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Moral Worlds and Therapeutic Quests:
A Study of Medical Pluralism and Treatment-Seeking in the Lower Amazon

A dissertation submitted in partial satisfaction of the requirements for the degree Doctor of Philosophy

in

Anthropology and Cognitive Science

by

Ashwin Budden

Committee in charge:

Professor Steven Parish, Chair
Professor Keith McNeal
Professor Rupert Stasch
Professor Edwin Hutchins
Professor Lawrence Palinkas

2010

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The dissertation of Ashwin Budden is approved, and it is acceptable in quality and form for publication on microfilm and electronically:

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Chair

University of California, San Diego

2010

DEDICATION

To my parents:

For life, for love, and the joy of wanting to know…

EPIGRAPH

How will you look for something
when you don't in the least know what it is?...
How will you know that what you have found
is the thing that you didn't know?

Plato

The social life of man is so complex,
the various elements of which it is built up
forms so closely interwoven a structure,
especially in the lowly examples of culture
with which we are now dealing,
that we cannot expect to understand a part
except in its relation to the whole."

W.H.R. Rivers

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ABSTRACT OF THE DISSERTATION

Moral Worlds and Therapeutic Quests:
A Study of Medical Pluralism and Treatment Seeking in the Lower Amazon

by

Ashwin Budden

Doctor of Philosophy in Anthropology and Cognitive Science

University of California, San Diego, 2010

Professor Steven Parish, Chair

This dissertation is about the social and psychocultural dimensions of medical pluralism and treatment seeking in Santarém, a rapidly growing municipality in the Brazilian Amazon. Based on a year-and-a-half of ethnographic fieldwork in urban and rural settings, it comparatively examines how popular religions and cosmopolitan health institutions define and manage (or fail to manage) sickness, psychosocial impairment, and emotional distress. It also reveals lived experiences of informants who seek out these therapeutic options and the processes through which quests for healing shape personal understandings of affliction and selfhood.

This study contributes to emerging scholarship in anthropology that theorizes medical pluralism, not in terms of discrete cultural systems set in opposition to one another (e.g., traditional versus cosmopolitan medicine), but rather as an open system of dynamic relations between institutions and between institutions and care-seekers. This dissertation situates these processes within broader historical trends in the Amazon that have lead to significant patterns of urbanization, migration, and sociocultural complexity, contrary to popular stereotypes of the region. In this context, religious institutions such as Pentecostalism, Spiritism, Candomblé, and Umbanda have flourished and, along with secular health institutions, provide diverse social and symbolic resources for the needs of care-seekers. However, an examination of the ways that santarenos in these communities cognize illness and distress and seek care reveals how blurred the boundaries are between institutional ideologies and therapeutic practices. These domains are characterized as much by complementarity as by contradiction. In similar light, individual treatment seeking efforts do not unfold in any clear-cut fashion. Rather, informants find themselves caught up within epistemic entanglements, as they navigate moral worlds oriented to medicalized care, ritual forms of healing, and spirit mediumship. Case studies convey personal dilemmas that emege from these entanglements, in which individuals strive to regain control of symptoms, of self- and social efficacy, and moral development. Psychocultural theories, including the work of culture and embodiment, provide a framework for understanding how differing cultural idioms articulate with these life-course themes, emotions, and sensory experiences, which together underpin expressions of flexibility in selfhood in response to social conditions of pluralism.

Chapter 1. Introduction

MEDICAL ANTHROPOLOGIES

This dissertation is about the dynamics of medical pluralism and treatment seeking in Santarém, a city and rapidly urbanizing region in the Brazilian Amazon. As an ethnographic study in the traditions of medical and psychological anthropology, it examines how individuals manage sickness, spiritual affliction, and misfortune within social institutions of popular religion and cosmopolitan medicine[1] in Santarém. In doing so, it attempts to illuminate the confluences and contradictions of cultural meanings and the dilemmas of sociality and subjectivity that emerge in the quest for healing.

The themes that frame this study are enduring objects of inquiry in the social sciences. Historians of medicine since at least the period of European Enlightenment have examined the structural and ideological tensions between indigenous healing systems and cosmopolitan medicine in regions as diverse as Europe, Asia, Africa, and Oceania, (cf. Ernst 2002a). These themes figured into the very beginnings of anthropology, most notably in the scholarship of Rivers (1917), Evans Pritchard (1937) and Malinowski (1954 [1948]) that compared the conceptual foundations of indigenous magico-religious traditions with those of science and medicine. Seminal work in

[1] Fredrick Dunn and Charles Leslie (1977) introduced the concept of cosmopolitan medicine. It refers to institutions of medical care that have been variously labeled as Western medicine, allopathic medicine, and biomedicine. The main implication in the term is that cosmopolitan medicine is trans-local, trans-cultural, scholarly in scope, and rooted in techno-scientific practice. Cosmopolitan medicine is typically distinguished from other modalities variously labeled as local, traditional, popular, religious, folk, and alternative medicine, as well as medical quackery (Ernst 2002b).

medical anthropology and ethnopsychiatry (e.g. Dunn and Good 1978; Elling 1978; Good 1977; Janzen 1979; Kleinman 1978; 1980a; Leslie 1977; 1980; McQueen 1978; Simons and Hughes 1985; Zimmermann 1978) paved the way for more a comprehensive framework oriented to the comparative investigation of pluricultural forms of medical knowledge, institutions, relationships, therapeutic practices, and behaviors of treatment seekers and healing specialists. Drawing on the hermeneutic paradigm in anthropology, they proposed that medical traditions are socially embedded, cultural meaning systems (cf. Good 1994), a stance that paralleled Geertz's (1966) foundational position on the essential nature of religions. Charles Leslie (1980), a pioneer of medical anthropology, asserted that, "medical systems work as social systems that give meaning and form to the experience of illness…[thus] The experience of illness, not the biological fact of disease, cause people to seek care" (193). Within the interpretive purview, cultural meanings inherent in different medical systems could be understood to encompass descriptive, constructive, directive, and evocative functions (cf. D'Andrade 1984) oriented to problems of sickness, and care seeking.

For the average anthropologist today, much of this goes without saying. Even so, this fact should not obscure how important these pronouncements were at the time for promoting comparative studies of medical systems, health behaviors, and cultural idioms of distress. They opened up analytical space for thinking about how illness, coping, treatment seeking, and healing, are processes mutually entangled within broader social and cultural realities. Not only were these developments a boon to the cross-cultural study of ethnomedical traditions, but they also helped to de-center forms of cosmopolitan medicine by repositioning them as culturally constructed systems in their

own right. They also reinforced observations that medical decision-making is inherently social and culturally contingent, not merely determined by rational calculus. As such, treatment seeking can be understood as a profoundly moral enterprise. Mechanic (1997) points out that the concepts and contingencies encountered in choosing among health interventions "serve to organize, interpret, and make sense of conflicting information, providing a paradigm that gives special coherence to a conflicting environment" (80-81). In this light, the forms of knowledge and practice that make up "conflicting environments" constitute different moral worlds, into which actors bring their struggles and their hopes.

As medical anthropology came of age, studies of illness, distress, and forms of treatment became more influenced by the poststructuralist turn in social sciences, and by neo-Marxist, and world system theories. A greater number of scholars emphasized how different medical systems are not only socio-cultural systems *per se*, but are also the products of broad political, legal, economic forces intrinsic to capitalist free markets, post-colonial nation-state formations, and development regimes. They also described how the social production of health and disease was intimately bound to manifold relations of power, inequality, and agency (e.g. Baer, et al. 2003; Cant and Sharma 1999; Elling 1981; Frankenberg 1988; Singer and Baer 1995; Taussig 1987).

Within the critical studies paradigm in anthropology and sociology, the body and embodied subjectivity also became focal points for theorizing the relation of individual to macro-level socio-political and economic structures. Following Foucault's work connecting bodies and politics via the institutional disciplining of the body-as-subject (e.g. Foucault 1975), scholars entrained their analysis on the situation of actors

caught up in oppressive structural and ideological relations that imposed regulatory effect on the body-subject. In this light, social suffering and its embodiment were seen as not only the consequences of chaotic and inequitable social environments, but also as the grounds of political resistance and social performance articulated through cultural idioms of distress and strategic attempts to find solutions to disease and debilitation (e.g., Kleinman, et al. 1997; Martin 1992; Rose 2007; Scheper-Hughes 1993; Scheper-Hughes and Lock 1987; Taussig 1992; Turner 1992).

Analysis of these "socio-somatic relations," to use Kleinman's (1998) influential term, also benefited from emerging scholarship on embodiment in adjacent fields of psychological anthropology, cognitive science, and cultural psychiatry (e.g. Csordas 1990; 1994a; Kirmayer 1992; 2004; Lakoff and Johnson 1999; 1980; Mattingly and Garro 2000b; Wilson 2002). These works describe how individual self-consciousness is an active construction of moment-to-moment perceptual attunement and the projection of the body-self into different behavioral environments, facilitated by the metaphorical mappings of sensorium, action, and language. In this light, the embodiment of social suffering became something more than the passive encoding of chaotic social experience in the body, but instead, the active and creative mode of bodily *presentation* within particular forms of social practice (Kirmayer 1992: 323). More than just an endpoint of broader structural analysis, embodied subjectivity became the analytical source point, the '"existential ground" from which all other social, cultural, and psychological processes unfold (Csordas 1990). This perspective is necessary for the study of medical pluralism because it helps to clarify how the context dependent flux of

bodily experience underpins self-consciousness, social cognition, and behavior in the management of sickness and distress.

Within these broad trends, scholars in the medical anthropology of Latin America have made significant contributions to the study of medical pluralism and social medicine. In addition to offering comparative analyses of different medical modalities of the region, these studies have illuminated how medical decisions, care-seeking discourses and practices, and structural relations are co-determinative (Crandon-Malamud 1991; Finkler 1985; Koss-Chioino, et al. 2003; Young and Garro 1981). Seen from this vantage, actors' medical decisions provide access to secondary social-resources for manipulating class, gender, and ethno-racial identities and relations. This is significant, considering asymmetric relations between care providing institutions (secular and spiritual) as well pervasive socio-economic inequality and disenfranchisement across Latin America, which are products of colonial legacies.

Although the medical anthropology of Brazil encompasses a robust tradition of local and international scholarship on the social and cultural dimensions illness and healing traditions (e.g. Alves and Minayo 1994; Alves and Rabelo 1998; Leibing 1997; UFPA 2002), it lacks an explicit program of research on medical pluralism oriented to the comparison of diverse therapeutic modalities and ideologies that are part of Brazilian society. Notable exceptions are a doctoral dissertation on popular and clinical treatment options in Salvador da Bahia (Ngokwey 1984) and studies by Rabelo and colleagues (Rabelo 1993; Rabelo, et al. 2002) that use personal accounts of affliction and healing to compare the therapeutic systems of Candomblé, Pentecostalism, and Spiritism. Rabelo gives special emphasis to the role of narrative in revealing how

interpretations of disease and distress and transformations of bodily experience in the process of therapeutic ritual help to structure the vital relationship between humans and the sacred (cf. Csordas 1994b). Her studies, as well as research by Maúes (2003) on bodily techniques of ecstatic trance ritual, represents important and much needed contributions of Brazilian scholarship to theories of medical pluralism, embodiment, and practice at large.

These works cited immediately above fall within a larger corpus on popular religious healing in Brazil. Most studies therin tend to structure analysis on a singular ethnomedical tradition or assume a dichotomy between of a popular modality and a clinical modality. They include studies of Spiritism in Southern Brazil (Greenfield 1987; Greenfield 1992; Greenfield 2008; Hess 1994; Moreira-Almeida 2005; Moreira-Almeida and Koss-Chioino 2009), Candomblé and Umbanda (Montero 1985; Seligman 2005; Voeks 1997), Amazonian peasant shamanism (*pajelança*) (Cravalho 1993; Figueiredo 1999; Maués 1994; Maués and Villacorta 2001; Reeve 2000) and Christian Charismatic movements in the Brazilian state of Pará (where this dissertation research is based) (Chesnut 1997; Maués 1994; Maués and Villacorta 2001). It is important to qualify that while these studies have made important contributions to Brazilian medical anthropology, the majority of them are also readily identified within social studies of religion and modernity and Brazil. Thus, I feel it is worth briefly elaborating on aspects of this tradition of scholarship.

MODERNITY AND THE RELIGIOUS MARKETPLACE IN BRAZIL

In the 20th century, the fastest growing religions in this pluralistic environment have been Afro-spiritist traditions (viz. Umbanda and Candomblé), a European-derived religion called Spiritism (or Kardecism), and Charismatic Christianity (Pentecostalism and the Catholic Charismatic Renewal). Notably, these are the same religions described above in respect to the study of their therapeutic modalities. Despite manifold differences, they are united by the general belief in humans' capacity to have direct, corporeal encounters with the spiritual entities and sacred power. These encounters can occur through involuntary spiritual intrusions that are aligned with states of sickness and emotional distress or through voluntary or serendipitous incorporation of spirits, which most often occur in the context of ritualized dissociative trance states.

Over the last several decades, scholars studying these trends have described the emergence of a "religious marketplace" in Brazilian society and have offered a variety of explanations of their growth. I review these perspectives in my Masters Thesis (Budden 2003b). For instance, Gill (1998), Serbin (2000), and Stoll (1990) contextualize the proliferation of these popular religions amid the decline of Catholic hegemony stemming from tensions between the Church and Brazilian State during periods of political, economic, and religious reform throughout the past century. Building on this work and on micro-economic theories of religion (e.g. Stark and Bainbridge 1987), Chesnut (2003) attributes the great success of these "religious firms" to unregulated spiritual entrepreneurship and competition that developed within the context of democratization in latter 20th and early 21st century. In this view,

opportunistic actors can select from a vertiginous array of spiritual options within the open marketplace of religions.

Other scholars have been more critical of the free-market, rational choice vision of religious pluralism. They have instead emphasized deprivation theories, associating the growth and persistence of popular religions with their responsiveness to the needs of marginalized and dispossessed Brazilians. Often characterizing Afro-spiritist traditions and Pentecostalism as "religions of the poor," some earlier and more recent works have highlighted the psychosocial voids they fill in otherwise anomic conditions associated with urban migration (Camargo 1961; Corten 1999[1995]; Fry and Howe 1975; Rolim 1980; Willems 1967); others described how they successfully buffer the material conditions of poverty and rampant social inequality that marginalized Brazilians have faced amid the waxing and waning economy and worsening fiscal polarization over the 20th century (Burdick 1993; Greenfield 1990; Mariz 1994; Rabelo 1993). On the other hand, recent studies have countered the traditional "religions of the poor" label by revealing that, in addition to the widespread affiliation among poorer sectors, the faithful represent middle and upper classes in greater and greater numbers (Brown 1994[1986]; Chesnut 1997; Greenfield 1987; 1992; Hess 1994). In contrast to explicit deprivation theories, anthropologists have also asserted how these spiritual traditions serve as critical arenas for resisting social inequity and for negotiating religious identities, racial and gender consciousness, and structural positions (Brown 1994[1986]; Burdick 1993; Greenfield 1990; Greenfield and Cavalcante 2007; Greenfield and Droogers 2001; Holston 2000; Mainwaring 1989; Motta 1994; Soares 1992).

