The Entanglement of Spirituality, Wellbeing and 'Spiritual Economy' in Brazil: The Shift from 'Living well together' to 'Leading a good life'

Bettina E. Schmidt

Introduction

Brazil represents an interesting case study that highlights the ambivalent entanglement of politics, economics and religion or spirituality. It shows how neoliberalism impacts on the perception of wellbeing, which is shifting from a more traditional understanding towards one influenced by neoliberalism. For a major part of its existence, Catholicism was Brazil's only official religion, i.e., from 1500 until the proclamation of the Republic in 1889 which was a historical milestone as the new constitution proclaimed the separation of Church and State (Montero 2016: 379). During the 20th century the relationship between the Catholic Church and politics in Brazil shifted further apart. Until the beginning of the 1960s the extent of the Catholic religious homogeneity in Brazilian society remained enormous, partly due to the weak civil society that led to 21 years of military dictatorship (1964-1985). During the phase of democratic *abertura* (opening) that culminated in the presidential election in 1985, the Catholic Church played a crucial role. However, the *abertura,* failed to deliver the much-needed social transformation. The re-democratization initiated even a severe economic crisis that led to hyperinflation and pulled the country into recession. The government responded with privatisation, deregulation of labour markets and opening to foreign investment and ownership of local industries (Roberts 2015: 1669). This dramatic turn to neoliberalism led to

a recovery of the inflation but without social improvements. Instead, the social inequalities increased with a rise in unemployment and falling living standards. The neoliberal reforms led even to a shift of the religious sector which runs counter, as Mariano and Oro highlight (Mariano/Oro 2016: 363), to the wide-reaching expectation of secularization and privatisation of religion (Casanova 1994). At a time when the wider public did not see any improvement but an increase in social injustice, the Vatican even turned publicly away from the ideas of Liberation Theology. As a result, Brazilians turned in growing numbers to Protestant movements, in particular those that supported neoliberal reforms (Roberts 2015: 1670). Montero even argues that the secularization of Brazilian society resulted, at least partly, from the actions of ecclesiastic institutions (Montero 2016: 378). In addition, the 1988 Constitution encouraged other religions to become involved in the political decision-making process, especially the Evangelical groups but also, as Montero writes, Spiritism and African derived religions (Montero 2016: 379-280). The result of the increased visibility of other religions led to a newly formed positive perception of Brazil as secular society, with "the legal configuration of a religious pluralism" (Montero 2016: 380).

One of the new movements that became especially successful during this time in Brazil (and later beyond) was the Pentecostal Universal Church of the Kingdom of God (UCKG). Founded in 1975, the UCKG recruited extremely well in areas of economic deprivation, mainly due to its Prosperity Gospel which links Pentecostal faith with material prosperity. The UCKG preaches that material prosperity does not come from hard work but is the result of faith, in particular devotion to the church, particularly by donations. Roberts describes the UCKG as "highly supportive of neoliberal capitalism. The UCKG promotes an idea of individual success, albeit via conversion, instead of a more community-based ethic of rising with one's class" (Roberts 2015: 1671). During the 1980's and 1990's the UCKG expanded rapidly and developed to "a growing economic conglomerate including media companies, a construction company and a bank" (Roberts 2015: 1670). The UCKG became also increasing active in local and national politics (Mariano/Oro 2016: 366-369). Roberts even argues that the UCKG and its political success was crucial in the spread of neoliberal reforms in Brazil. Candidates supported by the UCKG backed the neoliberal governments of President Fernando Henrique Cardoso and President Lula (Freston 2001: 53-57), that implemented and expanded the neoliberal reforms. Members of the UCKG link their wellbeing to their faith and devotion, hence see it as the result of donation. Faith becomes a "business investment with God as the majority partner" (Lima 2012: 388). Everyone is responsible for economic success or failure, as well as health and wellbeing. Or, as St Clair writes, "the pursuit of

business and investments 'out in the world' is sacralised as the duty of a saved person" (St Clair 2017:619). Lima uses in this context the phrase 'neoliberal cosmology' whose principals were "adopted as central elements of Brazilian economic policy since the 1990s, [and] have been incorporated by people from the poorest sectors of urban Brazil" (Lima 2012: 374).

Research on religion and neoliberalism in Brazil usually focuses on the UCKG and other Pentecostal and neo-Pentecostal churches. However, there are other players in the spiritual economy of Brazil that have also embraced neo-liberal principals, sometimes due to financial constraints. Helmar Kurz, for instance, points out that the *Hospital Espírita de Marília*, located in the State of São Paulo, is part of the public health care system (*Sistema Único de Saúde*) but receive the majority of its funding from patients covered by private health care plans such as UNIMED (Kurz 2017: 199). Other Spiritist centres that are often financed by voluntary contributions and the free labour of the healers and nurses, have added to their offer of Spiritist healing practices a range of alternative healing practises. The Spiritist hospital Núcleo Espírita Nosso Lar in the southern state of Santa Catarina, for instance, offers also Reiki (Aureliano 2011), and during my visit in 2010 Yoga classes and meditation were mentioned (note in field diary, 5th May 2010). These alternative providers are usually overlooked in the growing research field of neoliberalism and religion though their significance especially as complementary health provider is confirmed by scholars (Toniel 2018). Contrary to the expected secularisation of society due to neoliberalism, complementary health therapies based on religion and spirituality have become incorporated in the health market which has become increasingly diverse over the last decades, in particular since the issue of the *Plano Nacional de Práticas Integrativas e Complementares* (PNPIC) in 2006 which made a range of therapies available under the public health plan SUS (*Sistema Único de Saúde*) (Aureliano 2011: 56).[1]

