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SPIRITS WITH SCALPELS: THE CULTURAL BIOLOGY OF RELIGIOUS HEALING
 by Sidney M. Greenfield. Walnut Creek, CA: Left Coast Press, 2008.
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When scholars have published a host of articles over their careers on different studies of a particular topic, like “healing traditions of Brazil,”

they often present these articles in a book. One approach is to reprint the articles as an anthology and add an introduction. Another approach is to try to unify the various articles as chapters of a book on that topic under an overarching question or problem. Hopefully, the author revises each article to fit or address that problem more directly than in the original published versions. He or she may also add additional chapters to help make the connections. This second, more difficult strategy is what anthropologist Sidney M. Greenfield attempts in *Spirits With Scalpels*. He draws from his previously published articles for the meat of each of the three main parts of his book. Eleven of these articles are listed on the copyright page (p. 2), the same articles published in his Brazilian anthology (Greenfield, 1999) and thus published here for the third or fourth time, albeit now as chapters of a book under a unifying problem and set of questions with the goal of resolving them.

In some respects, he succeeds with this second strategy. The book is organized well around the three main parts, which are framed by a nicely crafted introduction and one-page prologue and postscript. The first two parts are on four religious healing traditions of Brazil (*Espiritismo*, Brazil's form of Spiritualism; the *Cult of the Saints*, or Popular Catholicism; *Umbanda*, one of the many African-Brazilian cults; and *Pentecostalism*, Brazilian style). The third part presents psychologist Ernest Rossi's model of the healing process, which Greenfield applies generally to the four healing traditions. The book also holds together under its broader implicit purpose of offering the general educated public a well-written introduction to those Brazilian healing traditions, including how they came about in the context of Brazil's history, with brief accounts of individual participants who sought cures in three of the four traditions. We learn about the general character of the interpretations and treatments of diverse problems, and in some cases, an individual patient's specific diagnosis and treatment. Lastly, the book offers a clearly written summary of Rossi's psychobiological model of "hypnotically facilitated therapy," which proposes a plausible pathway between a suggestion and its effect on the body. The model could potentially help explain the healing process in any religious healing tradition.

But in other respects, Greenfield's attempt to make a book out of his diverse and previously published articles does not succeed. One main reason is that the purposes and supporting details of the original published articles on the healing traditions, now the chapters of Parts I and II, depart from the two major unifying aims of the book, as expressed in the introduction. These are (1) to explain the anomalous "cures" and "recoveries" of all the healing treatments he describes and (2) to explain the anomalous treatments themselves, particularly the *invasive yet painless* surgeries of *Espirita* (Brazilian Spiritualist) mediums. Both of these he proposes to do in terms of Rossi's model, given in Part III. He clearly states these purposes, early on. For the first, he writes that "the central problem we will attempt to resolve is how to explain the recoveries" (p. 10), which, for medical science,

“... are considered anomalies in the paradigms of the sciences that inform it” (p. 10). For the second aim, he says, he “witnessed forms of therapy that could not be explained in terms of scientific medicine” [patients “cut into” but not experiencing pain] (p. 13) and that he was seeking “a scientific explanation for the medically anomalous variety of treatments described” (p. 16). Such a scientific explanation of both anomalies, he says, will need to be one that challenges the current paradigms of medical science (aka Kuhn). He argues that Rossi’s psychobiological model of hypnosis does just that (p. 16). Although parapsychology challenges the paradigms, he implies it is not a science, and thus he rejected it from the outset: “I rejected parapsychology and other epistemological alternatives to science from the outset and assumed instead that an explanation might be found within the framework of conventional medicine and the science that informs it” (p. 16). Ironically, he nevertheless had previously submitted his work on Rossi’s model for publication in one parapsychology journal, the *International Journal of Parapsychology* (Greenfield, in press), published it before that in another, *Subtle Energies* (Greenfield, 1994), and published his only “scientific” study in the book, a survey (chapter 4 below), in yet a third, the *Journal of the Society for Psychical Research* (Greenfield, 1997).