A handful of studies, including some of those cite above, implicate *illness* as the key to understanding the massive appeal of spirit centered and charismatic religions throughout Brazil. For instance, Fry and Howe (1975) and Burdick (1993) describe Umbanda and Pentecostalism as "cults of affliction" for which sickness and suffering are typivsl pre-conditions for affiliation. In her landmark study of Umbanda, Brown (1994[1986]) documents that 64 percent of her informants, the majority of them from the middle class, came to Umbanda and (Kardec) Spiritist centers in Rio de Janeiro because of physical and mental health problems. In earlier work less informed by micro-ecomic theory, Chesnut (1997) found that nearly 46 percent of his female informants and 25 percent of his male informants, mainly of poorer classes in the city of Belém (Pará state), adopted the Pentecostal faith for reasons that include somatic maladies, chronic disease, alcoholism, generalized emotional distress, and clinically diagnosed mental disorders. In this and other work (2003), he argues that "pneumacentric religions"[2] (or spirit-centered religions) have dominated the competitive free market of Brazil society throughout the 20th century precisely because they have catered to needs the needs of Brazilians seeking care for illness and psychosocial challenges related to poverty and interpersonal strife. In her work on mental health and Candomblé in the Afro-Brazilian heartland of Salvador, Seligman (2003) demonstrates that struggles with emotional distress and psychiatric problems

[2] Chesnut's uses the term "pneumacentric religions" in reference to popular religions in Latin American that emphasize beliefs in corporeal influence of spirits and/or demons in sickness and in spiritual practice. Foremost among them in Latin America are Pentecostalism, Catholic Charismatic Renewal, Kardec Spiritism and Afro-diasporic religions such as Umbanda, Candomblé and other regional variations.

serves as primary pathways to spirit mediumship roles within Candomblé terreiros. Lastly, one of the largest sociological surveys to date on Latin American Protestantism (ISER 1996) found that 55 percent of 921 evangelicals from Rio de Janeiro converted to the faith during times of "personal crisis," 49 percent of which were related primarily to illness and alcohol abuse. In all, these studies challenge classical modernity theories of religion that posited the decline of popular religion in the wake of secularism and free-market social formations, and they point to the significance that these institutions have for responding to the social, spiritual, and material needs of Brazilians, and especially problems of sickness.

MOVING FORWARD

Given the rich tradition of Brazilianst scholarship on popular religion more generally, and on religion and healing, more specifically, it is surprising that the domain of medical pluralism has gotten short shrift in in Brazilian studies compared to other regions of Latin America (e.g. Crandon-Malamud 1991; Koss-Chioino 2003). Here, I refer pointedly to the lack of *comparative* studies of medical traditions examine popular and cosmopolitan modalities. The studies cited immediately above indicate that exploring the interfaces of religion and health is critical to understanding Brazilian society itself. I share the view that such an approach can benefit from a comparative framework that situates different care-giving institutions in relation to one another (cf. Brown 1994[1986]) and that situates these different institutions in relation to individuals and lived experiences (cf. Rabelo 1999; 2002). Studies that proceed in this manner are needed to build a program of scholarship on the medical pluralism of Brazil.

This lacuna does not seem to be a problem of insufficient ethnographic examples to compare but, arguably, one of analytical tack. It brings to light the same sort of problem about which Kleinman (1978) voiced concern in an early but influential article promoting a comparative medical systems approach. He observed then that while anthropology possessed a large array of empirical descriptions of ethnomedical traditions, it had few cross-cultural comparisons and, as a consequence, "a paucity of well-developed theoretical positions on this subject" (85).

Almost thirty years later, medical anthropologists and historians of medicine echo Kleinman's worry. The editors of two recent volumes on medical pluralism (Ernst 2002a; Johannessen and Lázár 2006) separately assert that the intellectual baggage of the past decades has constrained the investigation of pluricultural forms of medicine and healing. One issue has to due with the notion of "medical systems" itself, and the ways in which scholars have, heretofore, construed therapeutic traditions as bounded and relatively distinctive social-cultural domais. Discrete medical systems of varying types are typically set in opposition to each other (e.g., cosmopolitan medicine versus religious healing), often under the assumption that they are radically incommensurate social and cultural formations. For example, in her otherwise eloquent and insightful study on the eclectic use of ritual healing by middle class Americans in the U.S., McGuire (1994) takes the position that "biomedicine and alternative healing systems operate within totally different paradigms of health, illness, and healing" (5). Elsewhere, in an analysis of Amazonian pajelança (which I will discuss in a subsequent chapter), Reeve (2000) depicts this form of peasant shamanism as a potent marker of

"traditional Amazonia," both culturally and geographically separate from "Western medicine" (96-97).

Ernst (2002b), a medical historian argues that this tendency for dichotomization unduly constrains complex phenomena to criteria relevant to positions in binary opposition, a tendency that risks overly simplistic conclusions about medical diversity and social complexity. In an insightful critique she asserts that:

> We may well have come to see pure, perfect and pristinely delineated medical 'systems' and categories as inherently ideological constructs that need to be used with caution. Their legacy, however, still lingers on even as we turn attention to medical 'encounters' or 'exchanges' or 'interaction' between… -- well, one medical 'system' or category and another. The language of pluralism still tends to reflect the very same static and discrete meanings and perceptions that many writers aim to challenge and expose as products of restricted and restrictive imaginations and ideologies. Even terms like 'hybridity,' 'syncrecy,' 'the global,' and 'the local,' fashioned and put forward as solutions, tend instead to further highlight and illustrate the very problem of dichotomizing a reality that is multi-faceted, forever in flux and never purely delineated, as these terms, too, are built on the assumption of pre-existing discrete (however vaguely defined) entities (3-4).

Another issue concerns the confusions over the use of medical pluralism as a referent of ethnographic data. In separate essays, Johanssen (2006) and Ernst (ibid) indicate that the concept of pluralism has been employed in two basic ways. On the one hand, it glosses the diversity *between* "systems" in a community, region, or nation, where these differing systems compete with or complement each other. On the other, it describes the diversity *within* a broad system of medical practices, as exemplified in earlier work on Asian medicine traditions (e.g. Leslie 1975), wherein any medical system is intrinsically heterogeneous, made up of people with diverse views and

agendas. A challenge for scholars of medical pluralism has been to make sense of which version is being employed, by whom, and for what reasons. In the preface to the volume co-edited by Johannessen, Csordas (2006) moves beyond this conundrum to point out that, in almost any complex society, therapeutic options relate to each other multiple ways. These relations can be *contradictory*, where different institutions compete for legitimacy (and even market share); *complementary*, responding to different aspects of the same problems; *coordinating*, in which certain medical alternatives are considered to be effective for certain problems but not others; and *coexistent*, having direct interaction according to specific needs of different populations (ix). Instead of seeing these categories as abstract and reified cultural forms, Csordas argues that the task is to understand how these relationships are constructed through the intentions and social practices of actors in the contexts of illness episodes and the search for treatment and healing. By attending to the immediacy of lived experiences within social situations, the relatively fluid relations between different therapeutic options that comprise medical pluralism come into relief while their apparent boundaries may break down all together.

In this light, it is difficult to maintain a view of medical systems as bounded entities, already set in form and content and ready to be apprehended by the researcher. Rather, they take shape through dynamic relations that are built up from the social practices and life trajectories of treatment seekers and through the affinities and contradictions that emerge from actors' engagement with different institutions of care. This study is an attempt to embrace such a vision through an ethnographic investigation of medical pluralism in Santarém. In the following chapters, I describe the social

landscapes of Amazonia and Santarém that I encountered in my fieldwork. I then provide case studies of the ways that some of my acquaintances in Santarém live their lives in the struggle with emotional distress, psychiatric disorder, and spiritual affliction, and how their efforts intersect with the ideologies and practices of a number of popular religions in Santarém -- Spiritism, Pentecostalism Candomblé, Umbanda, and pajelança – and a new pubic mental health clinic. This dissertation does not compare these modalities as health services *per se*, as a community health study might, although subsequent chapters will address such issues; nor does it examine ritual and therapeutic processes at length, although it will explore aspects of each domain. Rather, the primary aims are to consider how the trajectories of treatment seeking can clarify the nature of medical pluralism and to describe how understandings of affliction and selfhood are shaped within the therapeutic quests of people living in the diverse social ecology of Santarém.

The chapters in this study will proceed in the following way: In Chapter Two I provide an abridged history of Amazonia to illuminate social formations and processes in which medical pluralism is embedded.

In Chapter Three I describe my own process of entering the field and becoming acquainted with different social identities and institutions in Santarém, and the objects of my ethnographic research.

Chapter Four begins by depicting four different contexts of ritualized therapeutic practice and the venues in which they occur. I then draw on their similarities and differences and on survey data describing patterns of religious

affiliation, treatment seeking, and a comparison of basic health beliefs to elaborate a concept of medical pluralism as an *open system*.

Chapter Five follows the treatment seeking efforts of three key informants and how they negotiate, what I call *epistemic entanglements* in this. I provide a comparison of their personal experiences to facilitate a more extensive discussion about spiritual and secular idioms of distress and broader patterns of care seeking in Santarém.

In Chapter Six I shift the ethnographic lens somewhat to the context of medical pluralism in the rural interior of Santarém. Here, I examine the penetration of secular public health and evangelical-based health initiatives among peasant villages of the interior, and I also describe their effects on the indigenous peasant healing called pajelança. In accounting for the multiplicity of care providing institutions and therapeutic services acting within this micro-region, I attempt to demonstrate how medical pluralism in this setting is not comprised merely of a linear, oppositional tension between traditional and cosmopolitan modalities, but rather encompasses a set of dynamic relations between a network of spiritual and secular institutions that extends across time and across cultural and geographic spaces.

In Chapter Seven I further elaborate on medical pluralism in the rural periphery by examining the actors overlapping and diverging discourses of mental health. A comparison of these discourses reveals the subtle and not-so-subtle ways that actors attempt to negotiate status and how these effots also mirror institutional asymmetries in Santarém.

Finally, in Chapter Eight I provide a an extensive case study of a young man who has suffered from psychiatric conditions his entire life and who also practices spirit

mediumship. I follow his life history and his attempt to manage clinical illnesses and affliction by spiritual entities. I describe how, in coming to terms with these predicaments, he has developed a complex explanatory model of illness that articulates with bodily experience and his sense of self.

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Chapter 2. Historical Transformations in Modern Amazonia

INVISIBILITY IN AMAZONIA

This chapter reviews the history of modernity in the Brazilian Amazon. My intention is two-fold. On the one hand, I want provide a broad overview of social and political processes that have shaped the region and that ultimately serve as the backdrop for medical and religious pluralism in Santarém. On the other hand, I wish to contextualize my study in contemporary Amazonian scholarship, which, heretofore, has given little attention to the medical pluralism and religious healing in urbanized sectors. Chesnut's (1997) historical ethnography of Pentecostalism in Belém and a small, special edition of the Brazilian journal *Humanitas* published by the Federal University of Pará (2002) are a notable exceptions, though "pluralism" *per se* is not the specific focus. A handful of studies address cultural constructions of illness, misfortune, and traditional healing in rural *caboclo* (peasant) communities (Cravalho 1993; Figueiredo 1999; Maués 1990; Maués 1995; Maués and Villacorta 2001; Reeve 2000). While some among them note the presence of other modalities of popular healing, they do not systematically examine relationships between them, opting rather to describe them as rather discrete cultural traditions. That said, the relative invisibility of medical (and religious) pluralism in Amazonian research is troubling given both the attention to popular religious healing, broadly speaking, in the anthropology of (non-Amazonian) Brazil, and the facts of rapid urbanization and cultural pluralism in Amazonia over the last century (Browder and Godfrey 1997; Padoch, et al. 2008)

The notion of *invisibility* pervades recent Amazonian scholarship. In essence, it refers to the historical and social worlds that have been hidden by popular views of the region. Anthropologists, in particular, have been preoccupied by stereotypes in academic and popular thinking that obfuscate complex socio-political, economic, and cultural process in Amazonia that have shaped urban expansion, class relations, and the identities of its human inhabitants, most notably of caboclo peasants (e.g. Adams, et al. 2009; Cleary 1993; Harris 1998b; Lima Ayres 1992; Lima 1999; Nugent 1993; Nugent and Harris 2004; Padoch, et al. 2008; Schmink and Wood 1992; Velho 1972). These scholars have critiqued, for instance, how Western media, national governments, and other transnational stakeholders in the region have concocted various essentialist representations of Amazonia. These include depictions of the region as a primordial, natural domain; a social vacuum; a pristine and savage frontier isolated from modernity; a bank of limitless natural resources ripe for economic exploitation and development; and a bastion of threatened biodiversity. Although Amerindian peoples factor somewhere into these images, they are often cast as "primitive others," as features of the natural environment rather than the social one.

Although the social landscapes of Amazonia – most notably, indigenous Amerindian and peasant societies – have not evaded the ethngraphic gaze, scholars cited above also implicate fragmented and narrow depictions in the anthropological literature, which, they argue, reproduce the problem of invisibility. They assert that some writings (e.g. Descola 1994; Henley 1996; Viveiros de Castro 1996) privilege Amerindian societies as *the* socio-political domain of value, with little or no mention of peasant populations, while others focus on the emergence of caboclo peasantries from

racial fusions, internal cultural logics, or ecological constraints on human adaptation (e.g. Moran 1974; Parker 1985; Wagley 1953).

Stephen Nugent has been one of the foremost critics of these characterizations. His work, on the one hand, theorizes the invisibility and production of caboclo identity in relation to global, socio-economic transformations that have shaped Amazonia at large and the region around Santarém (Nugent 1993; 1994; 1997; 2009). His writings describe the Brazilian Amazon as an "arena of unregulated social forces" (1994:13) integrated into the world system. In this sense, Amazonia has been the site for the expansion and retraction of colonial, nationalistic, and corporate interests; economic boom-bust cycles; agriculture and land-tenure conflicts; slavery; political corruption; and a spate of insidious techno-managerial schemes. Together, he argues, these forces have disenfranchised and reconstituted indigenous and immigrant populations (see also Browder and Godfrey 1997; Hecht and Cockburn 1989; Schmink and Wood 1992).

Nugent's engagement with the social category *caboclo* resembles other studies that shed light on the obscured histories of peasantries elsewhere in the world (e.g. Mintz 1974; Wolf 1982). In his view, hegemonic and totalizing stereotypes of the region persist, however fallacious, because they serve particular interests. Namely, they legitimate political and intellectual agendas that revolve around nation building, accumulation of capital, and the exploitation or protection of nature. *Lumpen* Amazonia has traditionally been an afterthought because of its association with a legacy of failed national integration and marginalization from corporate development schemes (largely suppressed in official memory), and because of its disconnection with the more fetishized elements of the rainforest. Indeed, the exotic symbols of Amazonia (e.g.

piranhas, noble savages, biodiversity, shamans, lungs of the planet, the green inferno, deforestation) also bear little resemblance to those popular symbols of (what could be called) the "real Brazil" (e.g. *futbol*, samba, *mulattas*, Carnaval, *favelas*, Christ the Redeemer, the girl from Ipanema). This discrepancy speaks to an even further distancing of Amazonian social life from the Brazilian national imaginary.