But hand in hand with the privatisation of religion came a privatisation – and diversification – of health. Privatisation of health puts the emphasis on the patient who is responsible not only for the selection of appropriate therapies but also for maintaining a healthy lifestyle. While PNPIC increased the range of therapies covered by the public health care plan, access and funding are problematic. Kurz mentions, for instance, that patients under SUS are covered just for a maximum of 30 days in the hospital while private health care plans do not have the

[1] Aureliano also points out that the integration of complementary practices started even before the launch of PNPIC and mentions the recognition of homeopathy by the Federal Council of Medicine in the 1980s. However, it was only in 1999 that homeopathy together with acupuncture were added to the SUS (Aureliano 2011: 183).

same restriction (Kurz 2017: 199). He also observed much longer waiting times in the SUS section of the hospital in comparison to the private patients. The SUS units suffer under lack of funding and can be maintained only due to donations and the income of the private health care sections in the hospitals. As a result, the treatment of patients is often reduced to pharmaceutical and occupational therapy (Kurz 2018: 41).

This chapter looks at the impact of these changes on the perception of wellbeing. Referring to data derived from a larger project on wellbeing and spirituality that studied people working in the health sector as well as people identifying themselves as spiritual (Schmidt 2020) the chapter discusses how individuals perceive wellbeing.[2] By comparing individual perceptions of wellbeing, the chapter illustrates the impact of neoliberal thinking in Brazil with excerpts from two online surveys and several in-depth interviews conducted in Brazil in 2018 and two earlier interviews that were part of a research on mediumship, conducted in Brazil in 2010 (Schmidt 2016). The chapter argues that the traditional perception of wellbeing as relational, derived from an indigenous understanding of the world and illustrated by the phrase "living well together", is still widespread throughout Brazil. It refers to a way of thinking that cherishes the relationship of humans and with Mother Earth and the cosmos. However, despite of its ongoing significance in Brazil, the chapter reflects on the growing trend to a neoliberal perception of wellbeing which stresses the responsibility of everyone for their health and wellbeing and promotes the privatization of religion and health. The chapter puts both perceptions of wellbeing in contrast to each other and argues that these contrasting perceptions of wellbeing as living well together and as leading a good life demonstrates the vivid entanglement of spirituality and wellbeing in the 21st century in Brazil.

Wellbeing as "living well together"

The predominant perception of wellbeing in Latin America is usually illustrated with the phrase *buen vivir*, translated literally as 'good living' or 'living well' though with the meaning of 'living well together' (Fatheuer 2011). Rodríguez describes 'living well' as "a holistic concept rooted on principles and values such as harmony, equilibrium and complementarity, which from an indigenous perspective must guide the relationship of human beings with each other and with nature (or Mother Earth) and the cosmos" (Rodríguez 2016: 279, endnote 1). Other common terms refer to "living in harmony" (*vida en armonía*), living a full life (*vida*

[2] Excerpts from the surveys are referenced with a number, age and gender while the interviewees are identified only with an alias that reflects their gender self-identification.

plena), or even coexisting well (*buen convivir*) (Villalba 2013: 1429). While these terms derive from Andean cosmology, my research confirmed a similar understanding in Brazil that stresses the relation to humans as well as other than human entities such as God, spirits of deceased or African deities, the *orixás.* The data derived from an online survey in which I asked participants how they would define or describe wellbeing. Later, I discussed my findings with some participants in in-depth interviews. But I start here with information from the online survey.

Allowing the participant to write as much as they want, I asked them to describe what wellbeing (*bem estar*) means to them. The vast majority mentioned in their replies in one way or another the importance of being healthy, mental, and physically, or feelings such as being satisfied with one's life, happy, or in tune with the world. These descriptions of wellbeing represent quite standard definitions. More revealing for me was when I realised how many of the participants referred in their answers to the need for community and relations. One respondent wrote, for instance, that "Wellbeing is the feeling of belonging to the whole and that everything is connected. When we understand and practice it, we feel that we are part of something bigger. By knowing this, daily problems become small." (#75, Brazil, 54 years old, male) Another one wrote that "Wellbeing is something that gets us in peace with ourselves... with nature… with others and with God, at last is happiness and joy different from the one we usually feel because it lasts." (#7, Brazil, 50 years old, female). Harmony was also mentioned, for instance, wellbeing "is to feel happy and satisfied with what one has. The harmony with people and the peace should walk hand in hand." (# 29, Brazil, 20 years old, male) Another wrote that wellbeing is "Physical, mental and emotional health. Inner peace even being in a disturbing environment." (# 2, Brazil, 41 years old, female) Another one described wellbeing as "State of full satisfaction, balance and harmony between body, mind and spirit." (#3, Brazil, 49 years old, male) Several referred to relations or connections with others or mentioned explicitly the need for being in a community, either with other humans or God, spirits or the *orixás*. One female participant described wellbeing as "Wellbeing is to feel well with oneself and at the same time to know that one is not alone. It is to feel supported although we don't see those who take care of us." (# 31, Brazil, 45 years old, female). Or someone else wrote that wellbeing is "Communion with God, with others and with oneself." (#9, Brazil, 59 years old, male) Relationship can also be seen with nature as a source of happiness. One participant wrote for instance that "Wellbeing is something that gets us in Peace with ourselves... with nature… with others and with God, at last is happiness

and joy different from the one we usually feel because it lasts." (#7, Brazil, 50 years old, female)

