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THE RE-ENCHANTMENT OF BODIES:  
THE TRANSFORMATIVE POWER OF CHARISMATIC  
HEALINGS IN THE “WORLD OF PHENOMENA”

*Introduction*

Facing the great diseases of our time – unemployment, traumatic experiences, unequal access to healthcare, racism, chronic diseases, social exclusion, alcoholism, violence, and everyday difficulties – conventional medicine often proves to be ineffective. Frequently, medical science takes the form of an ‘élite practice’,<sup>1</sup> unable to guarantee therapeutic treatments to all those requiring them. Furthermore, biomedicine appears as a ‘soulless science’: the rational discourses inherited from scientific naturalism reduce the body to a mere object, depriving the patient – as a subject – of the possibility of actively participating in the construction and elaboration of the meaning of his own suffering.

In this scenario, the text reads the growing presence of Pentecostal churches, of new healing theologies: charismatic communities are configured today as alternative therapeutic spaces to the conventional ones – embracing the questions of care to which traditional medicine cannot answer.

In the first part of the text, we explore the theoretical assumptions of medical science in its relationship with the body, disease, and health, and then move to its reductionist habit. Subsequently, after a brief overview of the religious movement, we examine Pentecostalism’s welcome to the unanswered demands for care. Through ritual charismatic healings, sick bodies are *re-enchanted*, re-appropriating the semantic network<sup>2</sup> that the biomedical gaze had ignored.

*The ‘Medical gaze’ on the Disenchanted Body: Scientific Clinical Medicine: Knowledge, Practice and Limits*

In contemporary and urbanized nations, biomedical science is the reigning knowledge titled to managing the body, disease and health issues. Recognized as a “most sophisticated, convenient and affordable”<sup>3</sup> system, clinical medicine emerges

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<sup>1</sup> Cf. Gotthart Oblau, “Divine Healing and the Growth of Practical Christianity”, in Cathy Gunter Brown (ed.), *Global Pentecostal and Charismatic Healing* (Oxford: Oxford Academic, 2011).

<sup>2</sup> Cf. Byron Good, “The Heart of What’s the Matter. The Semantics of Illness in Iran”, *Culture, Medicine, and Psychiatry*, 1(1977): 25–58. DOI: <https://doi.org/10.1007/BF00114809>.

<sup>3</sup> Cf. Candy Gunther Brown, *Global Pentecostal and Charismatic Healing* (Oxford: Oxford Academic, 2011).

as a hegemonic practice starting from the 19th century. In fact, the nineteenth century was crossed by the optimistic climate of the modern project: the spirit of positivism and Enlightenment reason disenchant the world,<sup>4</sup> made of infallible laws and universal truths, with no room for magical or metaphysical explanations.

In this context, biomedicine is recognized as a natural science and, like the others, receives the primacy of the most valid tool for observing the ‘world of facts’ – clearly separated from the ‘world of values’.<sup>5</sup> Indeed, “sciences of phenomena”<sup>6</sup> follow the ancient paradigm which opposes *what is from what is not*, nature and culture, matter and spirit, *res extensa* and *res cogitans* – in Descartes’ vocabulary. Cartesian dualism establishes the premises of scientific investigation and clinical practice: “radically materialist”,<sup>7</sup> interested only in ascertaining the facts and distrustful of all those “irrelevant” and “unreal”<sup>8</sup> forms of knowledge that investigate the “experiences of the spirit”.<sup>9</sup>

Modern *ars medica* definitively renounces any theurgic vocation and takes the form of a pure “experimental and quantitative science of the organism”,<sup>10</sup> obtaining exclusive status in the investigation of functions and dysfunctions of the body. Accompanied by the theoretical assumptions of modern physiology and pathological anatomy,<sup>11</sup> medical knowledge develops a mechanistic conception of the body: a naturally given set of cellular structures, organs, and molecules. The human organism works like a machine, whose normal<sup>12</sup> functioning must be promptly restored every time it runs into some alteration of a biological nature, manifested through physical ‘signs’ – symptoms. Thus, the main assignment of clinical medicine becomes the diagnosis<sup>13</sup> of the *disease*: the physical dimension of suffering. Diseases are mere facts of nature – “biological [and] universal”<sup>14</sup> – that emerge when

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<sup>4</sup> Cf. Max Weber, *Wissenschaft als Beruf* (München und Leipzig: Verlag von Duncker & Humblot, 1918).

<sup>5</sup> Cf. Richard A. Sheweder and Robert Levine, *Culture. Theory: Essays on Mind, Self, and Emotion* (New York: Cambridge University Press, 1984). Also Isabelle Stengers, “La Grande partizione”, *I Fogli di ORISS* 29(2008): 47-61.

<sup>6</sup> Cf. Eric Voegelin, “The Origins of Scientism”, *Social Research* 14/4 (1948): 462-494.

<sup>7</sup> Cf. Scheper-Hughes and Lock, “The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology”, *Medical Anthropology Quarterly* 1/1 (1987): 6-41.

<sup>8</sup> *Ivi*, 8.

<sup>9</sup> Cf. Eric Voegelin, “The Origins of Scientism”, *Social Research* 14/4 (1948): 462-494.

<sup>10</sup> Cf. Gabriele Vissio, “La Vita Preferisce l’Asimmetria”, *Lessico di Etica Pubblica*, 1 (2015).

<sup>11</sup> Cf. Michael Foucault, *The Birth of the Clinic* (Paris: Presses Universitaires de France, 1963).

<sup>12</sup> Cf. Georges Canguilhem, *The Normal and the Pathological* (New Jersey: Princeton University Press, 1998).