Urbanization is another domain that is rendered invisible by popular images of the remote and pristine rainforest. Yet, this topic has been a focus of scholarship for a half-century, going back to anthropologist Charles Wagley's (1953) seminal work, *Amazon Town*, and in more recent works from different disciplines (e.g. Becker 1990; Browder and Godfrey 1997; Padoch, et al. 2008; Sawyer 1984; Sawyer 1987; Winkler Prins 2002). National census figure from the *IBGE* (*Instituto Brasileiro de Geografia e Estatística*) indicate that *Amazônia Legal* [3] became predominately urbanized by the 1970s, only a decade after the rest of the country (Browder and Godfrey 1997). By 2000, the vast region was 70 percent urbanized compared to 82 percent for all of Brazil (Padoch, et al. 2008). Data from the 2007 IBGE census report indicate that between 1970 and 2007, Brazil's urban population grew at a rate of 82 percent while the rate of urban growth in Amazonia was an astonishing 430 percent. The urban geographer Bertha Becker aptly observes that in Amazonia, "the frontier is born already urbanized, and it has a rhythm of urbanization faster than the rest of Brazil" (Becker 1990).

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[3] The "Legal Amazon" is how the government agency SUDAM (Superintendency for Amazon Development) defines the geopolitical boundary of the Brazilian Amazon. It encompasses the "North Region" (the states of Amazonas, Pará, Acre, Rondônia, Amapá, Tocantins, and Roraima), the state of Mato Grosso, and the western region of Maranhão state. This area spans approximately six million square kilometers, comprising roughly 60 percent of the national territory (see Browder and Godfrey 1997).

However, Becker and others caution that statistics on population growth, while telling, are poor indicators of complex dynamics and meanings of the urbanization process (cf. Cleary 1993). Wagley, for instance, described his mid-twentieth century "Amazon Town" as an insular peasant community in the remote interior, structured by cohesive social ties and stable traditions, but stifled by "lethargy and backwardness" (311). To be sure, this depiction of *Gemeinschaft* (Tönnies 1957) contrasts markedly with contemporary views of Amazonian towns and cities that have been shaped by the heavy hand of imperial and state-sponsored colonization and development schemes and permeated by inter- and intra-regional flows of migrants, trade, politics, and information. Browder and Godfrey (1997), for instance, argue that these historical conditions reveal no coherent, singular logic to urban growth. They instead describe an Amazonia that evolved from a hierarchical network of settlements based on logics of colonial and mercantile expansion to a polymorphous and fractured array of towns and cities differentially articulated to the national and global economies. Cleary (1993) maintains that the most significant factors in high rates of urbanization are the expansion of the informal economy (e.g. small scale mining, rubber tapping, nut-gathering, family farming) and vigorous inter- and intra-regional mobility among different class fractions. Over time, some cities exploded with economic booms only to evaporate into ghost towns, while others, like Santarém, have escalated to prominence, although punctuated by alternating periods of stagnation and rapid growth. Moreover, most scholars agree that discrete boundaries between rural and urban zones are difficult to categorize in demographic terms, given the extent to which households, economic-consumptive patterns, norms, and identities are multi-sited and inextricably linked

across conventionally defined rural and urban spaces (Cleary 1993; Nugent 1993; Padoch, et al. 2008).[4] Although this pattern of mobility has existed for over a century, advances in communications, transportation, and shifts in markets and labor opportunities have considerably amplified it.

These informative studies reveal the macro-systemic processes that have shaped Amazonian urbanization, institutions, and regional identities vis-à-vis the nation-state and globalization. Some of the chapters in this study will help to further illuminate these histories, which are too often overshadowed by stereotypes and vested interests that legitimate particular "official" versions of Amazonia. With respect to this dissertation, it important to ask: which version of Amazonia am I writing about? I will address this question further at the end of the chapter. At the outset, I should qualify that the history provided here is also meant as a broad context for the specific issues I take up in this dissertation concerning the social and psychocultural dynamics of medical pluralism in Santarém. My focus on the relations, behaviors, and lived experiences of social actors who navigate its plural urbanizing landscape will hopefully contribute to the further unmasking of social life in Amazonia.

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[4] Although the terms "urban" and "rural" in Brazil signify distinctions between the city and the countryside in common parlance, technically, the definition of "urban" depends on the political status of a locality. A city can act as a municipality (*município*) or county-level seat of government (*sede*). In general, a city population of at least several thousand is needed to assign eligibility for municipal status and access to state and federal funds. As the population of a locality grows, the locality exerts political pressure on state authorities for municipal status. This reality precludes a precise numerical criterion of "urban" in Amazonia and the rest of Brazil. However the proliferation of new municipal seats in the former is a notable indicator of regional urbanization (Browder and Godfrey 1997:18).

COLONIAL PROJECTS

Luso-Brazilian expansion into the Amazon Basin began in earnest at the beginning of the 17th century, some half-century after the celebrated "first European encounter" with Amazonia by the Spaniard *conquistador*, Francisco de Orellana. In 1621, the Portuguese Crown designated the city of Belém as the capital of the new viceroyalty of Grão Pará and Maranhão. Belém was founded in 1616 as a military outpost, one of many costal defenses against rival colonial powers including Spain, France, England, and Holland who were jockeying for control of New World territories (Burns 1993). As a regional capital, it soon became the base for forays westward into the interior by the military and by Roman Catholic orders. Farther to the south of the colonial Brazil, *bandeirantes* (flag-bearers) struck out from the São Paulo area in search of natural resources, land for cattle ranching, and Indian slaves. Although these Brazilian pioneers are most noted for the discovery of gold in the state of Minas Gerais, which initiated a population explosion in Brazil's central-south, they pushed on to establish new settlements, ranching lands, and transportation routes as far as the current states of Mato Grosso, Bahía, and Marañhao, and the margins of Amazonia (Boxer 1962).

These movements established permanent colonies at preexisting Indian villages, military fortifications, and strategic sites. They sowed the seeds of colonial and urban expansion in the Amazonian frontier as well as widespread decimation of Amerindian societies. However, the vast and isolated territories of the Lower Amazon remained politically and geographically separated from other coastal seats of colonial power in Brazil, having closer proximity to the Iberian Peninsula than to Rio de Janeiro and São

Paulo. This legacy of relative marginalization is apparent in contemporary relations of Amazonia to the Brazilian State (Schmink and Wood 1992).

The settlement of Santarém emerged during this epoc. On June 22, 1661, the Jesuits, under Padre João Felipe Bettendorf, founded a mission at the confluence of the Tapajós and Solimões (Amazon) Rivers with cooperation from the local Tupaius (Tapajós) Indians. Views differ on the actual size of the indigenous population but there is general consensus that the *aldeia* (village) at that location was already quite substantial in size and complexity during the implantation of the mission and had come to serve as a major hub of the pre-conquest Tapajônica civilization and its extensive network of settlements (Nugent 1993; Palmatary 1960; Roosevelt 1994). The indigenous population served as a valuable source of converts, labor, and trading for the Jesuit missions. By most records, relations were relatively peaceful. However, the population underwent rapid decline, mainly through disease and assimilation and, like many other Amerindian societies, had collapsed by the beginning of the nineteenth century (Nugent 1993). But the Tapajós mission flourished. Despite its location some 800 km from Belém and the Atlantic Coast, a steady flow of clergy and administrators linked the mission to Belém and to Europe and aided its growth into a central base of political and military import in the region (Fonseca 1996; Reis 1982).

Like Santarém, most colonial strongholds throughout Amazonia became integrated into burgeoning mercantile networks that linked the vast region to Europe. They came to serve as entrepôts for *drogas de sertão*, (i.e. valued commodities such as woods, spices, skins, and plant materials. Given the challenges of acquisition, storage, and transportation, trade in these goods was fragmented and remained largely in the

shadows of the more lucrative coastal plantation industries. Nevertheless, religious orders, particularly the Jesuits, controlled the resources and native slave labor through their network of missions and thus enjoyed the fruits of the trade to a greater extent than even the Portuguese Crown or regional merchants (Hecht and Cockburn 1989). By the middle of the eighteenth century, with increasing competition from Spanish colonies in other areas of the New World, Portugal took action to improve its economic stake in the region. In 1755, the Portuguese Prime Minister, the Marquis de Pombal, created the state-sponsored mercantile enterprise, the *Compania Geral do Grão Pará e Maranhão*. Under his draconian rule, the power of religious orders was dissolved, the missions were secularized and enslaved Indians were freed. Four years later, with mounting conflict between the Crown and the Jesuits, Pombal expelled the order altogether and appropriated all their properties in Amazonia. Between 1755 and 1760, forty-six mission villages were re-designated towns (Browder and Godfrey 1997). The Tapajós mission was among these. It was dissolved in 1757 and elevated to the status of town the following year with the new name, Santarém.[5]

These abrupt measures paved the way for broader social and economic transformations in the Amazon interior. The Crown instituted *sesmarias*, or land grants, to soldiers and colonists to establish cattle ranches and plantations of cocoa, coffee, rice, cotton and tobacco. It also imported African slaves *en masse* to work the plantations. Historians estimate that from 1755 to 1778 (when the Compania Geral was dissolved)

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[5] Mendonça Furtado, the governor general of Grão Pará and Maranhão, and brother of the Marquis de Pombal, dreamed of transforming Amazonia into a new Portugal and named Santarém after the Portuguese city of the same name. "Santarém" is a contraction of "Santa-Irene," who was a popular 12th Century Lusitanian saint.

between 14 thousand and 28 thousand West African slaves were transported to Grão Pará and Maranhão. Although these data is not definitive, it is thought that by the last quarter of the 18th century, Africans comprised about 20 percent of the region's approximate population of eighty thousand (Guzmán 2009). However, slaves and Indians constantly fled from the towns of the interior, such as Santarém, to the farther reaches of Amazonian tributaries. There, they established settlements for runaway slaves, Indians and (eventually) freed blacks called *quilombos*. The Portuguese crown and local administrations considered quilombos an affront because the settlements represented the emergence of new social orders outside the purview of colonial management. Hence, their inhabitants (*quilombolas*) and colonial authorities entered into a long political struggle over land rights, economic activities and relations, and ethnic and religious self-determination (Marin and Ramos de Castro 2004). The Portuguese Crown also promoted racial intermarriage of colonists with slaves and Indians, with the explicit purpose of rapidly populating and whitening Amazonia (Burns 1993; Guzmán 2009). This policy of miscegenation, in addition to the influx of immigrants, led to further displacement and acculturation of many of the native populations and influenced the formation of caboclo peasant societies throughout Amazonia (Guzmán 2009; Nugent 1993; Roosevelt 1994).

MERCANTILISM AND *AVIAMENTO*

With Brazil's independence from Portugal in 1822 and the incipient rubber boom in the 1850s, the social and economical landscape of Amazonia continued to change. Waves of new migrants from the Brazilian northeast began to populate the

small entrepôts and larger towns along the waterways that supported the extraction and transportation of rubber and other petty commodities. The early nineteenth century was also an explosive period of nation building, punctuated by several popular revolts against the fractured remnants of European colonial authority and sympathizing on the basis of political, social, and economic dissatisfaction. The *Cabanagem* (1835-1840) was the most significant and bloodiest revolt in the state of Grão Pará[6]. It began on the periphery of Belém but spread to different regions including Santarém (Fonseca 1996). It is estimated that a third of the region's population lost their lives in the five-year civil war (Burns 1993; Chiavenato 1984).

Arguably, the most important transformation was *aviamento* (literally, "supplies" or "provisions"), a system of debt peonage organized on the logic of merchant capitalism. Aviamento emerged from the remains of old trade networks of Catholic missions and the more centralized colonial mercantile apparatus (viz. the Companhia Geral). According to Weinstein (1983), it operated as a mechanism for controlling labor through coercion, contrived indebtedness, and unequal exchange for the purpose of acquiring surplus in areas characterized by seasonal production, slow transportation, and scarce capital. In this system, import-export companies (*aviadores*) in large Brazilian cities such as Belém, backed by national and foreign capital investment, advanced credit to owners or lessees of extraction lands (*seringalistas*) to set up regional trading posts (*barracões*) along the maze of waterways. Seringalistas were typically based in entrepôts and intermediary towns such as Santarém. Aviadores

[6] In 1772, the Portuguese Crown dismantled the viceroyalty of Grão Pará and Maranhão and created the separate states of Grão Pará and Maranhão.

also advanced credit to rubber tappers (*seringueiros*) or other small-scale producers of commodity goods comprised primarily of caboclo households, to exchange finished imported goods for rubber and other raw forest products (e.g. nuts, minerals, gems, animals skins, and other fauna). Itinerant peasant river traders (*regatões*) also played a key role in the transportation of goods from extraction areas along expansive network of tributaries and forest trails to trading posts, regional towns and beyond (McGrath 2004). Aviamento formed a chain of mercantile interests, linking local social formations and modes of production throughout Amazonia to global metropolises, such as London, Paris, and New York, that regulated commodity markets (Browder and Godfrey 1997).

Scholars widely agree that aviamento was the engine of urban frontier expansion in the early post-colonial period. It paved the way for inter- and intra-regional migrations, the emergence of an extensive informal economy, and the consolidation of social identities and class structures that exist in contemporary Amazonia (Nugent 1993; Weinstein 1983). At the middle level of the chain, aviadores and seringalistas controlled extraction areas and trade goods and amassed wealth and political influence. Their interests in the region, and those of international corporations at the top of the chain, typically prevailed over those of the national government.[7] The regional elites were based in intermediate-sized towns like Santarém and emerging urban giants like Belém and Manaus. At the bottom of this chain, caboclo peasants were bound through

[7] Henry Ford's rubber extraction operations are a major example. He established vast plantations of rubber trees (*hevea brasiliensis*) in the late 1920s on the periphery of the present-day Santarém municipality in order to supply raw latex for manufacturing tires for the Ford Motor Company. To support this operation, Ford also built the towns of Belterra and Fordlândia. His efforts were ultimately unsuccessful following the collapse of the Amazonian rubber industry in competition with Southeast-Asia (Weinstein 1983).

credit and indentured labor to specific landholders, urban merchants, and their trading houses (*casas aviadoras*). In this respect, their local modes of social production, involving basic subsistence patterns (viz. hunting, fishing, swidden horticulture, and small-scale extractivism) were interwoven with far-reaching political-economic power, and movements of goods, capital, and people between different levels of the system. Peasants, in particular, continually traveled between extraction sites, riverine villages and towns, and large cities establishing temporary residence in each location. Such movements extended kinship networks across considerable distances, thus blurring any reliable class-based distinction between urban and rural zones (see Cleary 1993; Nugent 1993; Padoch, et al. 2008; Winkler Prins 2002). Notwithstanding the position of caboclo peasants in the economic structure of Amazonia, it is generally thought that their economies flourished throughout the nineteenth century. Even Henry Walter Bates (1863), the celebrated naturalist and contemporary of Wallace and Darwin, attested to the viability of riverine societies in his Amazonian travel writings.