These excerpts illustrate the widespread understanding of wellbeing as "living well together". It confirmed what I found out in the literature about wellbeing in Latin America (Schmidt 2020; Rodríguez 2016) as well as my insight into Brazil from my previous research (Schmidt 2016). However, I had become suspicious of the persistence of the traditional perception of wellbeing in discussions with people working in the health sector in Brazil in previous visits to the country. While it is evident that though the role of the Catholic Church is diminishing, religion – in various ways – is still very dominant in all sectors of society. But how do the recent political, economic, and social changes impact on the perception of wellbeing? In a different survey, targeting directly people working in the health sector, I noticed a stronger shift to a secular society that would also confirm the spread of neoliberal ideas. All respondents made a firm distinction between their personal faith and their workplace. Spirituality or even any reference to the divine had no place at work, even when they self-identified as religious or spiritual. The participants of this survey saw the health sector as essentially secular and argued that they are required (by law or at least by their professional standards) not to discuss faith with their patients. Some would not even speak about religion with their colleagues in order not to become ridiculed or dismissed as strange. This strong identification of the health sector as secular was also shared with their patients. Despite referring in their description of wellbeing to more than physical health, most people who see themselves as spiritual would not discuss their faith with anyone in the health sector, whether it is nurses, doctors and even therapists, usually because of fear of being seen as crazy though sometimes also because they also differentiate between personal faith and the professional culture of the health sector (see Schmidt 2020).

There is therefore a clash between the perception of wellbeing and the expectation about treatments. While patients described a holistic perception of wellbeing as more than physical health, people working in the health sector preferred to ignore the non-physical dimension of wellbeing. In my in-depth interviews I discussed this contradiction from different angles. The psychologists among my interviewees usually expressed an openness to discuss faith with patients though they also explained how careful they had to be in order not to break professional ethical standards. One interviewee, a Jungian psychologist, was outspokenly critical towards colleagues for ignoring faith instead of using it as powerful allies. He said that "a person who has faith will follow treatments much as they are more attentive to health and follow instructions along with their prayers and everything. But for many doctors, the

question does not enter the treatment of their patients because they do not see a connection between physical illness and religion. Different from a healer [i.e., spiritual healer], a doctor starts from a scientific concept. … though it interferes a lot in their practice and in psychotherapy …" (Artur, app. 60 years old, male, interview on 1st August 2018). Some health professionals said that they would wait for their patients to mention their beliefs before showing them that they could speak about faith without being dismissed. Nevertheless, most of the interviewees working in the health or social sector – even those with a necklace with a small cross as part of their daily clothing – insisted that they would be not allowed to speak about belief at work. One interviewee referred to the scientific framework and said "the subjects that we study are very strong in the field of science. We have a little bit of ethics and talking to patients but not much more. I think even though I'm really religious and practice Spiritism and I have friends that are atheist so don't believe in God, we have the same formation, we are taught the same things in our medical field" (Nadine, 31 years old, female, interview on 17th August 2018). Some health professionals, in particular those with a long work experience, pointed towards the health industry (including the pharma industry) as responsible for the dismissal of a holistic understanding of wellbeing. They seemed to be unaware that some patients go a long way to find someone with whom they can discuss their beliefs as well as the adequate medical treatment that honours their faith (see Schmidt 2021). The only medical area that was different was cancer treatment. Often seen as terminal illness, faith became more visible as one interviewee explained. She stressed the importance of religion and said that it was "really important, not only for me when I see my patients passing through hard situations, but also, I think, for my clients and their families. They speak openly about their own spirituality, they tell me, 'I am Catholic,' 'I am Evangelic,' 'I am Spirita and I believe in this and this and this'. And they make medical decisions based on those beliefs." (Nadine) She showed me around the hospital and explained how the cancer treatment unit decided to include not only relatives when discussing the treatment, but also the priest or pastor of the patient. However, when I asked whether vernacular religious leaders such as a priest or priestess of an African derived religion would be welcomed in the discussion, too, she hesitated. This was also confirmed in some of my other interviews. When I asked people involved in religious or spiritual communities whether they would consult their priests I noticed a difference depending on the religion. While everyone confirmed that they would consult their religious or spiritual guides, they were more reluctant to acknowledge leaders of African derived religious communities in a hospital, even a Catholic hospital. One of my interviewees for instance replied affirmatively when I asked whether he would ask the leader

of his community to come to the hospital before surgery to pray or consult. However, when I asked whether he would introduce his priest as priest or as friend, he replied, after a slight hesitation, with "a friend" (Tomas, 70 years old, male, interview on 31st July 2018).
This example illustrates another level in the discussion about wellbeing – the differentiation between official, organisational religion and vernacular forms of lived religion or spirituality. The presence of many Catholic hospitals in Brazil indicates a co-existence between science and church, at least with regard to "acceptable" institutions such as the Catholic Church that historically founded many health institutions across Brazil. Though even here medical staff distinguish between personal faith and work ethics, praying for the wellbeing of patients seems to be acceptable and tolerated by the institution and does not need to be done discreetly. Despite of the wide-reaching compartmentalisation between private faith and professional ethics, the acceptance of Catholic prayers within health institutions points towards a wide-spread perception of wellbeing as more than physical heath, captured in the definition of wellbeing as living well together.