<sup>13</sup> Cf. Byron Good, *Medicine, Rationality, and Experience. An Anthropological Perspective* (Cambridge: Cambridge University Press, 1994).

<sup>14</sup> *Ibid.*

regular vital mechanisms fail.<sup>15</sup> This biomedical conception adheres to an “abstract, highly technical, impersonal”<sup>16</sup> explanatory model, and provides the development of a specific analysis, etiology, and prognosis in order to re-establish the “proper functioning”<sup>17</sup> of the organs involved. In addition to the diagnosis, biomedicine identifies the rational treatment of the disease: the patient will follow specific steps that will lead to the “regulation of the internal environment”<sup>18</sup> and the re-stabilization of the regular parameters. At this point in the argumentation, we are dealing with what a large part of medical anthropology that literature<sup>19</sup> understands as a ‘dehumanizing’ turn of biomedicine: observing disease and health as empirical evidence of physical realities; the growing reductionism in medical approaches rejects all remaining dimensions of suffering experience itself. In this context, the human being is framed as a bare organic entity – not as a person, including the moral, existential, cultural, and political aspects of illness<sup>20</sup> and health. Without denying the enormous success in the identification, classification, and effective resolution of the empirical phenomena investigated,<sup>21</sup> medicine has the defect of dwelling almost exclusively on the biological aspects, contributing to a process of *disenchantment of the body*, removing every symbol and subjective meaning:

The patient becomes the docile body to be manipulated and explored; robbed of autonomy so completely as almost to obliterate the meaning of being an actor.<sup>22</sup>

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<sup>15</sup> Cf. Arthur Kleinman, “Concepts and a Model for the Comparison of Medical Systems as Cultural Systems”, *Social Science and Medicine* 12/2B (1978): 85-93.

<sup>16</sup> *Ibid.*

<sup>17</sup> Cf. Gabriele Vissio, “La Vita Preferisce l’Asimmetria”, *Lessico di Etica Pubblica*, 1 (2015).

<sup>18</sup> *Ibid.*

<sup>19</sup> Cf. Ivan Illich, *Medical Nemesis: the Expropriation of Health* (New York: Pantheon Books, 1976); Cf. Jan Howard and Anselm Strauss (eds.) *Humanizing Health Care* (New York: Wiley, 1975); Cf. David Weatherall, “The Inhumanity of Medicine”, *British Medical Journal* 39 (1994): 24-31.

<sup>20</sup> It is interesting to consider how medical anthropology introduces the useful conceptual distinction between “disease”, “illness” and “sickness”. The former, as we have already seen, has to do with the technical and professional definition of disorder; “illness” concerns the experience of the disease as it is perceived by the subject, while “sickness” denotes the social dimension of suffering, the way in which the community of the individual understands it. See: Arthur Kleinman et al. “Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research”, *Annals of Internal Medicine* 88/2 (1978): 251-8; Cf. Allan Young, “The Anthropologies of Illness and Sickness”, *Annual Review of Anthropology* 11/1 (1982): 257-285.

<sup>21</sup> Cf. Alessandro Lupo, “Antropologia Medica e Umanizzazione delle Cure”, *Rivista della Società Italiana di Antropologia Medica* 37 (2014): 105-126.

<sup>22</sup> Cf. Gregory Pappas, “Some Implications for the Study of the Doctor-Patient Interaction: Power, Structure, and Agency in the Works of Howard Waitzkin and Arthur Kleinman”, *Social Science and Medicine* 30/2 (1990): 199-204.

Limited to the investigation of the physical symptoms of the *disease*, the 'medical gaze'<sup>23</sup> reduces the patient from a socially and historically constructed *person*<sup>24</sup> to a mere 'biological subject'; and it is one of the reasons that determine therapeutic ineffectiveness. In fact, patients often configure the nature of their problems through multiple narratives and representations,<sup>25</sup> which do not necessarily belong to the explanatory models of biomedicine. Neglecting the "multidimensionality"<sup>26</sup> of the disease produces iatrogenic effects<sup>27</sup> on the healing process itself contemplated by biomedicine: more and more patients<sup>28</sup> do not adhere to prescribed therapies and also turn *elsewhere*, e.g. Pentecostal rituals and charismatic healing processes.

### *Organic Bodies and Social Bodies*

Medical *non-compliance* denounces the limits of the contemporary clinic: very effective in terms of classification and empirical identification of phenomena, it often leaves semantic and existential voids, offering 'targeted' and not holistic therapies. After deconstructing ontological and epistemological assumptions underlying biomedicine, the reflection continues by identifying exit strategies from this *disenchantment*. On a theoretical level, medical anthropology offers useful tools for rethinking the conceptions of biological reductionism: the body does not correspond to a natural fact; therefore, pain is not just a technical dysfunction and health does not merely coincide with its mechanical repair. Overcoming such perspectives is challenging since they are deeply rooted in Western dualistic metaphysics, but it is also inevitable: the survival of human beings is not possible simply with the genetic equipment,<sup>29</sup> but there is a need for forging – or *humanizing* – individuals according to the cultural lines of the social group where they grow up. The reflection of medical anthropology begins here: recognizing the body as a

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<sup>23</sup> Cf. Michael Foucault, *The Birth of the Clinic* (Paris: Presses Universitaires de France, 1963).

<sup>24</sup> Cf. Alessandro Lupo, "Antropologia Medica e Umanizzazione delle Cure", *Rivista della Società Italiana di Antropologia Medica* 37 (2014): 105-126.