The collapse of the Amazonian rubber market in the early twentieth century brought on a period of protracted economic stagnation. However, the basic infrastructure of aviamento and the rigid patron-client relations remained intact. Caboclos maintained their status largely as petty commodity producers dependent on exploitation by the regional gentry and urban entrepreneurs and on the various economic boom and bust cycles (e.g. gold and other mining) regulated by global capital and constraints of local ecologies (Moran 1974; Nugent 1993). The persistence of aviamento in the present day is taken to be one of the principal factors in the region's underdevelopment (Ross 1978).

NATIONALISM AND FAILED SCHEMES OF INTEGRATION

With the consolidation of the Brazilian republic by the end of the nineteenth century, state sovereignty and the national integration of Amazonia became primary preoccupations of the government and the military in the 20th century. The challenge of monitoring and managing this vast region and the relatively unregulated flows of goods to foreign lands contributed to perpetual anxieties about securing political authority and national patrimony as well as enhancing lucrative trade. This sentiment was embodied foremost in the ideology of the populist president-dictator Getúlio Vargas. By the advent of the Second World War, the charismatic Vargas resolved, "to conquer and dominate the valleys of the great equatorial torrents, transforming their blind force and their extraordinary fertility into disciplined energy" (see Hecht and Cockburn 1989). Under his *Estado Novo* plan, Vargas was successful in igniting nationalistic sentiments in the Brazilian populace, in creating several federal agencies to implement his expansionist agenda, and in doubling communication and transportation infrastructure in much of Brazil. Ultimately, Amazonia proved to be an insurmountable challenge for Vargas and was left to the efforts of subsequent regimes.

After Vargas, the government's next concerted attempt at penetrating the northern frontier was the installation of the Belém – Brasilia highway, conceived under President Juscelino Kubitschek's development program, Operation Amazonia. Inaugurated in 1960 and paved by the early 1970s, the Belém-Brasília longitudinally transected three states and the new Federal District in the country's geographical center. Its construction prompted a steady migration of settlers who populated its margins.

Through Operation Amazonia, the government simultaneously promoted wide-scale land speculation by wealthy private interests and owners of large landholdings, leading to massive transfers of public land to private hands, land grabs and fraudulent titles (*grilagem*)[8], rural violence, and the displacement of the regional proletariat. One of the immediate outcomes of the Belém – Brasília project was the emergence of tenement towns along the highway zone for masses of the disenfranchised settlers; a process that unfolded much like the haphazard creation of satellite cities on the periphery of the Brasília (Holston 1989). The general laissez-faire approach of Operation Amazonia perpetuated a climate of public corruption and injustice among entrenched government and private interests that persists in Amazonia to this day (Fearnside 2005; Hecht and Cockburn 1989; Schmink and Wood 1992).

Worsening economic stagnation, increased inflation, and political strife also characterized the early 1960s. Backed by the U.S., the Brazilian military mounted a successful coup d'état against the leftist presidency of João Goulart under the auspices of promoting economic stability, social order, and free-enterprise throughout the country. The military regime opened the doors for liberal foreign investments and massive borrowing from abroad that ushered in a period of economic growth dubbed "the Brazilian miracle" (Evans 1979). However, industrialization and large-scale agriculture, particularly in São Paulo and other southern states, served as the engines of economic growth. The resulting explosion of wealth was concentrated largely in upper

[8] In the field it was not uncommon to hear *santarenos* express a sense of pride, with healthy doses of sarcasm and irony, that their language actually had its own verb for "land-title forgery"(*grilar*).

income sectors in the south, thus bolstering rates of socio-economic inequality in Brazil that even to this day rank among the worst in the world (Clements 1997).

The process of "dependent development" (Evans 1979) in this period created the conditions for the military-authoritarian regime to escalate its occupation and exploitation of Amazonia. In a bold move, motivated by the philosophy of *Segurança e Desinvolvimento* (Security and Development), the regime suspended the autonomy of state and municipal governments. It also eliminated thirteen national political parties and propped up two political organizations in their place, the Alliance for National Renovation and the opposition Brazilian Democratic Movement. In 1969, the government declared the municipality of Santarém, among others, a "national security area" after it had incited a series of tumultuous events in the previous years. These included the forced removal of the elected mayor from office and violent actions against protestors that lead to numerous injuries and several deaths (Fonseca 1996).

Santarém also became the base for the Eighth Battalion of Army Corps of Engineers (*8° Batalhão de Engenharia de Construção*), which was responsible for the construction of a new highway that would link Santarém to the city of Cuiabá in Mato Grosso state, some 1,700 km to the south. It was also instrumental in other industrial projects in the 1970s, most notably the construction of the new port in Santarém, the airport, the nearby Curuá–Una hydroelectric dam, and inauguration of the first television station in 1979. The installation of the 8° BEC brought to Santarém military personnel, civil servants, and other techno-managerial agents, mostly southern Brazilians of German extraction. These groups represented the "new elite," with interests and identities tied to centralized state bureaucracy, multinational corporations,

and national culture. Their arrival weakened the autonomy of the traditional gentry in Santarém, including the Catholic Church, but did not supplant them altogether.

The effect on the Church in Santarém represents only part of a protracted trend of declining ecclesiastical control after the expulsion of the missions by Pombal in the seventeenth century. In the mid – 19th century the Vatican instituted the process of Romanization nationwide as a means to regain control of the semi-autonomous Brazilian Church, which, since its foundation, had been modeled on the Portuguese Church. One result was that foreigners took up positions of Church leadership in Santarém, with few clergy members drawn from the local population. Another result was an ideological and practical shift away from the popular rituals and myths of Iberian tradition that flourished under the Brazilian Church. These reforms distanced the official Church from the general populace in Santarém, and particularly from the sectors that practiced this form of popular Catholicism and its admixtures with Afro- and indigenous spiritism. Bastide (1978[1960]) developed the notion of "two Catholicisms" to reflect this pervasive tension between orthodox and popular Catholicism in Brazilian society. By the early-to-mid 20th century the Church regained a stronger foothold with the State, gaining large subsidies from the Vargas dictatorship in exchange for political and ideological support of the regime. However, with the sweeping liberal-progressive reforms of the Second Vatican Council (1962-1965), antagonisms again arose with the State, this time with the military dictatorship and its doctrine of rapid capitalist accumulation and repressive anti-communist nationalism (Serbin 2000). Under Segurança e Desinvolvimento, the new bureaucratic and military apparatus in Santarém not only challenged Church authority and control of traditional elites it also stifled the

growth of local social organizations. Nevertheless, with the relative decline of Catholic hegemony, new spaces opened for other religious faiths to flourish, among them Evangelical Protestantism, Afro-Spiritism, and Kardec Spiritism.

In 1970, President-General Emilio Médici instituted an ambitious colonization scheme in Amazonia under the banner of the National Integration Program (PIN). The heart of this scheme was the planned construction of the *Rodovia Transamazônica* (Trans-Amazon Highway), which was to transect the entire Brazilian Amazon from the coastal northeast to the Peruvian border in the west. PIN also rested on the campaign of *urbanismo rural* (rural urbanism), which involved the planned distribution of colonists along the Transamazonica in a hierarchical series of agrarian settlements called *agrovilas*, *agrôpoles* and *rurôpoles*. The government intended to resettle one hundred thousand families in the first five years of the program and then up to one million families by ten years. It instituted the new agency *INCRA* (National Institution of Colonization and Agrarian Reform) to manage the agenda of populist expansion. The military regime conceived of PIN as a means of addressing landlessness, poverty, and famine that plagued northern regions of Brazil, particularly the northeast. In this sense, it was a move away from the more explicit corporatist strategy of Operation Amazonia. General Médici's proposal "to settle a people without land in a land without people" (see Browder and Godfrey 1997) was, nonetheless, an effective piece of nationalistic flag waving that embodied a romantic, if not naïve, image of Amazonia as a pristine "lost world" ready for human habitation.

By most scholarly and popular estimates the plan was an utter disaster resulting from the military regime's ignorance and administrative incompetence in addressing the

viability of agricultural production and human habitation (Browder and Godfrey 1997).[9] On the one hand, there was no accounting for geographical variation, soil fertility, constraints on transportation, and access to potable water. On the other hand, the spatial organization of the settlements proved to be inefficient for the protection and movement of crops and overall labor output. Seasonal rains throughout the region rendered small roads impassable, which effectively blocked thousands of families from storing or transporting their goods. Settlers took to improvising their own shelters and moving out of the agrovilas. The construction of Transamazônica was itself plagued by inadequate resources and gross mismanagement. The paving of the highway could scarcely keep up with the regrowth of forest. By the mid-1970s, many of the established agrovilas became essentially rural slums with well below 50 percent occupancy (inhabited by only about 7,500 families; approximately 7.5 percent of the intended number) or were abandoned altogether (Browder and Godfrey 1997). By this time the government had also given up on the Sisyphean colonization scheme. Agrarian colonists, who had migrated to the region primarily from the Northeast (especially from the states of Maranhão and Ceará) and indigenous caboclos bore the brunt of the abandoned program (Nugent 1993). Many sold their lots to wealthy landowners from southern Brazil and stayed on as indentured wage-laborers, while hordes of landless colonists who left the agrovilas moved into regional cities.

It is estimated that between 1960 and the early 1970s, Santarém's population ballooned from about 92,000 to 135,00 (Fonseca 1996), a growth rate of 46 percent.

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[9] See Chapter Seven for a discussion of the government's attempt to remove caboclo communities from their traditional lands near in the Santarém area.

The population continued to increase for the next 30 years except for a slight decrease between the years of 1996 to 1999. This decline stemmed from the collapse of the small-scale gold mining industry, whose heyday was in the 1980s. Despite the massive failure of PIN and the widespread displacement of the peasantries, the program still served the military regime's agenda to install new transportation and communication infrastructures, remove indigenous Amerindian and caboclo populations, establish a vast migrant workforce, and secure strategic claims to the region, all of which opened spaces for further expansion into Amazonia over the subsequent decades.

FREE MARKETS AND THE ERA OF LARGE-SCALE INDUSTRY

The middle-to-late 1980s ushered in the *Abertura* (Opening), involving a return to civilian rule, and democratic and neo-liberal economic reforms including an extensive process of municipalization (i.e. the transfer of considerable political and fiscal autonomy to states and municipalities throughout the nation). Following these sweeping changes, the majority of Amazonian expansion came on the corporate front with the introduction of industrial mining, ranching, and agriculture. Under the government backed *Plano Brasil*, multinational companies, entrepreneurs from the Brazilian south, and market-friendly sectors of the government began promoting and continue to promote these consumptive activities, most notably large-scale soybean production, as the (present-day) solution for opening up Amazonia and securing Brazil's patrimony and global political-economic status. Large-scale industrial farms first came to Santarém in 1998 as many wealthy agricultural entrepreneurs flocked to Santarém from the south of Brazil. In 2000, the American agricultural giant Cargill

constructed a massive (and still controversial) soybean facility at the port of Santarém in anticipation of the completion of the Cuiabá–Santarém highway (also called *BR–163*). The port serves as the highway's northern terminus. However, more than thirty years after its inauguration, the highway has yet to be completed and remains a hotly contested issue in regional and national politics. If paved, the Cuiabá–Santarém stands to become a key artery for soy transportation from the agricultural heartland of Brazil to foreign markets, which would present a major challenge to industry competitors in the coastal southeast.

On the other hand, a conglomeration of other transnational, academic, and non-governmental actors has taken a more critical view of these developments. They implicate corporate-industrial activities as the most significant threats to biodiversity, climate change, sustainable development, and local livelihoods (most notably small scale family farming). They also cite evidence that these activities are major facilitators of illegal logging practices, narcotics trafficking, land-use conflicts, and public violence that plague sectors of Amazonia (Catteneo 2002; Fearnside 2001; Fearnside 2005). Many fear that the current phase of the Cuiabá–Santarém project will unfold, like past schemes, without proper oversight and contingency planning, which will precipitate a flurry of problems including pirating of natural resources, land-grabs, uncontrolled migration, and social deterioration.

Already, the transformation of small-scale family farms (*colônos*) to large industrial agriculture has prompted waves of dislocation of rural populations from small holdings and resettlement in larger colonos in the municipality or in the city of Santarém, where there are insufficient jobs, services, and infrastructure to support the

growth (Steward 2004). These mounting threats have also stimulated grassroots mobilization among labor syndicates, the landless movement, and indigenous populations whose political networks extend beyond the boundaries of Amazonia and Brazil. The global media and various celebrity figures have also entered the game, promoting the causes of indigenous peoples and the protection of the "lungs of the planet." Additionally, Amazonia has become open terrain for the implantation of foreign evangelical missions and non-governmental organizations (NGOs) that aim to foster community development and health services, especially among rural sectors that benefit less from limited state and municipal programs. Overall, the processes of economic liberalization and municipalization on the tide of Abertura have fostered the growth of diverse social and cultural institutions in Santarém. The federal government has an ambiguous presence in these on-going dramas, given both the retreat of the centralized state and the military's push to increase surveillance in the region (Filho and Zirker 2000). As new voices and social formations emerge, anxiety among government players and other vested stakeholders continues to grow over perceived threats of foreign exploitation and the task of securing Amazonia's resources for the future.

MODERN AMAZONIA IN PERSPECTIVE

If the popular Amazonian imaginary is dominated by stereotypes of traditionalism, primitivism, and the untamed frontier, the abridged social history I have outlined conveys a different picture; namely, one of Amazonia as a series of haphazard experiments in modernity. Earlier, I drew attention to the necessity of forming a coherent frame of reference for thinking about the overlapping invisible and visible

social processes that have shaped the region. Two conditions seem to be most pertinent for this discussion: (1) Amazonia as an ambiguous urban frontier, and (2) Amazonia as a pluralistic social space.

Political economic theories have dominated recent thinking about the Amazonian frontier. They are rooted in older "central place" notions of frontier that focus on the absorption of undeveloped "savage" regions into the "civilized" structures of the nation-state and global markets (Christaller; Turner 1920). In their contemporary versions they focus on the penetration of capitalism into peripheral regions through shifts from subsistence to cash cropping and extractivism, advancement of industrial agriculture, proletarianization of peasantries, privatization of land, and urbanization (de Souza Martins 1975; Foweraker 1981; Velho 1972). Following the "Turner thesis" (Turner 1920), they also assume that this process, along with urban expansion, occurs in fairly linear progression, leading to homogeneous economic and social structures in the region.