Now, the problem is this: For those two main unifying purposes of the book, the chapters on the healing traditions in Parts I and II (and their original published articles) are missing the kind of data and detail on the treatments and the “cures” that he needs to present to ground his Rossi-based hypnosis explanation of them (Part III). It was not his purpose to collect such data in his original historical and ethnographic studies, which he did before his work on Rossi’s model. But there’s the rub. Thus, for instance, we are never given any *medical* confirmation of just what the problems were of the patients he describes and whether they were in fact healed or not, or which were and which were not by exactly which treatment. We do get very solid, general descriptions of the rituals and religious ideology, details on the invasiveness of the mediumistic surgeries, and individual stories of healing that led patients to join a religious tradition. But these don’t furnish information on the healing process per se. Thus, the problem is this disjuncture between Greenfield’s descriptions of the healing traditions, the data, as it were, in Parts I and II, and his post hoc application of a theoretical model of the healing process in Part III to the anomalous treatments and ostensible “cures” of patients in those traditions. This is where the strategy of drawing on diverse articles for this book does not succeed.

The strategy’s effectiveness is also diminished by yet a third, albeit implicit, purpose that shifts one’s attention from the other two main unifying aims. This is to explain why and how patients move from one healing tradition to another in Brazil’s “religious marketplace.” He tells us in the introduction that he will offer “a model of how popular religions in Brazil interrelate with each other as competitors for the same pool of potential worshippers” (p. 16). For his analysis, he draws on the anthropological

model of the “reciprocal exchange of gifts” (p. 16). Indeed, the chapters on the three traditions covered in Part II (*Cult of the Saints, Umbanda, and Pentecostalism*) focus on this sociological problem. While very important to the sociology of religion, as he says, this third purpose and supporting details depart from the unifying aims of explaining the treatments and recoveries. Chapter 12, on *Pentecostalism*, doesn't even present any particular cases of healing at all!

In a sense we end up with three “books.” One is on the amazing *Espirita* surgeries, Part I, reflected in the title, *Spirits With Scalpels*; a second is on the three other traditions, Part II, all on *spirits without scalpels*, and concerning the sociological dynamics of a religious marketplace; and the third is on Rossi's psychobiological model of hypnotherapy, Part III, referred to in the book's subtitle, *The Cultural Biology of Religious Healing in Brazil*. These he tries to tie together, and does so in very general terms, as I outlined above, but without the required grounding in supporting evidence for his theoretical answer to the unifying question of how the anomalous treatments and recoveries are accomplished.

As I mentioned, Part I is devoted primarily to the breath-taking and seemingly anomalous surgical treatments by possessed mediums of *Kardecian Espiritismo*, a Brazilian form of Alan Kardec's French Spiritualism, with a chapter on nonsurgical treatments toward the end. The bulk of the part consists of four specific cases of *Espirita* mediumistic surgeons, with brief mention of a sample of ostensibly successful surgeries from each: José Carlos Ribeiro in Fortaleza (chapter 1); Edson Queiroz in Recife (chapter 2); Antônio de Oliveira Rios in Palmelo, a rural town in Goiás state (chapter 3); and Maurício Magalhães in Campo Grande (chapter 4). In the first three chapters, there is much more detail on the surgeries themselves (and Greenfield's reaction to them) as the “phenomenon” to be explained, than on individual patients, their histories and reactions, and whether or not they were healed.

The emphasis of his narrative throughout those first three chapters is on his own jaw-dropping, close-up observations, and the urgent questions raised, of shockingly invasive surgeries by nonmedically trained mediums, one with but a first-grade education, in trance and possessed by “spirit doctors.” To watch possessed healers move from one patient to another without washing their hands or instruments, insert their or others' fingers into open wounds to shove out a tumor, and even intentionally introduce dirt to make a point about how spirit work transcends germ theory stunned him, as did, all the more, the reports of no postoperative infections from those he talked with. And to see and film (e.g., Greenfield & Gray, 1988) patients sliced into, jabbed in the eyes and spinal cord with needles (spinal tapping), and jig-sawed open across their chests (pictures of these from his videos on pp. 41 and 56) without any anesthesia and yet reporting little discomfort or no pain at all drove Greenfield to devote much of his career to *Espirita* surgeries and to ask how in the world this could possibly be done?