<sup>25</sup> Cf. Byron Good, *Medicine, Rationality, and Experience. An Anthropological Perspective* (Cambridge: Cambridge University Press, 1994).

<sup>26</sup> Cf. Alessandro Lupo, "Antropologia Medica e Umanizzazione delle Cure", *Rivista della Società Italiana di Antropologia Medica* 37 (2014): 105-126.

<sup>27</sup> Cf. Ivan Illich, *Medical Nemesis: the Expropriation of Health* (New York: Pantheon Books, 1976).

<sup>28</sup> Cf. William Scarlett and Steve Young, "Medical Noncompliance: The Most Ignored National Epidemic", *Journal of Osteopathic Medicine* 116/8 (2016): 554-555.

<sup>29</sup> Cf. Clifford Geertz, "The Transition to Humanity", in *Horizons of Anthropology* (London: Allen and Unwin, 1965).

cultural product,<sup>30</sup> socially and historically constructed, crossed or constrained<sup>31</sup> by practices and discourses. Such analytical overviews certainly encourage the overcoming of the concept of the body as a bio-physical entity but force it to a 'passive ground'<sup>32</sup> on which to inscribe social values and meanings. This is the equal point raised by feminist philosopher Judith Butler<sup>33</sup> against contemporary philosophical literature. Even in the humanistic context, although separated from the natural world of determinism, the body remains passively subscribed to the "inevitably binary structure of the nature/culture distinction".<sup>34</sup> Instead, in the last decade of the twentieth century, a phenomenological perspective<sup>35</sup> emerged and – without rejecting the historical-cultural approach – recognized the body as an active subject through which we live and *resist* the meanings imposed by the social order<sup>36</sup>. With a 'mindful body',<sup>37</sup> the subjects actively inhabit the world and contribute to shaping its meanings – in other words, bodies have performative<sup>38</sup> capacity.

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<sup>30</sup> Cf. Marcel Mauss, "Les Techniques du Corps", *Journal de Psychologie* 32/3-4 (1936): 271-93; Mary Douglas, *Purity and Danger. An Analysis of Concepts of Pollution and Taboo* (Harmondsworth: Penguin Books, 1966).

<sup>31</sup> Cf. Michael Foucault, *The Birth of the Clinic* (Paris: Presses Universitaires de France, 1963); Cf. Michael Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Random House, 1991).

<sup>32</sup> Cf. Ivo Quaranta, *Antropologia Medica. I Testi Fondamentali* (Milano: Raffaello Cortina Editore, 2006).

<sup>33</sup> Cf. Judith Butler, *Gender Trouble* (New York: Routledge, 1999).

<sup>34</sup> *Ivi*, 167.

<sup>35</sup> Cf. Nancy Scheper-Hughes, "An Essay: 'AIDS and the Social Body'", *Social Science and Medicine* 39/7 (1994): 991-1003; Nancy Scheper-Hughes and Margaret Lock, "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology", *Medical Anthropology Quarterly* 1/1 (1987): 6-41.

<sup>36</sup> Cf. Judith Butler, "Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory", *Theater Journal* 40/4 (1988): 519-531.

<sup>37</sup> Cf. Nancy Scheper-Hughes and Margaret Lock, "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology", *Medical Anthropology Quarterly* 1/1 (1987): 6-41.

<sup>38</sup> The sense of the concept follows the interpretation offered by Butler (1993) as opposed to that of Bourdieu (1982), which is worth exploring further. The French sociologist understands the performative act as the embodied representation of social power acting on subjects. In doing so, however – and this is Butler's criticism on him – he precludes the most marginalized subjects from the ability to act itself: a performative act not only reproduces power speech, but can *resignify* the context. With her theory of performativity, Butler restores *agency* to subjects: by sitting in the front rows of the bus, Rosa Parks – subordinate individual within the context in which she grew up – breaks the laws of power that she should inescapably have internalized and 'produces another context' where blacks can sit in white people's seats (Butler, 1993: 148).

*Divine healings': the therapeutic functions of churches*

Finding a specific definition of Pentecostalism is a challenging – and in some ways counterproductive – undertaking due to the considerable variety of congregations within the movement spread throughout the world. Despite these difficulties, Joel Robbins attempts a definition of the movement to include all those “forms of Christianity in which believers receive the gifts of the Holy Spirit and have ecstatic experiences such as speaking in tongues, healing, and the prophecy”.<sup>39</sup> For this reflection we will use the concept of “Pentecostalism” in this broad sense, including all different movements that emerged during the 20th century that experience the spiritual gifts, although in some cases it will be more appropriate to specify that we are talking about the Catholic Pentecostal movement (CCR).

For a clearer comprehension of the Pentecostal movement in the world, it is appropriate to refer to a rough classification proposed by Allan Anderson.<sup>40</sup> According to this scholar Pentecostalism can be divided into its ‘classical’ form in the global context; the ‘charismatic’ one; and all those ‘nondenominational’ churches spread in most of the world. This approximate arrangement follows a fairly linear historical chronology.<sup>41</sup> Scholars agree that the birth of the Pentecostal movement dates back to the Asuza Street Revival in the early 1900s – when a group of Methodist believers in Kansas began speaking in tongues.