More recently, scholars have argued that these models are rather unsuitable for characterizing the social, political, and economic trends in Amazonia, especially in the years following Abertura. For example, Browder and Godfrey (1997) argue that the concept of frontier itself is an abstraction that serves geopolitical interests; the patterns observed today are disarticulated from any coherent or unified ideological position of a centralist state and reflect more a series of unintended consequences. Donald Sawyer (Sawyer 1984) and David Cleary (Cleary 1993) argue that the penetration of capital (rather than capitalism *per se*) has been partial and highly fragmented, both influencing and being influenced by the growth of a large informal economy, a weak central state,

blurred rural-urban distinctions, and the maintenance of traditional social and economic relations (viz. aviamento). In their landmark work, *Contested Frontiers*, Schmink and Wood dispose of monolithic notions of the capitalist frontier by calling attention to the multiplicity of relations and conflicts that characterize Amazonia. They assert that,

> Contested claims to land, gold and timber existed simultaneously across the landscape, as did competing forms of labor control and political authority. In addition, the actions of regional elites and the grassroots mobilization of peasants, Indians, rubber tappers, and independent miners repeatedly subverted the military's agenda and the institutions that large capital attempted to impose on the region. The result was not a single process of linear change but instead a diversity of contested frontiers with highly varied outcomes (1992:113).

These various characterizations speak to a certain ambiguity in the relationship of Amazonia to the nation-state and beyond. The vast region occupies a peripheral position in terms of geographic and cultural isolation, socio-economic marginalization, and the relative political invisibility of some social groups (viz. caboclos). Yet, it also operates as a central arena for Brazil's economic, strategic, and ideological posturing, although various national governments have envisioned the region as more of a resource or scheme than as a viable base of political constituencies. Moreover, with recent international attention focused on the politics of indigenous societies and peasantries, the plight of the forest, and the specter of rampant industrialization and climate change, Amazonia itself has become a key actor on the global stage, at once a symbol of global crisis and planetary salvation. In this respect, Amazonia is neither periphery nor center in the strict sense, but rather, comprised of multiple, shifting and ambiguous frontiers

that are differentially articulated to sectors of Brazilian society at large and to various transnational interests.

Religion and health care are among these frontiers, which are also linked to movements that extend beyond the boundaries of Amazonia. These domains require considerably more scholarly attention, especially given the history of inter-regional migrations, the meteoric rate of urbanization, and the more recent process of muncipalization. Indeed, popular views and developmentalist agendas have ignored the problems of urban expansion in the region, which include mounting social inequality and poverty, deficient infrastructures and services, underemployment, and escalating rates of disease, substance abuse, and violent crime.

My study discusses the presence of religious and health institutions in Santarém and its periphery and focuses on how people of different social positions seek them out in order to manage distresses and afflictions of everyday life. Although the analysis I will present is by no means a comprehensive picture of medical and religious environment in Santarém, the institutions on which I focus are examples of what Browder and Godfrey (1997) call *social* and *cultural frontiers*, which articulate to other regions of Brazil. I argue that these are spaces of pluralism in which institutions and actors, in their therapeutic quests, play identity politics, jockey for status, and perpetually redefine their conceptions of self and their relationships to one another. They are also points of confluence for diverse ideologies and practices, from which emerge cultural heterodoxies as well as new modes of sociality and meaning making. An ethnographic examination of these processes from the *inside out* will help to shed

light on these erstwhile invisible frontiers of urban Amazonia and the lives of some people who inhabit them.

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Chapter 3. Stepping into Fieldwork

In this chapter I describe the process of commencing fieldwork. I first offer description and anecdotes pertaining to my journey to Santarém and then, characterize the city's urban and social landscapes, including local religious identities. Finally, I highlight aspects of selecting primary venues for research in Santarém as well as the various methodological strategies employed in this study.

BELÉM

In February of 2005, I departed the United States to begin a year and a half of ethnographic research. This was a journey that had actually commenced several years before. In the summer of 2002, I had undertaken a period of Portuguese language training and exploratory research on spirit possession religion in Salvador da Bahia. Salvador is the coastal city romanticized as the heartland of Afro-Brazilian culture in Brazil and the cultural home of *Candomblé*. Up to that point, I had only peered under the surface of this religion through my study of anthropological writings and visual media. Over three months in Salvador, and in shorter forays to the cities of Recife and Belém, I became more personally acquainted with ceremonial and day-to-day activities in candomblé *terreiros* (ritual centers). I gained a better appreciation of inter- and intra-regional variations of Afro-Brazilian spirituality and their position with respect to Catholicism and popular religions such as Pentecostalism and Kardecist Spiritism. In

addition, I witnessed the special emphasis these faiths place on spiritual vulnerability, illness, and healing.

In preliminary research, I had found comparatively less scholarship on these themes and their vicissitudes in northern Brazil, which partly influenced my decision to conduct fieldwork in Belém. Prior to my departure, I had established academic affiliation with the Federal University of Pará (UFPA/Belém) as a research associate in the Center for Philosophy and Human Sciences, which houses the faculty of anthropology. Anthropologist Raymundo Heraldo Maués, a noted expert on popular religion in Amazonia, served as my primary sponsor. He also facilitated my participation in a small research group he was forming called, "Religion, Health, and Anthropology." At the time of my fieldwork the group consisted of several Masters level students conducting research in Belém on aspects of popular religious healing.

My proposed plan was to conduct research entirely in the city of Belém among a number of different religious centers representing Spiritist and Pentecostal traditions, and in a health center that focused on mental health services. However, a little over a month after my arrival, I changed my field site to the city of Santarém. A number of logistical challenges and strategic considerations compelled this shift. Among them was the opportunity to carry out research on medical pluralism and popular religion in a region largely unexplored by my colleagues in Belém. In going to Santarém, I felt that I could establish a new line of investigation that could supplement the research in Belém. Professor Maués encouraged me in this decision. He acknowledged that, as far as he knew, little scholarship on this region addressed the intersections of religion and health and that my research, in this light, could contribute to Amazonian studies.

Figure 3.1. Navios and other watercraft docked along the "commuter" port in Belém.

THE RIVER

The voyage from Belém to Santarém aboard a *navio* spans about two and half to three days, depending on climate, water conditions, and the course of travel. Navios are medium sized, triple-decker ships (approximately 100-200 feet in length) that serve as the public buses and informal couriers of the Amazon. Passing the days lazing in a chaotic web of hammocks and enduring a menu that challenged even the most gastro-intestinally hardy of tourists was, for me, welcome respite from the big city. On the top deck of the navio, freed from the tangle of hammocks below, passengers could sit in the breeze and sun, drink beer, socialize, play dominoes, and watch *brega*[10] videos, which played incessantly on a small television set. When not reading or playing dominoes on the top deck, I was able to converse informally with other male and female passengers about my background and my proposed research. On hearing about my intentions people were quick to acknowledge the importance of spirituality in health and some

[10] "Brega" is a mildly pejorative name for a style of popular music from northern Brazil, which I found to be hard on the ears.

shared aspects of their own experiences with different religions, spiritual remedies, and even the ritual use of psychotropics substances. Still, I found my interlocutors to be mostly curious, if not bemused as to why on earth I had come all the way from the United States to do what I was proposing to do.

The ships's *comandante*, a rotund and jolly *negro*, was also eager to chat with me. I was surprised to find out that he was born and raised in Savannah, Georgia but had been a *marinheiro* (sailor) in Amazonia for most of his adult life. Throughout our voyage he would beckon me to the ship's bridge to swap stories in English and boast mischievously about his sordid escapades. Being the comandante's personal guest conferred upon me a certain prestige among other passengers, which I noticed in the deference they bestowed on me. At times, I also became the means by which people could transmit messages to the captain, which they could not otherwise do directly. In one incident at night during some inclement weather, the navio started to roll and pitch abruptly in the rough water. A number of passengers became worried that we were under attack by the *cobra norato*, the legendary giant river serpent from Amazonian folklore[11], and I was summoned to warn the captain that he had best anchor by the shoreline or risk calamity. I noted that this encounter, and other small instances of social negotiation, was an example of the Brazilian *jeitinho*, a way of bending and subverting

[11] The cobra norata (a.k.a. *cobra grande* and *Boiúna)* is believed by many inhabitants of Amazonia to be monstrous serpent covered in scales and with eyes that pierce the darkness like the beams of two lighthouses. It is the terror of fisherman, having the ability to transform into ships or sailboats in order to ambush fisherman to destroy their crafts and sink them to the bottom of the river. When fisherman encounter strange looking ships, sailboats that seem to move against the wind, intense lights on the river at night, and erratic movements in the water, it is typical to bless themselves and retreat from immanent disaster as rapidly as possible.

otherwise rigid and restrictive social hierarchies (DaMatta 1991b). In some sense, I had become a vehicle for others to attempt a jeitinho. In hindsight however, the cobra norato incident was more an example of a failed jeitinho given that, after my reporting the mounting anxiety to the ships bridge, the comandante and I shared a private laugh and he kept plying forward into the night.

Figure 3.2. A riverine caboclo settlement

During this initial journey to Santarém (one of many river trips), I was able to marvel for the first time at the sense of stepping into the Amazonian *interior*. It was a feeling that came partly through beholding the vast expanses of water and sky meeting around me, plying by boat through expansive flood plains, and seeing the dense areas of forest rising from the riverbank. When the navio skirted the shoreline, the dark green canopy seemed almost at arms reach. When coursing the middle of the river, it sometimes lay more than mile from our vessel, a grayish-blue band on the horizon. Occasionally we would encounter other watercraft. Some were navios, packed three

levels deep with humans and hammocks, chugging their way to nearby ports of call. Others were shipping barges a quarter mile long, transporting cars, industrial machinery, and freight containers. We also saw *lanches* (covered dinghys or large wooden canoes) owned by fisherman who were transporting everything from families and personal supplies to horses and other livestock. Frequently, we would intersect the confluence of tributaries, some of which were several hundred yards across. Some were so large they dwarfed even the largest rivers in the United States. Basking in the unavoidable romanticism of Amazonia, I would imagine whom and what I would potentially encounter if I journeyed up to their farthest reaches. In all, I came to sense quite palpably how the River shapes the "rhythm of life" in this region (Harris 1998a).

One of the most intriguing spectacles of the river voyage was a daily ritual of sorts that occurred at the intermittent passing of riverine (caboclo) settlements. Well before a settlement came in sight, it was possible to make out a fleet of up to a half-dozen dug out canoes ahead in the distance, making their way to the open water. To the unsuspecting witness, the purpose and speed with which the canoes, moved toward the middle of the river might have been confused with an attack from shore. By the time our navio arrived in front of the village, the canoes had reached us. Two to three persons piloted each canoe, mostly young teenagers and sometimes a few adults. Younger children often accompanied their older kin in the canoes. Running alongside the navio, the crew would quickly drop their paddles and toss out their bowlines, which would be tied to the side posts of the navio. They would then pull themselves right along side the moving ship and fasten their canoes to its beams, like a school of *remora* fish attaching themselves to their large host. Once secured, they would scramble aboard

with sacks of fish, fruits, nuts, *açaí* palm, and assortments of *artesenato* (handy crafts). Then they would fan out among the ship's passengers to peddle their goods. Occasionally, some of the boys would return to their canoes and extend their lines about 20 yards behind the navio to "surf" its wake, waving to us and flashing broad smiles. Upon completing several rounds of hammock-to-hammock sales, they returned to their canoes and detached their lines. As the little crafts broke away, pitching abruptly in the wake of the navio, passengers would toss packets of candies and soda to them. Once the canoe crews had fished their gratuities out of the water and stashed them away, they paddled vigorously back to the village and disappeared behind the stilted, wood beam-and-thatch houses that lined the riverbank.

Figure 3.3. Caboclo children watch a passing navio.

SANTARÉM

Santarém is situated on the southern shore of the Tapajós River (*Rio Tapajós*) at its confluence with the Amazon River (*Rio Solimões*) and its expansive maze of waterways and fluvial plains, called *várzea*. On the approach to the city, boats must transect the *encontro das aguas*, the place at which the inky blue Tapajós and the coffee-and cream-colored Amazon meet and run side-by-side for several miles, before mixing into one another. Along this bi-colored eddy line it is common to encounter the two species of Amazon River dolphin: the larger pink variety called *boto vermelho* and the smaller grey-colored variety called *tucuxí*. Both are considered magical and dangerous animals in Amazonian folklore (Cravalho 1993; Maués 2004) and here they compete with local fisherman for the river's bounty. Located some 800 kilometers directly west of the Amazon River's mouth, the city stands only thirty-six meters above sea level. Gazing northward across the grassy várzeas and waterways, it is nearly impossible to make out land on the other side despite the flat topography. In fact, the 50 km boat crossing from Santarém to the small town of Alenquer on the northern shore takes longer than the airline flight from Santarém back to Belém. In the other direction, the southern periphery of the city abuts an escarpment rising about 150 meters above sea level. This region, called the *planalto*, forms the northernmost extension of the Brazilian Shield, and includes both dense and open tropical forests and savannahs, including roughly six thousand square kilometers of protected forest called the *Floresta Nacional de Tapajós* (FLONA).

Upon entering Santarem city, the balmy breeze from the river gives way to a wall of stifling heat. *Santarenos* (people from Santarém) complain vociferously that the

denuding of the vegetation and large trees in the city over the years, and their replacement with layers of asphalt and rows of concrete buildings, has contributed to a spike in the average temperature in the city in comparison to outlying areas. Magnified by the usual 90% humidity, the air in the city was viscous and stifling – like "an animal breathing in my face," I recall the sentiment documented by Nugent (1994). This was an aspect of daily life in the field I forced myself to endure, but to which I could never quite adjust.

Santarém is the third largest city in the Brazilian Amazon. Although Manaus and Belém dwarf it, both with populations just under 2 million, the serves as the metropolis of the Middle Lower Amazon micro-region of western Pará State and eastern Amazonas State. Its urban perimeter is about 40 square kilometers. Santarém is also the political seat of the municipality (or county) sharing the same name, which comprises 22,887 square kilometers. It is made up of eight districts, including the main city and number of small townships, and encompasses 480 rural peasant communities; 270 are located in the riverine and várzea zones and 207 in the planalto and FLONA. Based on estimates from the national census conducted by the *Instituto Brasileiro de Geografica e Estatística* (IBGE), the combined urban and rural population of the municipality of Santarém in 2005 was 274,000, with a 79% to 29% urban-rural differential (IBGE 2007). These figures represent a population growth rate of 302% since the middle of the twentieth century, when Santarém had roughly 60,200 inhabitants. However, scholars agree that population statistics on Amazonia must be taken with a grain of salt considering the high degree of intra- and inter-regional mobility that is underrepresented in census figures (Cleary 1993; Padoch, et al. 2008)

From a more subjective vantage, Santarém is not big enough to be considered urban in the common-sense impression of "urban" one obtains in a city like Belém or Manaus. Nor is it small enough to be labeled a mere town. Few buildings are over two-stories tall. Banks, schools and colleges, hotels, churches, and grocery stores are the most dominant structures. Although tourist agencies promote it as the “Pearl of the Tapajós,” the city lacks an aesthetic charm apparent in other small towns in Amazonia and throughout Brazil, particularly those that have maintained more of their colonial architectural heritage. Save for a few historical buildings and churches, most of the city’s edifices are stark and bureaucratic in appearance.