Spiritism and its Place in the Brazilian Health Care System

While the initial analysis of the data from the surveys points to the perseverance of the traditional perception of wellbeing as 'living well together' despite the secular framework of the health sector, my research has led to another perception of wellbeing as 'leading a good life' which emphasises self-study and education. Before explaining this shift, I want to give some background information about Spiritist hospitals in Brazil and their place within the Brazilian health care system. These hospitals can be found across the country. They are usually independent, supported by local Spiritists who donate time and money to the hospitals. Among the many volunteers are also nurses and medical doctors working in public hospitals. Some of the hospitals have established a link to health care plans, private and public, but some also work outside the health care system.
Brazilian Spiritism is based largely on the teachings of Allan Kardec (1804-1869), the French founder of Kardecism whose teachings were influential for the spread of Spiritism in several Latin American countries. Kardec taught that mediumship, hence the ability to communicate with the world of the spirits, is universal but we are all born with different skills and different levels and need to develop these skills. Important cornerstones of Kardec's teaching were therefore self-improvement and study. His teachings reached Brazil around 1880 (Lewgoy 2006: 211) and spread quickly through the different sectors of society, mainly due to the charity work done by Spiritists. Like Kardec who saw his teaching in line with early Christian

teachings, most Spiritists today do not regard Spiritism as religion but as a form of communication. However, different to Kardec Brazilian Spirititism developed early on a pragmatic, healing oriented variation though the offer of healing without a medical licence led to persecution during the first decades of the Republic (Jensen 1999: 278).

Many Spiritist centres in Brazil are part of a Kardecist federation. They offer weekly classes for people to develop their mediumship abilities which usually end with an examination before someone can work as a medium in these centres. Most meetings start with reading from one of Kardec's books and other relevant publications. Even Spiritist centres that do not belong to the Kardecist federation offer similar classes to teach members about the background of Spiritism and way to improve themselves (Stoll 2002).

The healing orientation of Brazilian Spiritism led to the establishment of Spiritist hospitals across the country during the last decades. While they are relative newcomers on the health market, they are remarkable widespread in Brazil (Greenfield 2008). They usually present themselves as part of the (official, i.e., secular) medical sector despite working within a different framework (Kurz 2017). New patients have to register at the reception and to provide information about their medical condition and previous treatment, before being assessed in a holistic way. Treatment can differ from *passe*, a typical Spiritist treatment of energy healing, to spiritual surgery but some also offer other treatments such as massage, yoga, psychotherapy and more. Some of the Spiritist hospitals even work within the public health care system like the *Hospital Espírita de Marília* mentioned above (Kurz 2018). There are also several health professionals in Brazil that practise Spiritism which has led to the formation of the *Associação Médico-Espírita* (the Medical-Spiritist Association). Consequently, the perception of Spiritism improved, supported also by a growing number of studies published in medical journals that highlight the significance of Spiritism for health, at least mental health (e.g., Moreira-Almeida/Lotufo Neto 2005).

In 2010, during an earlier research project on spirit possession and trance (Schmidt 2016), I had the opportunity to visit a Spiritist hospital in the southern state of Santa Catarina. The founder and president of this hospital explained in my interview the holistic approach to healing and patient care practised in his hospital. He described the treatment as complementary to the medical treatments the patients received outside his hospital.

"We practice complementary medicine. We observe the patients, how and what they eat, how they live, what they think and how they react. Sometimes it is a family conflict. This happens often, and then we offer special treatment … where they sit and talk to someone about what has happened … . When the problem is severe, …. we have therapists who meet the whole

family of the patient. [But], finally patients have to be treated spiritually so to speak….. It takes app. 30 to 45 days with weekly treatments, two or three times. We strive to treat everything. And all this we call complementary medicine." (interview on 5th May 2010)
Another important aspect of the treatment in this hospital was the offer of lectures. The president insisted that the lectures were not religious or sermon but educational and instructive. The lectures were "more about social and scientific topics. Doctors talk about neurological problems. Other doctors talk about social problems. We bring doctors to talk about their treatments, about some diseases that have emotional consequences that people often do not know."
Education is part of the treatment but also crucial for the development of mediumship abilities of the healers. Treatment is presented as scientific, secular, not based on faith. This hospital was not the only one offering lectures though the president was perhaps the most outspoken advocate for education. Other Spiritist centres I visited in 2010 offered a similar mix of treatment and teaching. For instance, the two founders and mediums working in a small Spiritist centre in São Paulo that offered various Spiritist treatments emphasised in my interviews the importance of learning. During one visit they welcomed a speaker from the Kardecist Federation to talk to the waiting patients. However, the focus of the centre was more on the importance of self-study and self-improvement than following specific classes that are offered by the Federation (field diary, 30th March 2010). It was seen as the responsibility of every individual to expand knowledge and study. However, during my later research I realised that this need to self-improve via learning was more widespread than a feature of Spiritist centres.

Wellbeing as "Leading a good life"

The emphasis on self-improvement and leading a good life became evident in the interviews I conducted in 2018, including in interviews by people not identifying with Spiritism. Already in the survey some participants wrote that one can be well without being healthy. Even terminally or chronically ill people can achieve a state of wellbeing. The interviews pushed this point forward and stressed the importance of self-improvement, constant learning and self-study. Several of my interviewees, including some working in the health system themselves, spoke about their personal journeys through different belief systems as well as healing systems that enabled them to reach a point of wellbeing.
One of my interviewees, Rodrigo (41 years old, male), was trained as psychologist and worked for a while as therapist before changing job recently (interview on 3rd August 2018).