Always with the difficulty of finding points in common between the various congregations, it can be said that the ‘classical’ Pentecostal movement promotes an existential model of “ecstatic Christian life based on the experience of the Apostles”.<sup>42</sup> In addition to ecstatic experiences, ‘classical’ Pentecostal theology follows the doctrine of the “Full gospel”, which insists on four aspects of the Gospel: ‘personal’<sup>43</sup> salvation through Jesus, divine healing, baptism in the Holy Spirit, and the second coming of Jesus Christ.<sup>44</sup> Starting in the 1950s, many Pentecostals began to recognize themselves as ‘charismatic’, distinguishing themselves from ‘classical’ Pentecostalism for more flexible and inclusive

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<sup>39</sup> Cf. Joel Robbins, “The Globalization of Pentecostal and Charismatic Christianity”, *Annual Review of Anthropology* 33/1 (2004): 117-133.

<sup>40</sup> Cf. Allan Anderson, *An Introduction to Pentecostalism: Global Charismatic Christianity* (Cambridge: Cambridge University Press, 2014).

<sup>41</sup> Allan Anderson (*ivi*, 2014) notes that there are difficulties not only in the classification of Pentecostalism but also in the historical reconstruction of its development. The main reason? Lack of documented sources and incomplete information.

<sup>42</sup> Cf. Joel Robbins, “The Globalization of Pentecostal and Charismatic Christianity””, *Annual Review of Anthropology* 33/1 (2004): 117-133.

<sup>43</sup> Cf. Pietro Cingolani and Alessandro Gusman, “Il Pentecostalismo e le Sfide della Contemporaneità”, *La Ricerca Folklorica* 65 (2012): 3-18.

<sup>44</sup> Donald Dayton, *Theological Roots of Pentecostalism* (Peabody, MA: Hendrikson, 1987).

doctrines. The entry of the 'Charismatic renewal' in the Catholic Church will be decisive: in the full cultural ferment of the sixties, the Second Vatican Council (1967), among other things, recognizes the doctrine of the gifts of the Holy Spirit, marking the "end of a regime of doctrine practice that lasted four hundred years".<sup>45</sup> From Duquesne University in Pittsburgh, where two young students formed the first Catholic Charismatic prayer group after receiving the baptism of the Spirit, the movement rapidly spread throughout North America and then throughout the world. In 1977 a great ecumenical meeting took shape - the Kansas City Charismatic Conference - in which, for the first time, not only the classic Pentecostals but Protestants, Evangelicals, Anglicans, and Catholics took part.

Finally, the third wave of the Pentecostal movement spread as of the 1970s: numerous congregations took shape all over the world which detached themselves from the Churches to which they had always belonged and created "new Christian semantics",<sup>46</sup> liquidating the prospects of the first wave of Pentecostalism. These independent communities are characterized by giving less theoretical and practical relevance to the experience of *glossolalia* and by introducing the doctrine of the 'spiritual struggle' against the world and the devil and the theology of the "prosperity gospel",<sup>47</sup> which brings health closer to wealth.

#### *Pentecostal and Charismatic Global Expansion*

Although its origins can be traced back to the western continent, a century after its birth the Pentecostal movement has nine million<sup>48</sup> faithful scattered throughout the globe, from Africa to Oceania. Pentecostalism in all its varieties is undoubtedly the fastest-growing religious force in the world. According to José Casanova,<sup>49</sup> this exponential growth that began in the 20th century will lead Catholicism to cede the primacy of the "predominant global form of Christianity" to Pentecostal movements, which will become the heart of the Christian community. However, as we noted in the earlier paragraph, Pentecostalism is not an 'exclusive' movement: Catholic theology is not threatened, but rather the traditional institution of Catholicism. The ever-expanding wave, therefore, includes independent churches especially on the African and Asian continents - and many Catholics, who also

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<sup>45</sup> Cf. J. Thomas Csordas, *Language, Charisma and Creativity: The Ritual of Life of a Religious Movement* (Berkeley, Calif, London: University of California Press).

<sup>46</sup> Cf. Enzo Pace, "The Catholic Charismatic Movement in Global Pentecostalism", *Religions* 11/7 (2020).

<sup>47</sup> *Ibid.*

<sup>48</sup> Cf. Joel Robbins, "The Globalization of Pentecostal and Charismatic Christianity", *Annual Review of Anthropology* 33 (2004): 117-143.

<sup>49</sup> Cf. José Casanova, "Religion, the New Millennium, and Globalization", *Sociology of Religion* 62/4 (2001): 415-41.

identify *with* charismatic movements. Specific data for a more accurate understanding: Ari Pedro Oro<sup>50</sup> notes that in the contemporary era the percentage of religious movements has grown by 22%. In addition, 80% of these movements recognize themselves as Pentecostal.

Countless studies<sup>51</sup> see the global success of Pentecostalism Christianity starting from its “cultural polyglotism”:<sup>52</sup> the Pentecostal movement can adapt itself to different local contexts. From the congregations that arose almost spontaneously in the university campus,<sup>53</sup> to the ‘multicultural’ Pentecostal churches<sup>54</sup> that welcome the most marginalized subjects of society in the urban ghettos,<sup>55</sup> up to all non-Western neo-Pentecostal communities<sup>56</sup> built on the ruins of an unredeemed colonial past<sup>57</sup> or in response to the institutional silence in the face of the violence of war.<sup>58</sup>

#### *The offer of the Pentecostal churches*

The growing expansion of Pentecostalism belies any prediction of progressive secularization,<sup>59</sup> and certainly shows that something significant keeps happening in the world of disenchantment. In fact, this phenomenon does not only attract the curiosity of scholars in the religious field: the Pentecostal movement also occupies a considerable place in the social and political sphere.<sup>60</sup> Today, investigating the aspects of a society, implies running into Pentecostalism: the

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<sup>50</sup> Cf. Ari Pedro Oro, “Impatto e Sfide del Pentecostalismo in Brasile.”, *La Ricerca Folklorica* 65 (2012): 65-75. DOI: <https://www.jstor.org/stable/43854586>

<sup>51</sup> Cf. José Casanova, “Religion, the New Millennium, and Globalization”, *Sociology of Religion* 62/4 (2001): 415-41; Cf. Simon Coleman, *The Globalisation of Charismatic Christianity* (Cambridge: Cambridge University Press, 2000); Cf. Joel Robbins, “The Globalization of Pentecostal and Charismatic Christianity”, *Annual Review of Anthropology* 33 (2004): 117-143.