Figure 3.4. Commercial district in Santarém

The city is laid out on a more or less uniform grid of perpendicular streets, conveying an overt sense of planning. Many of the smaller residential streets are unpaved and heavily eroded by rainfall, a pattern that is increasingly common to see as one moves toward the city’s periphery. Closer to the city’s center, every third or fourth street is a larger commercial avenue populated with small stores, workshops,

restaurants, grocery stores, offices, pharmacies, *barzinhos* (corner bars) and the odd disco. These avenues support a steady flow of cars, motorcycles, mototaxis, trucks, and public buses. Motorcycles are the most common means of motorized transportation, due to their relative affordability. Except for in the city center, cyclists are relatively few.

There are three main highways leading out of Santarém, connected by a network of smaller roads, and all in various degrees of disrepair. One terminates 80 km to the east at the hydroelectric dam on the Curuá–Una River. Another terminates 30 km to the west on the shore of the Tapajós River at the hamlet of Alter do Chão, which is a popular tourist stop for backpackers and cruises and also a getaway for Santarém's upper echelons. The third is the Cuiabá–Santarém highway. It links the city to the small planalto communities in the FLONA. It is the only roadway that actually crosses out of the municipal boundary, connecting Santarém to the towns of Belterra and Itaituba and the remnants of the TransAmazonica Highway farther to the south. After this point, it carves its way into the *mato* (hinterland) as a cratered mud track that becomes nearly impassable in the rainy season. The perpetually unfinished state of the Cuiabá–Santarém Highway, and the fluctuating political will to complete it, foments a considerable amount of grumbling and eye rolling in the local populous. Promises without actions have been the status quo for the past thirty years. Yet many santarenos speculate that if and when the highway is finally paved, Santarém, like Belém after the Belém–Brasilia Highway, will transform overnight, for better or for worse. *Haja o que houver* (come what will) seems to be the reigning sentiment.

The *centro* (downtown) is a tight network of one-way streets, some of them barely wide enough to allow two cars to pass side by side. Each street is lined with a

hodgepodge of shops selling everything from clothing, appliances, toys, and stationary, to hardware, farming supplies, hammocks, and religious icons. The centro has a variety of restaurants, offices, and banks as well as food stalls and open markets for produce and various *materia medica*. The focal point of the centro and true heart of the city is the *Igreja de Nossa Senhora da Conceição*, named after Our Lady of the Conception, the *padroeira* (patron) of Santarém. The church was constructed in 1761 at the founding site of the Tapajós Mission and underwent periodic restorations and modifications. Its baroque architecture stands out from the surrounding cityscape, with sky-blue turrets that boldly proclaim Santarém's official roots in the institution of Catholicism.

The layout of the city's neighborhoods follows a general socio-spatial transition from upper income toward the center to lower income status in the periphery. However, it is nearly impossible to classify neighborhoods by social class (cf. Nugent 1993), as compared to the more spatially defined socioeconomic layout of large cities like Belém. Using houses and other structures as more obvious indicators of class, I was struck by the high degree of intermixing of rich and poor. For example, in any given neighborhood I found *chique* (chic), well-appointed homes standing side by side with lower income dwellings. Neighborhoods nearer to the city center that, in my informal surveys, people judged to be the "wealthiest" or "most desirable" in which to reside, shared this characteristic. In poor neighborhoods on the urban fringe, double story houses occupy large gated compounds in between clusters of *barracas* (squatter shacks). Even two of the most potent indicators of high status and class chauvinism in Santarém, the *Iate Clube* (an ostentatious "yachting" and social club for Santarém's elite, with notoriously few amenities and no actual yachts) and the Amazon Park Hotel

(formerly Hotel Tropical) are located in a neighborhood with a reputation as one of the city's poorest and a haven for gangs and *bocas de fumo* (drug houses). Another factor that makes the local center-periphery socio-economic gradient a bit misleading is that some of the wealthiest santarenos own large properties with residences within a fifteen to twenty kilometer radius of the city. Many of these holdings are working *fazendas* (farms) for soy and rice cultivation and *criações do gado* (cattle ranches).

My initial impression of Santarém was that it bore a plausible resemblance to Belém as it was in the 1960s, prior to the installation of the Belém-Brasilia highway and its subsequent population boom. When I arrived in the city, I had been re-reading Leacock and Leacock's (1972) ethnography of the Afro-Brazilian *batuque* sect in Belém, which undoubtedly shaped my view of Santarém. Over time I began to see that Santarém – with its ubiquitous Internet cafés, satellite antennae, airline advertisements, and automobiles with out-of-state license plates and bumper stickers with anti-foreigner slogans – was not a mere throwback in time but rather, a city growing into new phases of modernity. As Nugent (1993) aptly points out, "Santarém is in no sense a 'traditional' society surrounded by new and threatening influences, rather because it is itself a colonial product it represents a ready ground for the cultivations of new definitions of the boundaries between and among local, regional and nation networks" (117).

The city's waterfront could, in some sense, be considered a microcosm of the condition Nugent describes. Its eastern end is where much of the commercial sector of the centro, which is perched behind it, comes spilling onto the River's edge. It is notably more upscale with a number of finer restaurant and bars, Internet cafés, and a

gleaming department store. The *orla* (waterfront promenade) lines the rivers edge along with basketball and *futebol* courts and these are popular areas for persons of all ages to stroll and socialize in the balmy evenings. Adjacent to the orla is a large plaza, a cultural-historical museum (*Museo de João Fona*), and several other colonial-style buildings, which were seats of government and elite power several centuries prior. Well-appointed and gated homes cluster in this area and ascend a small hill to surround the *Colégio Dom Amando*, a prestigious Catholic secondary school for the children of Santarém's upper echelon. Although not all the homes are those of wealthy families, this neighborhood tends to attract educated professionals, expats, and business people who emigrate from Southern Brazil. In essence, this segment of the waterfront contains the residues of bygone elitism while also displaying a good deal of present-day bourgeois cultural production.

The middle of the waterfront is an entirely different scene. This area is, in many ways, the regional transit station of *lumpen* Amazonia. It is dominated by the tangle-and-crunch of moored navios as well as fishing and supply vessels that all seem to be vying for any open spot on the sea wall, much like a litter of puppies scrambling on top of each other for their mother's sustenance. During the dry season, the boats line up neatly, side-by side along an exposed sandbar about 200 yards from the seawall from where goods have to be hauled to shore by ranks of *estivadores* (dockworkers). This shift between relative chaos and order is dictated by the ebb and flow of the river in its season cycle.

Here one can also feel the connection of Santarém to farther reaches of Amazonia from the steady movements of navio passengers arriving from or departing to

distant towns and villages that populate the regional waterways. A dizzying array of goods is on and off loaded from the boats and into the city's formal and informal economies. These goods include crop harvests, bulk grocery, artesenato, small livestock, jute, fuel, car parts, mechanical and construction supplies, and *drogas de sertão*. It is a loud and boisterous scene, and (to the untrained eye) there seems to be little accounting for who or what is being circulated. Yet, truth be told, I could easily send a package of research supplies (or whatever else) 200 miles up river to a friend at an outpost or village. Assuming the right people are paid off, I would have little worry of it not arriving at its proper destination — which is a lot more than can be said about the efficiency of the national postal service in the region.

If one wanted to take on the monumental task of cataloging Amazonian fish species, this zone would also be the place to come. Early mornings and evenings are particularly fine for watching fisherman unload their catches. Among the variety of species on display are *pirarucu* (the world's largest freshwater fish), *piraíba* (a man-sized catfish and the largest in the Amazon Basin), *tucunaré* (a local delicacy), and *piranha* (the toothy predator with a slightly less notorious reputation here than in the U.S.). Some fishermen line up little benches and stalls right off their boats and sell their catches to passersby. Others take the fruits of their labor across the street to the *Mercado Modelo*, a large open air market that houses a fish market and butchery as well as stalls for produce, medicinal plants and potions, artesenato, and knick knacks.

At the far end of the waterfront is the Port of Santarém. This is where the large ocean-going tankers and transport vessels dock and where the Cuiabá–Santarém highway has its northern terminus. The Cargill soy grain facility is the most prominent

structure. It looks like a giant metal shed, but compared to everything else around, it is quite an imposing edifice. The company's logo is emblazoned on the slanted roof, gleaming like a billboard, though it was removed before I left Santarém. The facility's gigantic crane looms large over the port zone. It loads and unloads grain stock and cargo from the tankers and barges docked in its shadow. Nearby is a walled-off lot, almost the size of a city block, which is filled with illegally felled timber, confiscated by IBAMA, the federal environmental management bureau. The stacks of timber reach the height of a two-story building in some parts. At the port, the police maintain a menacing presence so, without special clearance, one can only gaze from afar. The port zone depicts another face of Santarém, one oriented to global free enterprise, mega industry, national security, and the anxious hope in the future.

Figure 3.5. A *pescador* (fisherman) at work near the Cargill grain port.

SOCIAL IDENTITIES

Region of Origin

People who identify the city of Santarém as their birthplace or cultural home refer to themselves as *santarenos.* However, the term itself it does not define any

singular cultural identity or social grouping, but rather a substantially heterogeneous and pluralistic populace, shaped in large part by inter- and intra- regional migration patterns and socio-economic relations. In terms of migration and residence patterns, santarenos fall into four main categories: permanent urban residents, permanent rural residents of the municipality, cyclical urban-rural residents (these include rich and poor who oscillate between regional settlements and the city), and interregional migrants (these include rich and poor who oscillate between Santarém and other states in Brazil).

Region of origin is the most salient criterion for construing basic social differences (cf. Nugent 1993). This preference most likely reflects the histories of migration to Santarém. Labels such as *nordestino* (from northeast), *paulista* (from São Paulo) or *gaucho* (from Rio Grande do Sul) not only mark regional and cultural orientations, and associated stereotypes, but also more subtle indicators of symbolic capital (Bourdieu 1984) vis-à-vis national identity. In other words, a paulista tends to be viewed in connection to cosmopolitan-white-elite Brazil, to progressive society, and proximity to being and acting like a modern Brazilian. A santareno, even a member of the traditional gentry, is associated with the relative cultural and structural marginality of "being Amazonian." In practice, immigrants retain their native regional identification even after emigrating to Santarém, only adopting "santareno" if they otherwise establish a strong personal identification with Santarém over time. Another broader permutation of regional identity is framed in terms of *brasileiro* (in this case, being tied to national cultural) vs. *povo do interior* (a person of the interior, or backland). Permanent residents of the city may retain the later term after moving to the city, but this usually indicates

one's roots in or an on-going connection to a rural community or *sítio* (small holding of land for horticulture or retreat for the wealthy; also called *colôno*) in rural riverine or terra firme zones. People of lower class brackets tend to reckon cultural authenticity to rural peasant life and the sítio (cf. Reeve 2000), whereas people in middle to upper class brackets (including immigrants from the Belém or the south) align authenticity with national culture and large cities. Although there are myriad ways that people actually construe their region of origin, these comparisons convey how regional identity in the general populace reflects the larger relationship of Amazonia to the nation.

Figure 3.6. At a public festival in the city

Occupation

After region of origin, occupation is the most widely used criterion of social identity. Terms like *comerciante* (businessperson), *lavarador* (farmer, peasant), *dirigente* (manager), *estivador* (dockworker), and *médico* (doctor) are fairly clear indicators of social status and income levels. Brazilians are generally uncomfortable

with directly answering questions about social class and income (cf. DaMatta 1991b), and this is no less the case in Santarém. However, broad distinctions between *ricos e povos* (rich and poor) are quite common in daily discourse, especially in customary grumbling about social, political, and economic conditions. On the other hand, occupational labels can also be employed in ways that figuratively play with standard notions of status. For example, *sojista* is a term for someone involved in the industrialized soy (*soja*) industry, typically a wealthy businessman or landowner. It is not uncommon to hear sojista replaced by the derogatory *sojeiro,* which approximates the word *sujeiro,* (a filthy person). In other words, while such a person occupies an acknowledged position of high socioeconomic status and power, he can easily be stigmatized for the exploitative and environmentally destructive nature of his occupation. This linguistic inversion does much of the same work that lawyer jokes do in the United States. Beyond professional occupations such as doctor, lawyer, and civil servant, sure signs of status in Santarém include owning a business, especially those involved in shipping and *agro-pecuária* (agriculture and beef-cattle raising), and owning large plots of land outside of the city, primarily for agro-pecuária. To be sure, the cheeky quip, *teu pai tem boi*? (Does your father own oxen?) is a favorite among young santarenas desiring a romantic suitor of high status and wealth.

The concern about occupational roles reflects largely male-oriented structural relations. In most of Brazil, patriarchy is the norm across class strata. Ideologically, males are head of the family and the expected breadwinners whose activities focus mainly on public spaces and economic relations (cf. DaMatta 1991a). Married women

with children are entitled *dona da casa*[12] (head of the household) and maintain considerable control over domestic finances, provision of food, children's activities and welfare, religious activity, and health concerns. In rural caboclo societies, men traditionally have more centralized authority over the household. Women can negotiate

Figure 3.7. *Estivadores* (dockworkers) moving goods into the city

domestic control and complementarity with men in decision-making based on factors such as women's land control status, economic contributions, and level of education (see also Siqueira 2009). These gender roles are reproduced to some extent in Santarém; however, the realities of economic activities and patterns of migration in Amazonia have also led to more contingent gender relations and occupational roles, which are far from straightforward enactments of convention. For instance, among rural peasants involved in extractivist economies and aviamiento, men often spend considerable

[12] Although *dona da casa* can signify the domestic authority of the women, it is also gloss for "housewife," which carries implications of un-educated status.

periods of time away from their home communities and families working in extractive sites or in other towns and cities. Thus, men become disconnected from daily life with family and community at home. Economic activity between Santarém and distant rural residences also spatially extends kin relations as nuclear family members and kin seasonally shift between different residences or take up semi-permanent residence in the city. Although men and women share economic activities (commercial and subsistence) at their place of residence, male transience requires that woman adopt central roles in productive activities including crop cultivation, extractivism, artesenato, fishing, and family provisioning. It is common for men to seek other intimate relations outside their marriage, while on sojourn or even while co-residing with one's own spouse. This tendency often leads to secondary families or even tertiary families between which men have to divide resources and attention, and it a common source of marital conflict. Conflicts also exist between traditional norms in Amazonian society that permit women to leave marital relationships with relative ease and norms from the northeast of Brazil that restrict women's prerogative to do so.

Figure 3.8. Men in a caboclo village roasting *farinha* (manioc flour).

Working class families in urban Santarém experience similar situations when men temporarily leave for jobs in rural areas or other cities, or when the family relocates to the city leaving kin in a rural community. However, families in the urban sector, and especially men, face the additional burden of high unemployment. Some anecdotal estimates place the rate in Santarém as high as forty percent.[13] A typical sight almost any hour the day is a group of young males socializing at a corner *barzinho* (bar) over card games, beer, and *cachaça* (Brazilian rum). Socializing can easily spiral into drunken brawling. Although most people look upon such slothful behavior as a vice, this view is often tempered with the pitied sentiment that, at the same time, *eles faltam condição* (they don't have the means), implying that jobs are scarce or that the poor souls lack the skills and minds for gainful employment.