He described in his interview how he moved around with his faith but also how he struggled. Growing up in the Catholic church he began to question his belief when he worked in the mental health sector. One reason was his understanding of Brazil as a secular country. But perhaps more importantly he struggled to make sense of having faith without any doubt ("…there were people who said that what is written in the Bible is our truth….") while he described himself as having had a Catholic education but also that he insisted on "we have to interpret the Bible, not to lead people to fire." By learning about other religions such as Umbanda, a popular African derived Brazilian religion, he realised that "people had a different look at the same beliefs …. By questioning everything, I changed, I began to notice many differences". Rodrigo explained that in Brazil religion influences people in more than their faith. He mentioned "here in Brazil it depends on what religion you practice. For instance, evangelicals in Brazil have several branches. When I ask to which evangelical church you're going, [it is like] you're going to join a group like a political group. Then you don't discuss belief, faith, [because] that person's image will be God. [When I realised this] I started to question religion because it's too complicated to treat someone in therapy, when the person has a restricted view." On the other hand, he explained that when treating terminally ill patients, he often involved their religiosity ("if the disease is terminal, I won't be able to heal them, then I'll appeal to the divine. In these situations, you see more people cling to faith.")

This led him to learn about other religions. He explained that he studied Catholicism, Judaism and Islam, also some evangelical Christianity and Umbanda, the African derived religion. While he described himself as not a practitioner of any religion, he insisted that he believed in God: "I believe in a God, my belief is that we are evolving, in different reincarnations." And then he explained that "this evolution is hierarchical, …. we are beings, who have to learn to move on to the next level and develop for ourselves. This is very difficult, because we live in a materialistic culture, we prioritize the financial part more than other parts such as our relationships." But, as he outlined later, through our various reincarnations we learn to detach ourselves from matter. Interestingly in the survey he filled before the interview he had identified himself as practicing Umbanda. However, when asked whether he would describe himself as religious or spiritual, he used the term spiritual which he described as "a connection between you and the cosmos and/or universe. Religion, on the other hand, means belief and knowledge in a story, told by men about the divine." (# 5, survey 1). While the interview excerpts show implicit references to Kardec's understanding of the world and the power of reincarnation, Rodrigo never referred directly to Kardec. He was also very open in

his critique of faith, in particular the way how people, as he said, “cling to faith in these extreme situations and belief that the divine will come from heaven to earth, something good will happen”. He criticized people’s passivity and that some start to attend church and to pray when they develop a problem and then stop again when they feel better. For Rodrigo the solution is self-improvement but as an ongoing enterprise. He said that he learns something every day. During the interview he mentioned, for instance, Reiki and other forms of complementary healing. While he described Brazil as secular country, he referred to the saying ‘faith moves mountains’ and acknowledged that “faith brings a positive thought, a frequency that improves our immune system”. While Rodrigo was not using the phrase ‘leading a good life’ he pointed towards the need to continue learning and was very critical towards a blind faith in the power of the divine. Rodrigo represents an interesting case study in so far as he works in the medical sector but has also an interest in spirituality. Despite growing up in the Catholic church and attending now Umbanda ceremonies, he sees himself as part of the secular health sector. He mentioned his interest to pursue a doctoral degree though at the time of the interview still unsuccessfully. For him, learning is part of his professional development. But it is also part of his own self-improvement, his own sense of wellbeing.

The progression from religious consultation to educational has become a feature of many religious communities in Brazil. Even African derived religious communities have started to offer training for members, sometimes even for the wider public. While religious training of novices was always part of becoming a member in these initiatory religions, this part of the training is usually restricted to novices and considered secret (and often sacred). Relatively new is the offer of classes in religious diversity, interreligious dialogue, African history and so on. In 2010, during my previous research, I visited a teaching institute for Umbanda (field diary, 6th April 2010). The *Faculdade de Teologia Umbandista* in São Paulo presented itself like a college or seminary with the unique purpose to train the new generation of priesthood. It was unique because Umbanda did not develop a hierarchical institution but is decentralisted in uncountable communities. The *Faculdade de Teologia Umbandista* was founded by Francisco Rivas Neto (Yamunisiddha Arhapiagha) in 2004 and aimed to become fully accredited by the state as a university. While it did not achieve university status, the offer of degrees in Umbanda theology made it rather unique though other communities also offered classes about their system of belief and practices and its background in order to educate the clients. For instance, the priestess *mãe* Maria, founder and leader of an Umbanda community in São Paulo, also offered weekly classes (field diary, 22nd March 2010). She was

also politicly engaged, for instance by organising marches and participating in public events in order to improve the public awareness of Umbanda. Nevertheless, *pai* Rivas' Umbanda Faculty was for a while more influential. However, when I returned to Brazil for my research on spirituality and wellbeing some years later it had changed. While the founder Umbanda merged the belief in the *orixás* in a rather eclectic way with the belief in karma, the teaching of Tantric chakras, and the creating of mandalas (Arhapiagha [Neto] 2003), after his death in 2018 his daughter *mãe* Maria Elise Rivas realigned it again stronger with Africa and to some degree Candomblé, the Brazilian religion that is perceived as more African than the others.