<sup>52</sup> Cf. André Droogers, “Globalisation and Pentecostal Success”, in: Corten, Andre and Marshall-Fratani, Ruth (eds.) *Between Babel and Pentecost: Transnational Pentecostalism in Africa and Latin America* (Bloomington: Indiana University Press): 41-61.

<sup>53</sup> Cf. J. Thomas Csordas, *The Sacred Self: A Cultural Phenomenology of Charismatic Healing* (Berkeley: University of California Press, 1997).

<sup>54</sup> Cf. Pietro Cingolani, Alessandro Gusman, “Il Pentecostalismo e le Sfide della Contemporaneità”, *La Ricerca Folklorica* 65 (2012): 3-18.

<sup>55</sup> Cf. Ileana Gomez and Manuel Vasquez, “Youth Gangs and Religion among Salvadorans in Washington and El Salvador” in Anna Peterson, Manuel Vasquez Manuel, and Philip Williams (eds.), *Christianity, Social Change, and Globalization in the Americas* (New Brunswick, NJ: Rutgers University Press, 2001).

<sup>56</sup> Cf. Allan Anderson, *An Introduction to Pentecostalism: Global Charismatic Christianity* (Cambridge: Cambridge University Press, 2014).

<sup>57</sup> Cf. Alessandro Gusman 2016, “Strategie di Occupazione dello Spazio Urbano: il Caso delle Chiese Pentecostali di Kampala (Uganda)”, *ANUAC* 5/1 (2016): 107-128.

<sup>58</sup> Cf. Marian Tankink, “‘The Moment I Became Born-Again the Pain Disappeared’: The Healing of Devastating War Memories in Born-again Churches in Mbarara District, Southwest Uganda”, *Transcultural Psychiatry* 44/2 (2007): 1-23.

<sup>59</sup> Cf. Thomas Luckmann, *La Religione Invisible* (Bologna: Il Mulino, 1969).

<sup>60</sup> Cf. Pietro Cingolani, Alessandro Gusman, “Il Pentecostalismo e le Sfide della Contemporaneità”, *La Ricerca Folklorica* 65 (2012): 3-18.



religious dimension of a phenomenon is intrinsically linked to political, social, and economic dynamics.<sup>61</sup>

Pentecostalism presents itself as a movement with a significant transformative force, capable of reconfiguring the “religious geography”<sup>62</sup> of the world by challenging traditional religious and political institutions. The transnational and dynamic nature of the Pentecostal movement in constant growth in every part of the globe can be explored starting from one of its determining features: charismatic healing. According to Brown, divine healings are not only concerned with the improvement of physical problems; they play a crucial role in the “relief of social maladies”.<sup>63</sup> It is no coincidence, in fact, that Pentecostal communities establish themselves precisely in those spaces where there are institutional gaps – eroded by neoliberal forces<sup>64</sup> and dangerous geopolitical processes – which exacerbate social uncertainty. Here, Pentecostalism emerges as a religion “closer to the people”:<sup>65</sup> compared to the major historical churches, the charismatic movements make wise use of the “media space”.<sup>66</sup> Through technology and digital means of communication, Pentecostals spread “transportable messages”:<sup>67</sup> web pages, messages via radio or WhatsApp, projections on local televisions are easy to understand and elaborate.

In this way, Pentecostal theology breaks through private space and is embraced into everyday life, ceasing to be an experience reserved for a few days of the week. Secondly, the Pentecostal communities build ‘prayer fields’<sup>68</sup> different from the traditional and austere “church-buildings”,<sup>69</sup> where it is possible not only to ‘renew’ the relationship with God by taking part in the characteristic religious functions and rituals but also to share with an attentive group the emotions and sufferings that afflict

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<sup>61</sup> The inescapable intertwining of religion and politics clearly embraces one of the theological perspectives of more recent Pentecostal and charismatic movements: through the concept of ‘spiritual struggle’, the world becomes a place of confrontation between God and Satan, between good and evil, between the sacred and the mundane. Cf. Birgit Meyer, “Pentecostalism and Globalisation”, in: Allan Anderson et. al. (ed.) *Studying Global Pentecostalism. Theories and Methods*. (Berkeley, CA: University of California Press, 2010).

<sup>62</sup> Cingolani & Gusman, “Il Pentecostalismo e le Sfide della Contemporaneità”, 5.

<sup>63</sup> Brown, *Global Pentecostal and Charismatic Healing*, 14.

<sup>64</sup> Comaroff and Comaroff, “Second Comings: Neo-Protestant Ethics and Millennial Capitalism in Africa, and Elsewhere”.

<sup>65</sup> Cf. Pietro Cingolani, Alessandro Gusman, “Il Pentecostalismo e le Sfide della Contemporaneità”, *La Ricerca Folklorica* 65 (2012): 3-18.

<sup>66</sup> *Ibid.*

<sup>67</sup> Cf. Justine Howe, “Transnational Transcendence. Essays on religion and globalization”, in: J. Thomas Csordas (ed.) *Social Anthropology* 18/2 (2010), 228-9. DOI: [https://doi.org/10.1111/j.1469-8676.2010.00107\\_3.x](https://doi.org/10.1111/j.1469-8676.2010.00107_3.x).

