery and felt no pain, but bled a little.
Result: She felt considerably better right after the surgery and has been improving steadily. She says she has not been completely cured but feels much better, is rarely in pain, and no longer takes pain medicine.
Cured: More or Less
Note: This patient had no previous experience with spiritism until her son had a successful operation with Dr. Fritz in April of 1991 (he was not available for an interview). After that, she began attending Spiritist meetings regularly and now considers herself a Spiritist.

#40. Female, Age 63, Catholic, Middle Class
Problem: Severe arthritis in her left leg (especially the knee). She was in considerable pain and was unable to walk for over one year. Her doctor said her condition was not curable and prescribed pain medicine as well as frequent injections of cortisone. She never liked taking cortisone because she heard it was bad for her heart.
Surgery: (By correspondence with a Spiritist center in Rio de Janeiro in April 1990). She went into great detail describing what she felt at the time of the spirit operation. She felt a "click" in her leg at one point and believes

she sensed the presence of spirits during the appointed time of the operation. No living human beings were with her during the treatment.
Result: She believes she is completely cured, has no pain, no longer takes any medicine and can walk quite well now.
Cured: Yes
Note: This woman also underwent a successful Spiritist operation by correspondence for kidney stones 15 years before. She does not consider herself a Spiritist but believes she is a medium.

VITA

Darrell Lynch was born in Knoxville, Tennessee on August 26, 1964. He attended schools in the public system of Morristown, Tennessee where he graduated from Morristown-Hamblen High School East in 1982. He entered Emory and Henry College in Emory Virginia in 1982 and graduated with a Bachelor of Arts in English in 1986. After spending several years in the private sector, he decided to enter graduate school in Anthropology at the University of Tennessee where he was formally accepted into the Master's degree program in Spring 1990. He will be awarded the Master of Arts degree in Anthropology in December 1996. He conducted field research for this thesis during a seven month stay in Fortaleza, Brazil in 1991-92. He has taught six sections of the *Introduction Cultural to Anthropology* course at UT between Summer 1994 and Fall 1996, and was twice awarded the position of *Graduate Teaching Associate* and once of *Graduate Teaching Assistant*. His primary research interests are Medical Anthropology, Comparative Religions, International Development and Brazil. He plans to enroll in the doctoral program in Anthropology at the University of Tennessee in the Fall of 1996.