I noticed a shift to education also in other centres that focus on healing. One interviewee even differentiated between his centre of healing and his spiritual centre, a Spiritist community. While he attended classes in the centre of healing and learnt to self-improve, he described as his spiritual home the Spiritist centre. Interestingly his centre of healing promoted itself also as a spiritual centre but with an explicit scientific framework according to its website though in my interview with one of the directors she explained that it is first and foremost a place of spiritual healing. People need to understand that "healing is in you. We work first with the understanding of the disease: why are you sick? You are the history of the disease and often people heal from the moment they get answers to the questions why I got sick; why did I mistreat my body, why did it take me a while to look for a doctor? Didn't I seek the right doctor? I used drugs, I used cigarettes, alcohol? How did this disease start in me?" (Carola, 53 years old, female, interview on 17th August 2018).

She explained that though many people say that they got healed, it is mainly because they changed their habits. And, she continued, they "began to believe that they are spiritual beings who came here [to earth] with a task, because [we] spiritualists believe that in every incarnation, you are born with a life plan, with a meaning, and it is this sense that you seek at all times. It is what spiritualist beings understand as a relief to existential problems." Hence, for her it is crucial to understand why we are here, and what it is that "I need to accomplish" with my life. This emphasis on one's own responsibility came through in various interviews, when people talked about their life, how they studied this and that, how they tried this religion or that one, before they found what suited them and what helped them 'to lead a good life'. It was not about doing the right thing or believing in this or that and it will save you. Instead they stressed the purpose in life, that everyone needed to find their own way by learning about others. And, in the end, that being well did not mean being healthy or happy but being content with one's life.

The excerpts from the interviews illustrate the shift in the perception of wellbeing and how to achieve it. Instead of highlighting the relationship to others including non-human beings, the interviewees stressed the need to self-study and that the responsibility to improve one's life and wellbeing depends on everyone. In addition, the interviews showed the significance of the training courses and workshops offered by spiritual communities for the individuals and their search for a better life.

Spiritual Economy of Brazil: The Entanglement of Spirituality and Wellbeing

While the previous sections illustrated the contrasting perceptions of wellbeing and highlighted the increase of complementary health treatments linked to spiritual communities of various kinds in Brazil, this section looks at the society and argues that the post-neoliberal changes in Brazil are visible in the increasing entanglement of spirituality and wellbeing. Villalba states that "After decades in which neither state-driven import-substitution industrialisation nor neoliberal market-driven policies have been able to resolve the problems of poverty and inequality, a new post-neoliberal period seems to be opening in some Latin American countries. However, the significance and depth of this post-neoliberal readjustment is still undergoing construction." (Villalba 2013: 1428) Looking at the individual level of decision making with regard to the 'best' treatment or the 'best' way of life, reflects the personal responsiveness to these social changes. While Villalba cites Grugel and Rigirozzi and their three essential characteristics of the post-neoliberal governance in Latin America ("1) the 'return of the state' in the role of agent for development and regulator of the economy; 2) a new kind of politics responsive to local communities; and 3) the introduction of new mechanisms for social inclusion and welfare", Villalba 2013: 1428), I point towards another layer, that of the personal choice. I argue that the growing shift from a relational perception of wellbeing as living well together towards an individualised understanding of wellbeing as leading a good life reflects the post-neoliberal changes of Brazil during the last decade. As outlined in the opening of the chapter, neoliberalism changed Brazil's society irreversibly. The failure to bridge the social gaps led to increasing social injustice. Or, as Diana Lima shows, the modernization of Brazil is a process of inequality (Lima 2012: 377). While it led to economic growth, a vast sector of the society was left behind. The re-democratisation after the end of the military dictatorship led to huge expectation, however in vain. While the implementation of Plano Real by Fernando Henrique Cardosa in 1993 managed to eliminate the inflation and liberalised the economy, it also opened the way to the success of the Gospel of Prosperity. Traditional Brazilian values that stressed the importance

of family and community (see Da Matta 1991) became replaced by the growing "individualist desire for occupational autonomy across various social strata" (Lima 2012: 383). A consequence of the neoliberal austerity that overcame the inflation was a growing attack against democracy and a shift towards a "New Right" (*nova direita*) supported by conservative (and often evangelical) Christianity. Cowan describes the "New Right" as "a broad coalition of actors whose principal concerns include some combination of free-market capitalism and deregulation (with variations in specific attitudes toward neoliberalism, ranging from a revived, self-reliant Gospel of Wealth to some advocacy for labor and working-class welfare); nationalism and anti-communism; and a reactionary renovation of traditional morality and values, perceived to have lapsed" (Cowan 2018: 2, footnote 3). However, there is another aspect which my research has shown. The shift towards 'leading a good life' does not only feature the importance of self-improvement but has also a holistic understanding of wellbeing that embraces more than the material dimension. The offer of complementary health treatments in Brazil has risen extraordinarily, and some are even covered by health insurance as one interviewee explained. She was a Reiki practitioner and healer and advocated a holistic approach to healing and wellbeing. She told me for instance that "wellbeing is a broader concept. In my understanding is includes various aspects such as physical, mental, psychological, and emotional. When talking about health, people think about the symptoms. They assume that allopathy will treat the symptom and will therefore focus on the treatment of that symptom. For me, well-being is more. Well-being seeks the underlying reason for what you are feeling. So, I think for me there is a more complete understanding of wellbeing" (Renata, 61 years old, female, interview on 20th August 2018). She also outlined later in the interview how the different treatments such as meditation, acupuncture, Reiki but also spiritual healing and biomedical medicine should complement the other and not replace each other. For these treatments should be accessible for everyone, without consideration of their faith. She explained that during one of her courses two evangelical women were initially reluctant towards Reiki but in the end they realized that they could learn and practice it "without having to choose another religion".