<sup>68</sup> Cf. Alessandro Gusman, “La Deliverance Come Tecnica di Contrasto all’Insicurezza Spirituale. Il Caso della Mutundwe Christian Fellowship di Kampala”, *Antropologia* 6/2 (2019): 117-133.

<sup>69</sup> *Ibid.*

everyday life. Pentecostal communities make the Temple of the Lord the public space to tell, testify, and get rid of pain, the traumatic past, and one's fears, letting the group – led by the pastor – welcome them. Tankink, referring to the Born-Again Churches of Southwest Uganda, reports the ability of the churches to configure themselves as the only space where it is allowed to bear witness to the “unbearable pain connected with the war memories”.<sup>70</sup> In a society where there is no space to remember the collective and personal traumas linked to a past of genocides – churches become those ‘safe’ places where it is possible to bear the heavy burden of the traumatic past: to draw closer to God and to the religious community it is therapeutic.

In addition to painful memories, in Pentecostal communities, there is space to share and express daily difficulties, such as work and sentimental failures<sup>71</sup> or chronic pains with which one is forced to live, for which the family or institutions have no answers. What is staged through the service of charismatic healings is first of all an atmosphere of festive participation and warm solidarity, which begins at the entrance of the church – as Canevari reports in his ethnography at a Pentecostal church and charismatic Italian<sup>72</sup> – where there is always someone smiling ready to welcome those who arrive. Often joining Pentecostal communities means finding and building a network of material and spiritual help: it is not just a question of sharing “intensely emotional and collective experiences”<sup>73</sup> such as ritual healings, but of finding true and proper friends: “Brothers and Sisters in the Lord”<sup>74</sup> connected to one another and ready to support each other even in everyday life. The emotional support provided by the community during therapeutic practices is a determining element in our discourse: the group welcomes the wounded person and recognizes him or her as a bearer of value throughout the therapeutic process.

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<sup>70</sup> Cf. Marian Tankink, “‘The Moment I Became Born-Again the Pain Disappeared’: The Heading of Devastating War Memories in Born-Again Churches in Mbar District, Southwest Uganda”, *Transcultural Psychiatry* 44/2 (2007): 1-23.

<sup>71</sup> Cf. Alessandro Gusman, “La Deliverance Come Tecnica Di Contrasto all’Insicurezza Spirituale’. Il Caso Delle Chiese Pentecostali Di Kampala (Uganda)”, *ANUAC* 5/1 (2016): 107-128.

<sup>72</sup> Cf. Matteo Canevari, “‘È la prima volta che ho visto qualcosa’. Immagine, Guardigione e Retoriche della Rinascita nel Movimento Pentecostale”, *Antropologia* 7/2 (2020): 130-154. DOI: <http://dx.doi.org/10.14672/ada20201689129-154>.

<sup>73</sup> Cf. Nancy Scheper-Hughes and Margaret Lock, “The Mindful Body”, *Social Science & Medicine*, 39/ 7 (1994): 991-1003.

Doi: [https://doi.org/10.1016/0277-9536\(94\)90210-0](https://doi.org/10.1016/0277-9536(94)90210-0).

<sup>74</sup> Cf. Marian Tankink, “‘The Moment I Became Born-Again the Pain Disappeared’: The Heading of Devastating War Memories in Born-Again Churches in Mbar District, Southwest Uganda”, *Transcultural Psychiatry* 44/2 (2007): 1-23.

*Therapeutic rituals and existential transformations*

Pedron-Colombani speaks of charismatic communities as “places of regeneration”:<sup>75</sup> here, we intend them in the sense of Csordas, i.e., as places of *phenomenological regeneration of the self*. Compared to the medical-scientific tradition, which – as we have seen in the first part of the text – intends health as the simple restoration of previous biological functions, following an alteration of an organic malfunction, the Pentecostal therapeutic system goes further. By offering the service of ritual healing, the intent is not so much the relief of disease symptoms through the intercession of divine power and love, but to guide one towards the attainment of spiritual maturity – ‘renewed’. Healing and spiritual growth are therefore interconnected: there is no healing without spiritual redemption, and vice versa spiritual growth contributes to the maintenance of good health.<sup>76</sup>

At the basis of ritual healing systems is the ‘holistic’ and tripartite conception of the human being, surpassing the Cartesian dualism of the biomedical paradigm. According to charismatic Pentecostals, the body is never separated from the spirit and from the processes of the mind: people are made up of the three interconnected dimensions. Consequently, the disease is never ‘only’ physical, but related to inner or spiritual problems, which prevent the spiritual maturation of believers.

In his ethnographies of the Catholic charismatic movements (CCR) in New England, Thomas Csordas reports numerous testimonies of the experience of illness, recounted here by a healing minister:

[There is one] person who walked, and is still walking, with a *weight problem* (my emphasis), but in the midst of that she had a real need for Deliverance [...]. Then finally she came to me and said, “I think I need Healing of Memories and Deliverance regarding food”. She had really fought the battle of food intake. As we began to pray it was pretty obvious that there was a real cluster there, of Gluttony, Lust (meaning lust for food, you know), there was Insecurity - well, the person felt insecure about herself, so she would eat to make herself more secure - the whole cycle of being overweight was there. But *in addition to that there was a cluster of six or seven demons* (my emphasis) that were feeding onto that... [including] Guilt...<sup>77</sup>

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<sup>75</sup> Cf. Pedron-Colombani, “Le Pentecôtisme au Guatemala. Conversion et identité”, In Pietro Cingolani and Alessandro Gusman, “Il Pentecostalismo e le Sfide della Contemporaneità”, *La Ricerca Folklorica* 65 (2012): 3-18.