Whether men are transient laborers, unemployed, securely employed, or retired, their donas da casa customarily extend domestic economic activities outside the home to obtain supplementary income. For example, with help from their daughters or other female kin they set up food stalls on the roadside or in front of the house. The typical fare includes *tacacá* (a pungent broth made from manioc extracts and seasoned with dried shrimp, chilies, and a mouth numbing leaf called *jambu*); *maniçoba* (a steaming stew of roasted duck and manioc leaves); *espetinhos* (skewered and grilled meat); *salgados* (savory snacks); *macaxeira* (manioc fries); *açaí* (a pureé of the Amazonian berry); and, *cafezinhos* (shots of powerfully sweetened coffee). Almost everything is

[13] Such an estimate should be taken with a pinch of salt, or two. I was unable to acquire credible census data on unemployment in Santarém either from local government authorities or Internet databases. On several occasions informants suggested outright that "official" unemployment rates had little meaning in Santarém.

garnished with a liberal helping of *farofa* (a grainy condiment of toasted manioc flour). Women also vend produce and other goods at the markets or gain wage-employment in retail. Increased opportunities for education and occupational mobility for women have become more prevalent in Santarém, especially for women in middle to upper socioeconomic tiers. For instance, Santarém's mayor is a woman. In greater numbers, young women are obtaining vocational training in a variety of fields including tourism, nursing, marketing, teaching, social and civil services, and administrative assistance.

Ethnicity

Santarém is ethnically diverse, yet overt use of ethno-racial categories in every day talk is unusual. This contrasts to the observation that racial discourse is much more pronounced elsewhere in Brazil reflecting either the stereotypic notion of "three races" (*branco*, *negro*, and *indio*) (Freyre 1986[1956]) or more recent politicized glosses (e.g., *afro-brasileiro*), or some combination of both. This is not to say that santarenos do not acknowledge ethno-racial distinctions. Rather these distinctions are refracted through proxies such as skin color, regional association, occupation, spirituality and religious affliation, and class. As in most of Brazil, people are a preoccupied with skin color and other phenotypic traits, which overtly or tacitly index aspects of race, class, and cultural identity. *Branco* (white), *pardo* (yellow/brown), *moreno* (dark), *negro* (black) are the standard glosses; they are also demographic categories used in the national census. Terms such as *bem feito* (well constituted), *gordo* (fat/well-fed), *magro* (scrawny), and *fraco* (weak) reference physical appearance and can be used as euphemisms for class position that imply access to resources for health or diet (cf. Nugent 1993).

Afro-Brazilian identity is not widely acknowledged or displayed in Santarém, despite the migrations of *nordestinos* from the heavily African influenced northeastern states in recent decades as well as the history of slavery in the region. Afro-Brazilian culture in Amazonia tends to be associated with quilombos, rather than any institutional formations in the city, with the exception of Belém (see Cohen 2007; Leacock and Leacock 1972; Vergolino-Henry 2000). Existing quilombos are situated primarily in rural areas throughout the Middle Lower Amazon. Most are hundreds of kilometers from the Santarém, located along the *Rio Trombetas* (Trombetas river), northwest of Santarém. In this way, most people imagine Afro-Brazilian culture in the region to be limited to small rural pockets with no real connection to the city.[14] That said, prejudices can be found in everyday attitudes that associate certain aspects of santareno society with African-tinged black magic, superstition, marginality, and misfortune. For example, santarenos, especially Pentecostals, widely acknowledge the presence of *macumba*, a gloss for black magic or malevolence, akin to the term *voodoo* in Euro-America culture. *Macumbeiro* is a derogatory label for a practitioner of Afro-Brazilian spirituality or a layperson who "messes" with black magic. Another label is *arigo.* Nugent (1993) writes about the term arigo (a bird that flits from tree to tree and never settles) that santareno caboclos used to characterize nordestinos who migrated to Santarém during the era of Transamazonica. In the handful of times I inquired about it most acknowledged its mildly pejorative meaning aimded at nordestinos.

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[14] Despite their relative geographic isolation, quilombos are embedded in inter-regional networks. Some are connected to racial identity movements as well as academic and non-governmental work based in other Brazilian cities such as Rio de Janeiro. Some have external ties through multinational mining companies that sponsor health and development programs for communities in or near their zones of operation.

Although Amazonianists have produced a robust corpus on the social category caboclo, paradoxically, the term is relatively ambiguous in meaning for santarenos and not widely used by them. Even city dwellers that hail from rural caboclo settlements still favor regional or occupational labels, as indicated above. Native santarenos, particularly of lower income and education, acknowledge their roots as povo do interior with a hint of fatalism: *sou caboclo, somos caboclos, todinho* (I am caboclo, we *all* are caboclos). It also surfaces in verbal chiding, mainly between males, which calls out another's behavior or constitution as rough and unrefined, backward, and lazy. *Mocorongo* has a similar meaning and usage. This term is the traditional label for a Santarém native (in the same way that *carioca* refers to a native of the city of Rio de Janeiro), but because of its implication that one is a bumpkin[15] it has been largely replaced by "santareno." People also use "caboclo," and the synonym *mameluco*[16], as glosses for European and Amerindian miscegenation. However, the strong reference to Amazonian riverine peasantry in the former has a different connotation than (the Spanish-influenced) *mestiço*, which is more common in other parts of Brazil. The ambiguity in the local use of caboclo stems, in part, from the national discourse on race. Motta-Maués (1989) argues that, in national terms, caboclos are identified with folklore, cuisine, hunting, fishing, and craft production. They are not viewed as actual peoples or societies (although recent scholarship has helped to shift this perception). Moreover, in the national attempt to preserve the "myth of three races" and conceal the legacy of

[15] Another common term in Amazonia for a bumpkin is *caipira*, which refers to someone who is uncultivated and from the countryside rather than worldly and sophisticated.

[16] Mameluco was a term used in the seventeenth and eighteenth centuries referring to the organized bands of Portuguese slave hunters, also called *bandeirantes*.

miscegenation in Brazil, the category "caboclo" has been largely suppressed in the public imaginary.

Native santarenos also maintain tacit acceptance of Amerindian heritage. Nevertheless, they are quick to dissociate themselves from any real identification with indigeneity. Santarenos consider themselves, first and foremost, Brazilians. I had wrongly anticipated the contrary in light of recent scholarship highlighting the resurgence of Indian identity in Brazil (e.g. Warren 2001). Initially I accepted the status quo viewpoint that inhabitants of Amazonia are “more Indian” than the typical Brazilian, referring mainly to phenotype, cuisine, and regional dialect. I found instead that santarenos, like most Brazilians, tend to stigmatize Indians as uncivilized forest-dwellers, *bugre manso* (tame wild men) who are separate from normative society (cf. Nugent 1993). Even children’s schoolbooks used in caboclo (peasant) villages contain images and narratives of Indians as *povo da mata* (people of the forest) who live and communicate with animals and nature. Indians are also held at a distance, as objects of romantic curiosity and celebration. For example, they are among the centerpieces of an annual folkloric festival held in Alter do Chão called *Saire*, depicted as lords of nature by dancers wearing gaudy and flamboyant costumes of Technicolor feathers that bear a closer resemblance to the stereotypical North American Plains Indian rather than contemporary Amazonian indigenous peoples. Similar images of Indians, called caboclos (not to be confused with the riverine peasantry), pervade the spiritual pantheon of Afro-spiritist religions throughout Brazil. In these faiths, caboclos are venerated as spirits of the forest (*povo da mata)*.

Figure 3.9. "Who are the Indians?" Caboclo children studying their schoolbook.

These constructions seem to be based more on a cultural abstraction of *indio* (Indian) linked to national discourse rather than on actual knowledge about *povo indígena*, (indigenous Amerindian peoples). The Mundurucus are one of the geographically closest Amerindian populations to Santarém. Their reservation land (*terra indígena*) is situated about a day-and-a-half to two-day trip from the city by air, boat, and road. At least one local non-governmental organization sponsors health and community development projects with the Mundurucus. Yet, in the few times I asked about this population in informal discussion, people had little idea about their history and current situation.[17] This relative degree of unawareness reminded me of Henry Bates writings from the mid–19th century, in which he described Santarém as the most civilized settlement on the Amazon with citizens who had either ill conceived notions of life in the *mata* or cared little about knowing (1863).

[17] Over the past five years the Mundurucus have gained scientific notoriety through the work of French cognitive scientists and linguists showing that Mundurucus do not possess vocabulary for numerical terms greater than five and cannot readily perform "simple" mathematical computations with exact quantities.

Santarenos reserve distinct ethnic categories for those who are situated outside of the cultural mainstream. These include Japanese, Chinese, Lebanese, and Moroccan Jews, to name some of the immigrant groups from other parts of Brazil. In numbers they are relatively small in Santarém and are fairly integrated into the general population. Moreover, they do not overtly display their parent culture, apart from elements of ethnic cuisine that have been incorporated into the typical Brazilian diet. North Americans and Anglo-Saxon Europeans who visit or reside in Santarém are bestowed with the customary slang *gringo* unless they have integrated into the society, as some foreign missionaries have done. A special class of North American descends from Confederate families that emigrated to Santarém during the Civil War. Among the most prominent names are Riker, Vaughan, Rhomers, and Jennings. Most of them returned to the United States not long after arriving, disillusioned with their intended utopia in Brazil. Some remained, and their descendants continue to display the Confederate banner to this day and still correspond with kin in the United States.

Before arriving, I speculated that Santarém would have a substantial East Indian population given they have high numbers in in Manaus and in nearby Surinam and the Guyanas. However, the only East Indians I encountered during my time in the field were two young Catholic priests on an ecumenical exchange from India. It was fairly common that, once I announced my East Indian heritage, people would inquire whether or not I knew the priests and if I had visited the yoga class they jointly taught. I did eventually visit them and sit in on a few yoga sessions.

Figure 3.10. A house for rent managed by a descendant of U.S. Confederacy.

The question of my own ethnicity was often a puzzle for most people. In responding to queries about my origins, I would typically say that I was American or from California, only progressively revealing my ethnic heritage after further probing from my interlocutors. As a Californian I obtained instant prestige: *Se é da Califórnia? Bacána!* (You're from California? Cool!) But sometimes this revelation was met with disbelief, or at least a suspicious curiosity: "You don't look Californian. America doesn't have dark-skinned people, does it?"[18] To many people of apparent lower educational status, I was obviously *boliviano* with my facial features, probably *baiano* (from Bahía) with my complexion. Sometimes I was a paulista or another brand of sulista, given my overly formal Portuguese and the way I carried myself. Still others would immediately recognize my Indian-ness and would extol the virtues of India's spiritual traditions and people. This persistent ritual of misrecognition afforded me a

[18] Interestingly, this question parallels one that former President George W. Bush was alleged to have asked former Brazilian President F.E. Cardoso during a public meeting in 2001, about *whether Brazil had black people*. The Brazilian and European media pounced on this story, but the American media largely ignored it.

small amount of leverage as a researcher in the sense that I was hardly ever identified as an American right off the bat. (Santarenos, particularly wealthy landowners, have become notoriously suspicious about the presence of gringos due to the "imminent threat" of America's invasion of Amazonia and have fomented public protest against foreigners). On the other hand, it was a frequent reminder of the ambiguity of my identity and the various lenses that santarenos used to perceive me.

Religion

Religion is also a potent marker of social distinction in Santarém. Here, I merely want to highlight the prominent labels that santarenos recognize and use in daily life in order to better situate the groups with whom I worked. I came to view institutionalized religions in terms of three broad categories. While there are many points of ideological and practical overlap between different religions, points on which I will elaborate in subsequent chapters, these categories together serve as heuristics for understanding differentiation based on locally construed institutional labels.

Catholicism is the majority religion in Santarém. Identifying oneself as Catholic in some sense is akin to identifying oneself as Brazilian. For santarenos, as for most Brazilians, there seems to be an essential complementarity between the two categories. But, as suggested in the previous chapter, Catholic identities are diverse. Apart from the official Roman Church, the Catholic Charismatic Renewal (*Renovação Carismática Católica*) has a growing movement in Santarém, and Ecclesiastical Base Communities (CEBs) maintain a presence, albeit diminished, since their heyday in the 1980s. Santarenos distinguish their denomination along these lines if asked, but they typically

identify as Catholic without specific reference to denomination. The Catholic identity also encompasses the many who subscribe to a wide range of popular beliefs and practices, which are otherwise downplayed or specifically rejected within the institutional denominations. These include the emphasis on veneration of saints, the Virgin, and other spiritual personages in individual worship; the propitiation of these figures through *promessas* (vows) for solutions to day-to-day challenges; *vidência* (divination); *feitiçaria*[19] (sorcery); *benzações*[20] (blessings and protection). Given the high degree of movement of people between rural communities and the city, these orientations also complement a more distinctive Amazonian Catholicism, interwoven with *encantaria* and *pajelança* (see Cravalho 1993; Maués 1990; Maués and Villacorta 2001). Encantaria encompasses the belief in an invisible realm of beneficent and malevolent spiritual agents (*encantados*) that take both human and animal form. Encantados inhabit enchanted worlds (e.g., in the forest and under the River) and have the capacity to enter into the material world to interact with humans. Pajelança is the indigenous caboclo system of curing performed by a *pajé* (shaman). Encantaria and pajelança are cultural systems with overlapping Amerindian and Afro–diasporic roots; however, both liberally invoke Catholic ideology, prayers, and recitations (see Prandi 2004b).

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[19] Feitiçaria is a general term for sorcery while the other term for sorcery, *macumba*, implies African roots. Nevertheless, the terms are often used interchangeably, particularly by Pentecostals.

[20] In this context, benzações (singular: *benção* or *benzação*) are rites performed by laypersons, usually women (*benzadeiras*) but also men (*benzadores*), who possess the vocation to provide Catholic prayers and special rites for healing and protection involving the use of teas, plants, herbal remedies, and amulets.

Protestants have a significant presence in Santarém representing both "historical" (a.k.a., "traditional") denominations and Pentecostal denominations. Protestants favor the label *evangélico* or the colloquial *crente* (believer) in every day language, and hardly ever use the term *protestante*. They also refer to themselves as *cristão* (Christian), but exclude Catholics from this designation. Pentecostals usually distinguish themselves from historical denominations as *carismáticos*. They rarely use the term *Pentecostal*, although they acknowledge that their faith is based in the Pentecostal tradition. The de-emphasis on this term stems, in part, from a wider effort among Brazilian denominations to distance their congregations from stigmatization by the media and members of the Brazilian mainstream who associate Pentecostalism with "questionable" financial practices, including *dízimo* (tithing 10% of income), recent scandals among prominent church heads, and "misguided" and dangerous practices such as *cura* (faith healing) and *libertação* (deliverance or exorcism).