Like this Reiki teacher I encountered people attending healing rituals or other forms of spiritual treatments that had been originally reluctant due to their faith but then embraced the new treatment as an additional component on their path to wellbeing. Wellbeing has become, as outlined above, linked to personal choices about which practice can help towards leading a good life. The question of what elements consist a 'good life' is now answered by everyone differently. And the journey to it has financial implication as workshops, training courses and

other educational offers usually costs money. While some health insurances cover some complementary therapies, going on a workshop is usually not covered. Several centres even offer now degree courses and participants receive a certificate to confirm attendance. These monetary arrangements are growing throughout Brazil and form part of the post-neoliberal revolution (see also Stoll 2006). Akpinar and Vohs even state that "Money and religion both act as coping aids that people can call upon to make themselves feel strong" (Akpinar/Vohs 2011: 852). They argue that religion as well as money are associated with a feeling of strength, and it evokes "a state of self-efficacy that implies that each person can and will take care of him/herself" (Akpinar/Vohs 2011: 852). Both stimulate, as Akpinar and Vohs write, a feeling of efficacy. The combination of both which one can see in these courses offered in growing number by spiritual centres in Brazil, is perhaps the most interesting outcome of the post-neoliberalism in Brazil. The development of the educational enterprises does not mean, however, that traditional values such as the importance of community are dead. As the data from the surveys indicated, wellbeing is still seen in relational terms as living well together. But the life stories captured in the interviews also demonstrated a growing individualisation of the path towards wellbeing reflected in the phrase leading a good life. This shift points to the impact of neoliberal ideas even when it comes to dealing with wellbeing from a holistic perspective.

Conclusion

In his critique of neo-liberalism Sung states that "For neo-liberals, the notion of "social justice" not only makes no sense but represents an aberration of the notion of justice. They believe that the production of goods necessary for reproducing life in society, and increasing wealth for a better life, can only be carried out efficiently under the laws of the free market, and the laws of the free market are above good and evil, above what is just and unjust, because they are the fruit of evolution, and, like the laws of physics, independent of the human will and ethical valuation." (Sung 2018:129) The discussion above of the growing entanglement of spirituality and health in Brazil offers a new insight into post-neoliberalism and the continuity of religion, though in the shape of spirituality. As Rubin, Smilde and Junge argue, when researchers ignore the role of religion in shaping – in the words of Partha Chatterjee (Chatterjee 2006) – "the on-the-ground 'politics of the governed'" (Rubin/Smilde/Junge 2014: 8), they miss out a crucial feature of the lived experience and overlook how religion, or, in this case, spirituality, is at work in Latin America. On the other side we also need to acknowledge the impact of political, economic, and social changes, for

instance the ones implemented by the spread of neoliberalism. Neoliberalism and religion might not be the ideal companions, but we need to study the links. As Wrenn has shown in her study of the Prosperity Gospel in the USA which is a perfect example of a neoliberal movement, "Within neoliberalism, the individual is self-referential and within a limited, personal sphere, has agency" (Wrenn 2019: 428). But how far is the individual able to initiate long-lasting changes or control their personal circumstances including salvation though self-discipline and belief as Wrenn asks? The growing turn towards 'leading a good life' that my data indicates might be evidence for a neoliberal framework in which the individual is self-referential. However, complementary health treatments do not come cheap, and few Brazilians are covered by a health insurance that supports these treatments. How 'authentic' is therefore the personal agency within neoliberalism? Can we really make our own decisions? Studying movements such as the Prosperity Gospel (Wrenn 2019) and, as I want to add, the complementary health therapies such as spirit healing offers a powerful counter narrative to the inauthentic agency of neoliberalism and improves our understanding of the intersection between health and neoliberalism.

Bibliography

Akpinar, Ezgi and Kathleen Vohs. 2011. Can Money and Religion Substitute for Each Other? *Advances in Consumer Research* Vol. 38: 852-853.

Arhapiagha, Yamunisiddha [=Neto, F. Rivas]. 2003. *Sacerdote, Mago e Médico: Cura e Autocura Umbandista; Terapia da Alma.* São Paulo: Icone.

Aureliano, Waleska de Araújo. 2011. *Espiritualidade,Saúde e as Artes de Cura no Contemporâneo: Indefinição de margens e busca de fronteiras em um centro terapêutico espírita no sul do Brasil*. PhD thesis in anthropology, Universidade Federal de Santa Catarina.

Casanova, José. 1994. *Public Religions in the Modern World.* Chicago: University of Chicago Press.

Cowan, Benjamin Arthur. 2018. A hemispheric moral majority: Brazil and the transnational construction of the New Right. *Revista Brasileira de Política Internacional*Vol. 61 (2), e004. DOI: http://dx.doi.org/10.1590/0034-7329201800204

Da Matta, Roberto. 1991. *Carnivals, rogues, and heroes: an interpretation of the Brazilian dilemma.* Notre Dame: University of Notre Dame Press.