<sup>76</sup> Cf. J. Thomas Csordas, *Body/Meaning/Healing* (New York: Palgrave MacMillan, 2002).

<sup>77</sup> *Ibid.*

In this description, the etiology of what conventional medicine would term ‘accumulation excessive body fat’ seeks the incarnate presence of demons, such as “Gluttony” or “Insecurity”. Milsev (2018)<sup>78</sup> develops the same points: illness is a wound of life, including traumas, disappointments and pain. Consequently, the healing process will also have to contemplate a spiritual and inner treatment, as in the case cited, where the healing minister suggests the practice of deliverance. In fact, although a type of healing corresponds to each part of the person – physical, inner or delivering from spirits – most Charismatic healers combine the different practices: the human being is made up of three parts in constant “pneumopsychosomatic” interaction.<sup>79</sup>

Here is another case:

Father P. asked that five people who had had *pain or trouble* (my emphasis) walking come forth for healing. A chair was placed in front of the altar [the service is in a church]. At this time, he beckoned me [the research assistant] to join him and his healing team, as four women came up to the altar [for prayer]. [...] Fr. P asked the congregation to pray for each person and to lift their arms in prayer toward the supplicant as the team performed its task. [...] The male healer prayed out loud in English. Fr. P asked the supplicant in a very low voice several rapid questions about troubles in primary relationships, particularly about husbands and fathers, kneeling before the person with *his hands placed firmly on her* (my emphasis) usually on the upper legs. Once the *problem relationship* (my emphasis) was identified, he firmly grasped the supplicant's feet (shoes still on) and made a firm, determined tugging motion on the supplicant's outstretched legs. [...] During prayer for one of the four supplicants, Fr. P asked the woman team member for a *discernment* (my emphasis), which she rapidly gave, and he agreed with her assessment.<sup>80</sup>

Here we observe how the conception of the disease does not necessarily coincide with ‘biological’, but may be the result of an inner problem – e.g. problematic relationships in the family – or due to the presence of evil spirits, or even all things together. Furthermore, healing is built on a holistic process, aimed at treating every part of the person – and not just the

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<sup>78</sup> Cf. Magdalena Milsev, “Religious Narratives of Healing and Conversion in a Charismatic Catholic Church in Montevideo: a Brief Approach”, *International Journal of Latin American Religions* 2/2 (2019): 334-47.

<sup>79</sup> This concept is reported in *The Sacred Self* (40-43): it is a word by which Csordas’ religious healers define their therapeutic ability, that acts simultaneously on the body (‘somatic’), inner experience (‘psycho’) and spirit (‘pneumo’).

<sup>80</sup> *Ivi.*, 58-59.

empirically evident symptoms. Curing suffering means freeing the person from evil and welcoming the Spirit together in body, mind, and heart:

[...] All I can describe [of] it is a *feeling* (my emphasis) which I now know as the *presence of God* (my emphasis) came on my [pause], dropped on, I can't really describe it, understand it. It was like if someone placed a sheet, a cotton sheet, it started on the top of my head, and it *flopped down over my body* (my emphasis). And I just broke into tears, I was just sat in the back, crying...<sup>81</sup>

In this testimony reported by Williams, the subject perceives the “presence of God” as a visceral force – even in *materially absent*:<sup>82</sup> *it was like a cotton sheet, but it flopped down over the body*. God’s ‘positive energy’<sup>83</sup> enters people’s bodies, “connecting them with their heart and spirit”:<sup>84</sup> it touches their emotions and soul, to the point that they burst into tears. It is God’s love in supplicants’ bodies that “brings up what needs healing”,<sup>85</sup> as one healer confirms to Csordas, and “releases the negative energy”.

#### *The Therapeutic Process: The Transformation of the Self*

The feature issue of Pentecostal anthropology is not only the theoretical dimension of the tripartite conception of the person but rather the performative aspect. The human being as *body-mind-soul* is an illustrative figure of Pentecostal theology, but also a culturally performing discourse,<sup>86</sup> offering alternative modes of perception and experience. *Embodied* by ‘renewed’ subjects, the tripartite image serves as a symbolic resource that structures existential orientation in the world, involving their sensory, perceptive modalities.

Within a ritual therapeutic performance, writes Csordas,<sup>87</sup> participants must chiefly be *disposed* to the charismatic healing and the persuasive possibility of the

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<sup>81</sup> Cf. Andrew Williams, “Spiritual Landscapes of Pentecostal Worship, Belief, and Embodiment in a Therapeutic Community: New Critical Perspectives”, *Elsevier* 28 (2023).

<sup>82</sup> Csordas, in describing the theology of charismatic Pentecostals, speaks of the Holy Spirit as a force that is “ineffable and empirical at the same time” (*The Sacred Self*, 39).

<sup>83</sup> Cf. J. Thomas Csordas, *The Sacred Self: A Cultural Phenomenology of Charismatic Healing* (Berkeley: University of California Press, 1997).

<sup>84</sup> *Ibid.*

<sup>85</sup> *Ivi.*, 53.

<sup>86</sup> Cf. Matteo Canevari, “È la Prima Volta che ho Visto Qualcosa’: Immagine, Guardigione e Retoriche della Rinascita nel Movimento Pentecostale”, *Antropologia* 7/2 (2020): 130-154. DOI: <http://dx.doi.org/10.14672/ada20201689129-154>.