But Greenfield's enthralling folk-surgery travelogue alone does not help answer that question. He does present the *Espirita* beliefs about such beneficial spirits and their otherworldly effects on human suffering—beliefs which could have served as “suggestions” predisposing patients to not feeling pain from the invasive operations. But he doesn't furnish any information on just what one or another particular patient actually did or did not believe and when, in relation to the spirit surgeries that ostensibly healed them.

Regarding the anomalous “cures” or recoveries, Greenfield doesn't present any details on the cases of healings themselves to begin to get at that question, beyond an occasional later meeting with a patient, often by chance, who professed he or she was doing well ... and thus, was “healed.” The problem with patients' expressions of “doing well” after their treatments is underscored in the unsuccessful case he describes in chapter 5 (see below), where the patient also reported feeling better after treatments, but then died (pp. 67 and 71). Finkler (1983, 1985) found that a positive response to treatments and healers was much greater than the actual medical efficacy of their treatments among patients of Mexican Spiritualists. Similarly, Lynch (1996, 2005) discovered that patients of the Brazilian *Espirita* surgeon Maurício Magalhães, whom Greenfield also studied (see below), expressed more positive satisfaction with the experience than with their being “cured.”

Chapter 4 is much less on that fourth surgeon, Maurício Magalhães, and his needle-puncturing treatments in Campo Grande, and more on a survey Greenfield did of this healer's patients using the questionnaire that Darrell Lynch (1996, 2005), a graduate student at the time, developed for his own study of the same healer in Fortaleza (2005, p. 13), though not acknowledged in Greenfield's text here. Greenfield portrays his survey work as an effort to fill the “follow-up” gap in his previous research of the mediumistic surgeons by inquiring whether this healer's patients were healed or not. Unfortunately, the patients surveyed were those sought by the healer's wife campaigning for his election to a political office, and may well have been patients with successful, or more likely successful, outcomes (or why else vote for him?). But in any case, though a stab at what is needed, the survey only offers a small sample of 32 patients' self-reporting of their problems and whether the treatment “helped” (p. 61) or “cured” them, and not medical confirmation of their “cures” and of “what?” Moreover, most of them were treated by medical doctors for the same problems (p. 61), further confounding the meaning of the interviewee responses. Oddly, Greenfield does not mention or discuss Lynch's (1996, 2005) more thorough study of the patients of the same healer in another city, Fortaleza.

In chapter 5, Greenfield presents an unsuccessful case of mediumistic surgery by Edson Queiroz. This surgery is of a Brazilian colleague, who was *not* cured of his colon cancer, but who, Greenfield argues, benefitted from the uplifting and meaning-imparting religious

dimensions of the *Espirita* teachings. Although this is a favorite chapter for me as a moving account of an individual's philosophical transformation during his last days, again it veers us away from what such a failure might illumine about what works, what doesn't, and why in these mediumistic surgeries in relation to what he will analyze according to Rossi's model of hypnosis.

Finally, Greenfield turns to the nonsurgical "disobsession" form of *Espirita* healing in chapter 6 for what we might call psychogenic problems. *Espiritismo* attributes such cases to "obsession" by (i.e., the influence of) upset spirits in the sufferer's past life. For the one female patient whose treatment he details, we do not know if her mental health improved or not. Chapter 7 concludes Part I with a discussion of *Espirita* efforts to gain followers by the inexplicably painless surgeries, as one possessed medium told him. For *Espirita* doctors, the real cause and treatment are at the spiritual level.