Fatheuer, Thomas 2011 *Buen Vivir. Eine kurze Einführung in Lateinamerikas neue Konzepte zum guten Leben und zu den Rechten der Natur*. Berlin: Heinrich-Böll-Stiftung.
Freston, Paul. 2001. *Evangelicals and Politics in Asia, Africa and Latin America*. Cambridge: Cambridge University Press.
Greenfield, Sidney M. 2008. *Spirits with Scalpels: The Culturalbiology of Religious Healing in Brazil.* Walnut Creek: Left Coast Press.
Jensen, Tina G. 1999. Discourses on Afro-Brazilian Religion: From De-Africanization to Re-Africanization. In: *Latin American Religion in Motion*, ed. Christian Smith and Joshua Prokopy, 275–94. New York: Routledge.
Kurz, Helmar. 2018. Transcultural and Transnational Transfer of Therapeutic Practice. Healing Cooperation of Spiritism, Biomedicine, and Psychiatry in Brazil and Germany. *Curare*, 41(1-2), 35–49.
Kurz, Helmar. 2017. Diversification of Mental Health Care. Brazilian Kardecist Psychiatry and the Aesthetics of Healing. *Curare*, 40(3), 195-206.
Lewgoy, Bernardo. 2006. O sincretismo invisível: um olhar sobre as relações entre catolicismo e espiritismo no Brasil. In: *Orixás e Espíritos: o debate interdisciplinar na pequisa contemporânea,* ed. Artur Cesar Isaia, 209–24. Uberlândia: EDUFU.
Lima, Diana. 2012. Prosperity and Masculinity: Neopentecostal Men in Rio de Janeiro. *Ethnos* Vol. 77 (3), 372–399. http://dx.doi.org/10.1080/00141844.2011.609942
Mariano, Ricardo and Ari Pedro Oro. 2016. Religion and Politics in Brazil. In: *Handbook of Contemporary Religions in Brazil*, ed. Bettina E. Schmidt and Steven Engler, 363-378. DenHaag: Brill.
Montero, Paula. 2016. Secularism and Religion in the Public Sphere in Contemporary Brazil. In: *Handbook of Contemporary Religions in Brazil*, ed. Bettina E. Schmidt and Steven Engler, 379-394. DenHaag: Brill.
Moreira-Almeida, Alexander and Francisco Lotufo Neto. 2005. Spiritist Views of Mental Disorders in Brazil. *Transcultural Psychiatry* Vol 42(4): 570–595. DOI: 10.1177/1363461505058916
Roberts, Philip. 2015. Passive revolution in Brazil: struggles over hegemony, religion and development 1964–2007. *Third World Quarterly*, Vol. 36 (9), 1663–1681. http://dx.doi.org/10.1080/01436597.2015.1045861
Rodríguez, Iokiñe. 2016. Historical Reconstruction and Cultural Identity Building as a Local Pathway to 'Living Well' among the Pemon of Venezuela. In: *Cultures of Wellbeing: Method,*

Place, Policy, ed. Sarah C. White with C. Blackmore, 260-280. Basingstoke: Palgrave Macmillan.
Rubin, Jeffrey W., David Smilde and Benjamin Junge 2014. Livid Religion and Lived Citizenship in Latin America's Zone of Crisis. Introduction. *Latin American Research Review*, Vol. 49, 7-26.
St Clair, George. 2017. 'God Even Blessed Me with Less Money': Disappointment, Pentecostalism and the Middle Classes in Brazil. *Journal of Latin American Studies* Vol. 49, 609-632. DOI: 10l1017/S0022216X17000396
Schmidt, Bettina E. 2021. Living with Spirits of the Dead - A Case-Study about Spiritism and Health. In: *Spiritual and Faith-Based Practices in Chronicity: Explorations of Wellness during Chronic Conditions,* ed. Andrew R. Hatala and Kerstin Roger. (Routledge Special Collection on Religion, Spirituality and Health). New York/ London: Routledge.
Schmidt, Bettina E. 2020. Narratives of Spirituality and Wellbeing: Cultural Differences and Similarities between Brazil and the UK. In: *Spirituality and Wellbeing: Interdisciplinary approaches to the study of religious experience and health,* ed. Bettina E. Schmidt and Jeff Leonardi, 137-157. Sheffield: Equinox.
Schmidt, Bettina E. 2016. *Spirits and Trance in Brazil: Anthropology of Religious Experiences.* London: Bloomsbury.
Stoll, Sandra Jacqueline. 2006. 'O espiritsmo na encruzilhada: mediunidade com fins lucrativos'. In: *Orixás e Espíritos: o debate interdisciplinar na pequisa contemporânea*, ed. Artur Cesar Isaia, 263-278. Uberlândia: EDUFU.
Stoll, Sandra Jacqueline. 2002. 'Religião, ciência ou auto-ajuda? Trajetos do Espiritismo no Brasil'. *Revista de Antropologia* 45 (2), 361-401.
Sung, Jung Mo. 2018. Religion, Human Rights, and Neo-liberalism in a Post-Humanist Era. *The Ecumenical Review*, Vol. 70 (1), 118-135. DOI: 10.1111/erev.12334
Toniol, Rodrigo. 2018. *Do Espírito na Saúde: Oferta e uso de terapies alternativas / complementares nos serviços de saúde pública no Brasil.* São Paulo: editora LiberArs.
Villalba, Unai. 2013. Buen Vivir vs Development: a paradigm shift in the Andes? *Third World Quarterly*, Vol. 34 (8), 1427–1442. DOI 10.1080/01436597.2013.831594
Wrenn, Mary V. 2019. Consecrating Capitalism: The United States Prosperity Gospel and Neoliberalism. *Journal of Economic Issues*, Vol. LIII (2), 425-432. DOI 10.1080/00213624.2019.1594528