<sup>87</sup> Cf. J. Thomas Csordas, “Elements of Charismatic Persuasion and Healing”, *Medical Anthropology Quarterly*, 2/2 (1988): 121-142. DOI: <http://www.jstor.org/stable/649157>.

*experience of the sacred*. Thirdly, they must know how to *elaborate realistic alternatives* to their suffering and actualize them. Ritual healing, therefore, implies a transformation in the semantic elaboration of oneself and one's suffering, producing realistically possible alternatives in the world.

Consider the case of a man with chronic and often debilitating back pain getting religious healing: through rest in the Spirit and a "purely spiritual" experience, he ceased to get backaches with very *rare exceptions* (my emphasis), and even those [he] got have been unlike the others. Every once in a while [he] would feel a backache just barely starting, and [he] would thank God for having cured it, and usually it goes away. [He'll] just feel the start of a tightness of the muscles, of a spasm, and all [he'll] do is say to God, "Thank you for curing my backaches". And then it will go away, and may do the same thing once or twice more during the day and so [he] say the same thing and it never develops into anything, with very few exceptions... On two occasions [he] could feel a burning nerve sensation in [his] back, [he] thought it was a nerve that was inflamed. [he] felt burning. That happened a couple of times, but [he] never felt any stiffness or soreness at all. [He] could just feel the inflamed nerve [not painful]. [He] was just keenly aware of it. [...] It was almost as if [he] could feel the origin of the problem but without the symptoms or the spasms.<sup>88</sup>

As we observe from this testimony, what has changed is the awareness that man has of his suffering. Back pain has not disappeared, but it has qualitatively reduced, because he developed on it an altered somatic form of attention,<sup>89</sup> preventing debilitating symptoms. Therefore, healed people are not those who live 'without disease', but who manage to experiment and explore new 'postural modalities' and body patterns with which to actively inhabit the world, *up to the margins of their own disability*<sup>90</sup> – like a supplicant who, convinced of the therapeutic power of the divine and supported by the assembly that listened to his testimony, hesitantly gets up from his wheelchair in response to the healer's request:<sup>91</sup> "the walk is as much a test of his physical capacity and of his willingness to improve as it is a proof of a divinely caused *amelioration of his condition* (my emphasis)".<sup>92</sup>

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<sup>88</sup> Cf. J. Thomas Csordas, *The Sacred Self: A Cultural Phenomenology of Charismatic Healing* (Berkeley: University of California Press, 1997).

<sup>89</sup> Cf. J. Thomas Csordas, "Somatic Modes of Attention", *Cultural Anthropology*, 8/2 (1993): 135-56. DOI: <http://www.jstor.org/stable/656467>.

<sup>90</sup> Cf. J. Thomas Csordas, *The Sacred Self: A Cultural Phenomenology of Charismatic Healing* (Berkeley: University of California Press, 1997).

<sup>91</sup> *Ivi.*, 70.

<sup>92</sup> *Ivi.*, 164.

The therapeutic process is comparable to the gesture of “planting a seed”:<sup>93</sup> it begins with charismatic healing, but continues beyond the ritual event itself, into everyday life. The healed people are ‘reborn’, and improve their life, not just their *bodies*, including more elements in the concept of health, such as the relationship with society, affections, faith as well as with themselves. From the therapeutic relationship with the sacred and supported by the group,<sup>94</sup> empowered supplicants experience a *real* ‘transformation of the self’ producing a re-interpretation of their life in the “desacralized world”<sup>95</sup>.

### *Conclusion*

Through the lens of medical anthropology, we have observed both ‘what comes done to the body’ by medical science, and ‘what the body does and produces’ – if thought otherwise. In the space of Pentecostal movements, the conventional meaning of the human body is transformed: it is no longer an organic entity investigated by the medical gaze, but an active resource involved in constant emotional, mental, and social processes, in line with what Scheper-Hughes and Lock call ‘mindful body’.<sup>96</sup>

Charismatic healing experience returns the ‘mindful bodies’ to the complexity and *agency* that medicine, heir to Cartesian reductionism, too often ignores. In the course of the healing *process*, people see themselves recognized by the community as the carriers of subjective experience capable of producing other perceptions and other representations of themselves, thus modifying their actions in the world. The transformative power of charismatic movements lies here: involving subjects in a realistic reconfiguration of their existence.

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<sup>93</sup> Cf. J. Thomas Csordas, *Body/Meaning/Healing* (New York: Palgrave MacMillian, 2002).

<sup>94</sup> The collective dimension of Pentecostal rituals is a theme widely addressed in contemporary anthropological literature: collective participation, group support in prayer rituals produces, in the heterogeneous Pentecostal contexts of the world, profound effects on society. In addition to the material already mentioned, Cf. Stroeken, “Witchcraft Simplex: Experiences of Globalized Pentecostalism in Central and Northwestern Tanzania”; Kliueva, Vera and Ryazanova, Svetlana, “Praying practices in Pentecostal environment: a universal multicultural model”; Csordas, Thomas, “A global geography of the spirit: the case of the Catholic Charismatic communities”,

<sup>95</sup> Cf. Magdalena Milsev, “Religious Narratives of Healing and Conversion in a Charismatic Catholic Church in Montevideo: a Brief Approach”, *International Journal of Latin American Religions*, 2/2 (2019): 334-347.

<sup>96</sup> Cf. Nancy Scheper-Hughes and Margaret Lock, “The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology”, *Medical Anthropology Quarterly*, New Series, 1/ 1 (1987): 6-41.