The comment foreshadows Greenfield's main concern in Part II, which, as I explained earlier, is how healers in all the Brazilian healing traditions use seemingly inexplicable treatments and cures to gain members or believers in a competitive religious marketplace. He begins in chapter 8 with an overview of Brazil's historical development of the religious marketplace and then describes three of its religious healing traditions in more detail, with exemplary religious activities: the prereformation *Cult of the Saints*, chapter 9, and a pilgrimage he filmed to the shrine of St. Francis of Assisi in Canindé, Ceará state by those fulfilling their obligation to the saint for having already healed them or their loved ones; one of the diverse African-influenced religions, *Umbanda*, chapter 11 (after a general introduction to African-derived religions in Brazil in chapter 10), and an *Umbanda* ceremony that involves consultations with possessed mediums and prescriptions for healing rites; and Evangelical Protestantism (*Pentecostalism*), chapter 12, the fastest growing religion in Brazil, which Greenfield ties to socioeconomic changes. As in *Pentecostalism* elsewhere in the world, Jesus is invoked to heal. But in Brazil, the *Pentecostal* sects also focus on healing by exorcising the various spirits of the other healing traditions to which converts previously belonged. Chapter 13 concludes Part II with a discussion of the competition for followers in this religious field or marketplace. Healing by the supernaturals for their problems is exchanged for patients' affiliation and devotion.

In Part III, Greenfield finally turns to the book's "central problem" of "how to explain the recoveries" (p. 10) and the "medically anomalous variety of treatments" (p. 16). He first prepares his reader for his answer, "hypnosis," with an introduction in chapter 14 to Descartes' mind-body dualism, science's consequent exclusive focus on the natural, the body in this case, and the relegation of the rest to the "supernatural" and the "mind" that Descartes-based science wouldn't study. Then, in chapter 15, he traces the transformation of that paradigm into a quest for the nature of the mind-body interaction.

Chapters 16 and 17 are the key to the book's aims. In the first, Greenfield presents psychologist Ernest L. Rossi's psychobiological model of hypnosis as the explanation for how patients' beliefs and suggestions by a therapist or healer about the causes of malaise (e.g., the role of spirits) affect bodily systems at the cellular level, turning on certain genes that eventually activate endorphins, our natural painkillers, and/or the immune system to heal diseases. In the second, Greenfield reviews the benefits of hypnotically facilitated therapy and, following Rossi and the observations of the famous hypnotist Milton Erickson, argues that, like all of us, Brazilian patients regularly go in and out of hypnotiform trances during each 90–120 minute ultradian cycle throughout the day. He says that these natural trances make one highly susceptible to suggestions and thus are critical for inducing first-time patients' receptivity to beliefs and healers' suggestions in pretreatment experiences.

Greenfield's analysis of patients' healing in the four traditions in chapter 18, the final chapter, is contingent on the occurrence of this ultradian period ASC for first-time patients to a healer and his religious ceremony. He seeks to identify, for instance, and naively in my view, when patients would be exposed to beliefs and suggestions in some 90–120 minute period in an *Umbanda* ritual or during pretreatment lectures and testimonials in *Espirita* and *Pentecostal* sessions to assure their "hitting" those hypersuggestible moments of the ultradian cycle. If so exposed for such a period, they would (automatically, he implies) internalize the presented beliefs and suggestions in the ultradian ASC and thereby activate Rossi's healing process. According to Rossi's model, those beliefs and suggestions, once internalized, are encoded in the brain and then transduced into the coding of the body's pain-killing and self-healing processes. The *Cult of the Saints* is more problematic, since they do not go to a healer or healing ritual but, instead, privately petition the saint in prayers to heal them or loved ones. Greenfield argues that pilgrims must internalize their beliefs about the saint and his or her healing powers as they grow up, and then, in the act of the petition to be healed, these lifetime beliefs are summoned and the encoding and transducing into bodily systems begins. But that hardly says anything new.

Clearly, as I said at the outset, this is a book geared to a generally educated public, and it succeeds in introducing the Brazilian healing traditions and such dramatic treatments as the *Espirita* mediumistic surgeries that Greenfield has documented so well, and in an engaging style that makes it a delight to read. But the problems I have outlined here and the disjunctures in content and purposes among the three parts, as well as between them and the overarching aims of explaining the anomalous treatments and "cures," will frustrate scholars and more careful readers. So, too, will the lack of any solid grounding of his theoretical explanations (not even a single case with pre- and posttreatment medical documentation) discourage social and behavioral scientists and other *JP*

readers from entertaining the otherwise provocative possibilities of Rossi's model. I recommend the book for the former, popular audience, but with considerable reservations to social and behavioral scientists and other *JP* readers.

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