Santarém, for its small size relative to other urban centers, is a veritable sea of Pentecostal churches. In terms of population size and number of churches, the largest Pentecostal denominations include *Igreja da Paz* (Church of Peace), *Assemblía de Deus* (Assembly of God), *Igreja Universal do Reíno de Deus* (Universal Church of the Kingdom of God), *Deus é Amor* (God is Love), *Igreja do Evangelho Quandrangular* (Foursquare Evangelical Church), *Congregação Cristã* (Christian Congregation), and *Ministério Internacional da Restoração* (MIR) (International Ministry of Restoration). The majority of them arrived in Santarém only in the late 1970s and early 1980s. Traditional Protestants include Baptists, Presbyterians, Methodists, and Lutherans. Among Protestant denominations, these groups have the longest history in Santarém.

Adventistas (Seventh Day Adventists), *Testemunha de Jeová* (Jehovah Witness), and *Mormões* (Mormons) arrived more recently and have a growing presence. Out of all of these, Igreja da Paz, MIR, and Assembléia de Deus are the only churches with historical origins in Amazonia (Santarém, Manaus, and Belém, respectively). The majority of Brazil's evangelical churches began in the south of the country (See Table 3.1).

Table 3.1. Evangelical (Protestant) denominations in Brazil and their year of establishment, note: Igreja da Paz and MIR do not appear on this list. Source: (ISER 1992).

Year	Denomination	Classification	Place of Origin
1808	Anglicana	Historical	U.K.
1824	Luterana (UIECB)	Historical	Germany
1855	Congregacional	Historical	USA
1859	Presbiteriana	Historical	USA
1867	Metodista	Historical	USA
1879	Cristã Evangélica	Historical	USA
1882	Batista (CBB)	Historical	USA
1890	Luterana (IELB)	Historical	USA
1894	Adventista	Historical	USA
1903	Presbiteriana Independente	Historical	São Paulo
1910	Congregacão Cristã	Pentecostal	USA
1911	Assembléia de Deus	Pentecostal	Pará
1922	Exército da Salvação	Historical	U.K.
1925	Adventista da Reforma	Pentecostal	Rio de Janeiro
1932	Adventista da Promessa	Pentecostal	Pernambuco
1934	Metodista Ortodoxa	Pentecostal	Rio de Janeiro
1950	Igreja Escandinava	Historical	Sweden
1953	Evangelho Quadrangular	Pentecostal	USA
1956	O Brasil para Cristo	Pentecostal	São Paulo
1958	Nazerno	Pentecostal	USA
1960	Nova Vida	Pentecostal	Rio de Janeiro
1961	Resturação	Pentecostal	Rio de Janeiro
1962	Deus é Amor	Pentecostal	São Paulo
1964	Igreja Em	Pentecostal	Rio de Janeiro
1964	Casa da Benção	Pentecostal	Minas Gerais
1965	Batista (CBN)	Pentecostal	Rio de Janeiro
1965	Congregacional Independente	Pentecostal	Rio de Janeiro
1967	Metodista Wesleyana	Pentecostal	Rio de Janeiro
1967	Cristã Evangélica Renovada	Pentecostal	Rio de Janeiro
1968	Batista Bíblica	Historical	Rio de Janeiro
1970	Sinais e Prodígios	Pentecostal	Rio de Janeiro
1970	Cristã Chinesa	Historical	China
1970	Igreja Cristã Maranata	Pentecostal	Espíritu Santo
1972	Maranata (Amém)	Pentecostal	Rio de Janeiro
1973	Socorrista	Pentecostal	Rio de Janeiro
1975	Presbiteriana Renovada	Pentecostal	Paraná
1975	Salão da Fé	Pentecostal	Rio de Janeiro
1976	Evangélica da Renovação	Pentecostal	Rio de Janeiro
1977	Igreja Universal do Reino de Deus	Pentecostal	Rio de Janeiro
1978	Presbiteriana Unida	Historical	Espíritu Santo

Table 3.1. Cont.

1979	Evangélica Maranata	Pentecostal	Rio de Janeiro
1980	Igreja da Graça	Pentecostal	Rio de Janeiro
1983	Jesus é a Verdade	Pentecostal	Rio de Janeiro
1983	Pentecostal Presbiteriana	Pentecostal	Rio de Janeiro
1986	Cristo Vive	Pentecostal	Rio de Janeiro
1987	Cristo Antioquia	Pentecostal	Rio de Janeiro
1989	Assembléia de Deus (CONAMAD)	Pentecostal	Rio de Janeiro
1989	Cristo Rei	Pentecostal	Rio de Janeiro
1989	Assembléia de Cristo	Pentecostal	Rio de Janeiro
1989	Projeto Vida Nova	Pentecostal	Rio de Janeiro
1990	Batista Independente	Pentecostal	Rio de Janeiro
1991	Templo de Benção	Pentecostal	Rio de Janeiro

The third prominent category after Catholics and Protestants are spiritists. Here, spiritists refer to those groups who emphasize the belief in spiritual entities and their capacity to directly communicate with them and incorporate them. These include followers of the doctrine according to Allen Kardec, also referred to as *mesa branca* (white table); practitioners of African-influenced traditions, the most prominent being *Umbanda*, *Mina- Nagô* (a.k.a. *Tambor da Mina*), and *Candomblé*; as well as acknowledged Catholics who strongly identify with these other traditions and/or encantaria, more generally. Although crentes also believe in the direct, corporeal influence of the Holy Spirit and demons, they never refer to themselves as spiritists, nor do other religious groups refer to crentes as such.

Followers of the Kardec doctrine call themselves *espíritas* (Spiritists), a term they distinguish from *espiritualistas*.[21] For them, the latter refers to people who believe in encantaria and supernatural metaphysics, broadly speaking, but who are not oriented to the tenets of Kardecism. Afro-spiritist, Catholics, New Age (*Novo Era*) aderents, and

[21] Note the use of the capital in "Spiritist," which signifies the proper noun associated with Kardec Spiritism. The lower case "spiritism" or "spiritist" (including Afro-spirist) refers to the general class of religious practice or social grouping that identify with spiritual beings in their religion

practioners of other spiritual esoterica would all fall into this category. Afro-Brazilian spiritists might loosely refer to themselves as *espíritas*, but they typically reference their specific religion. Umbanda and Mina practitioners respectively identify as *umbandistas* and *mineiros*. Practitioners of Candomblé identify as *povo de santo* (people of the saint), *família de santo* (family of the saint), or *cultos de nação* (cults of the African nations), reflecting the more specific orientation to African *fundamentos* (principles and practices).[22] The awkward term *candoblecista* appears in some academic writings as an analytical category, but I never heard it used by a member of the faith. As described earlier, *macumbeiro* is a widely used pejorative for someone who is reputed to be "messing" with black magic (macumba), also called *quimbanda* in southern Brazil. Members of Afro-spiritist communities use the term for actual specialists who work with black magic, but they also use it as a slightly self-effacing reference to spiritual siblings in their community in a manner that pokes back at the stigmatization of Afro-spiritism by other religious groups and by the Brazilian mainstream. As in other parts of Brazil, it is very common for practitioners of Afro-Spiritism to also identify as Catholic. Despite the disapproval of the official Church, most see no problem in observing both faiths, however devout or nominal their practice. *Missa pelo dia, tóque pela noite* is a quip I occasionally heard here and in other part of Brazil, which reflects this tendency. It loosely translates as: "I go to Mass by day, by night I play with the spirits." This trend stems as much from the historical oppression of Afro-Brazilian religions by the Catholic orthodoxy as from the apparent symbolic and practical correspondences between

[22] The suffix "-de santo" refers more pointendly to the *orixá* (African nature deity), not the Catholic saint. It also is a more general gloss for holiness or sacredness, such as "holy people."

popular Catholicism and Afro-Spiritism. For more than two centuries, practitioners of Afro-Brazilian religions were forced to valorized Catholic traditions and obscure their spiritist affiliations as a means of survival in a hostile socio-political climate (see Greenfield and Droogers 2001). Reginaldo Prandi (2004a) asserts that, "Until today, Catholicism is a mask used for Afro-Brazilian religions, a mask that, evidently, also hides census figures" (225-6).

A small but growing number of santarenos also identify with movements based on the ritual consumption of the powerful hallucinogenic tea called *hoasca* (a.k.a., *ayahuasca, yage, caapi)*. *Santo Daime* and *União do Vegetal* are the most prominent of these and both are officially registered religions with the federal government. They represent the syncretism of Christianity with indigenous and new age ecological spiritism. Similar to encantaría and pajelanças, they draw heavily on Christian discourse and symbolism but, unlike them, these religions limit the appropriation of autochthonous Amazonian folklore. Founded in the Brazilian Amazon by *seringueiros* (rubber-tappers) in the early twentieth century, Santo Daime and União do Vegetal have rapidly spread throughout Brazil, Europe, and the North America, especially among middle and upper middle classes. Notwithstanding their global reach, they are among the handful of religions that are widely viewed as truly autochthonous to the Brazilian nation-state (similar claims are made about Umbanda (see Brown 1994[1986]). Both have small followings in Santarém; however, I opted not to include them as objects of this study. Hoasca practitioners with whom I interacted came from a variety of religious backgrounds. Most identified as Catholic or Christian, or adopted a dual identification, for example, *católica* and *daimista*.

The categories above reflect acknowledged identities that are based in prominent religious institutions in Santarém. Santarenos affiliate with a variety of other religions outside of this range but they are not viewed as conspicuous social categories in the same manner as, for example, being Catholic or Protestant. These include Buddhism, Hinduism, Krishna Consciousness (Hare Krishna), and Seicho-No-Ie[23]. The exceptions would be the handful of Jews and Muslims. Taken together the religious identities described above reflect a highly diversified religious environment in Santarém.

METHODS AND REFLECTIONS

Having addressed my acquaintance with Santarém and some of its social landscapes, I will now focus on the process of implementing my study within the religious and medical environment. A central aim was to identify primary research venues from among the following locations: Pentecostal churches, Afro-spiritist *terreiros*, and *centros espíritas* (Kardec Spiritist centers) and a mental health services clinic. Upon arriving in Santarém, I had few if any leads or formal contacts to guide my search so this entailed a process of locating them by systematically exploring different neighborhoods and following the advice of informants and other acquaintances. Beginning from scratch posed some challenges, but it also afforded me the space to navigate the city and surrounding areas more systematically, and on my own terms.

[23] Seicho-No-Ie is a Japanese-influenced form of Christian spirituality that has parallels with Kardec Spiritism. It is headquartered in São Paulo and has a strong presence in middle to upper class populations in Southern Brazil including Japanese Brazilians.

Igrejas Evangélicas (Pentecostal)

Pentecostal churches were the easiest to locate. Notwithstanding the prominence of the main Catholic churches, Pentecostal churches dominate the urban landscape. They exist in every neighborhood across the city, numbering well into the hundreds. In some areas, three of four churches of different denominations line the same block. The central or "mother church" of some of the largest denominations encompass entire city blocks and advertise in bright neon signs. Some of smallest satellite churches scattered through neighborhoods in the city are no bigger than a mechanics workshop and could easily be mistaken for one, save for slogans and banners beckoning passersby to enter and worship. Pentecostal churches of varying denominations also populate smaller villages in rural areas of the municipality.

Figure 3.11. Weekly schedule of worship services at IURD

During my first months in Santarém I spent a considerable amount of time visiting churches to observe the services and talk informally to congregants when opportunities arose. Sometimes, in passing by a church, I would peek inside, drawn in from the street by emanations of fervent prayer and singing and end up staying, other times I would attend scheduled services and sit with the congregation. In my initial visits, I tried to avoid overtly signaling my role as a researcher and blend in with the congregation. This was easier said than done considering that my notebooks, my incessant jotting, and my failure to mimic the exuberant gestures of prayer and worship were quite conspicuous for the most part. I recall one occasion, during a loud session of laying-on-of-hands at Igreja da Paz, an *obreira* (church worker) approached me after tending to several congregants. She placed her hands firmly on my head and chanted, "learn, learn, learn, learn…" as if perceiving the true motives in my attendance.

After multiple visits to different churches I approached the pastors about my research interests. Their responses were not always welcoming. Sometimes they were quite glib or dismissive. The general reluctance to entertain my research, some pastors pointed out, stemmed from the attempt to avoid unwanted publicity after recent waves of criticism in the media directed at financial and sexual scandals involving church leaders around the country. Indeed some church leaders, who were not familiar with the discipline of anthropology, saw me as a mere journalist out for a story.

I had my most successful forays at Igreja da Paz, a movement based in Santarém, which has the largest population and number of churches of any evangelical denomination in the municipality. Although some of the pastors were initially suspicious about my intentions, I was able to develop rapport with head pastors,

including the American missionary family that founded the church. They authorized my research and over time I gained the acceptance of other leaders as they became accustomed to my presence as well as my innocuous, though persistent questioning. For these reasons, and for reasons of feasibility, I resolved to work exclusively in Igreja da Paz rather than between multiple church denominations. Although I visited several of the large branch churches in different neighborhoods, I narrowed the scope of my engagement at Igreja da Paz to the mother church congregation and to four 'cell groups' (*células*), which are also known as home worship groups (*grupos familiares*). Because the mother church has a very large congregation, I constantly met new people and repeatedly had to re-introduce my research subject. On the other hand, I developed close relationships with people in four different cell groups, with whom I had more frequent contact. They welcomed my research agenda in the spaces of their worship meetings and even accommodated my purposefully vague responses to their queries about my own religious path.

Figure 3.12. Congregation in the Igreja da Paz mother church

Centros Espíritas

My initial interactions with Spiritist groups were considerably more genial from the outset. Although Spiritism is a federally registered religion, Spiritists view their tradition and the doctrine on which it is based more as a "science of the spirits" and moral philosophy than as a religion. Thus, notwithstanding inquiries about my religious orientation, most members appreciated my putative goal of social scientific inquiry and were eager to participate in my research. Santarém has three official Spiritist centers: *Associação Espírita Luz, Amor e Caridade* (AELAC)[24], *Centro Espírita Cristão Amor Solidário* (CECAS)[25], and *Centro Espírita Mei Mei*[26]. Two of them are converted houses and the third is located in a small, gated complex that doubles as a school with adjacent classrooms. The centers are located in different neighborhoods but all are near the city center. Each center is registered with the *União Espírita Paraénse* (The Spiritist Union of Pará). The UEP is the administrative organization based in Belém that oversees Spiritist centers throughout the state. Several informal Spiritist groups also meet at private homes. Their membership is contiguous with those of the official centers. A doctor visiting from the state of Paraná introduced me to one of the home groups. We had talked at length about my research during an NGO-sponsored health expedition to rural villages. I subsequently visited all three centers and the different groups over my first few months in Santarém and opted to focus my investigation on two of the centers.

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[24] Translation: Spiritist Association Light, Love and Charity.
[25] Translation: Spiritist Center Christian Love Outreach
[26] Mei Mei is the Chinese-based spiritual name of a prominent Spiritist figure in Brazil.

Figure 3.13. A mediumship session at a centro espírita

Terreiros

Afro-spiritist terreiros (literally: terraces) are also called *casas de santo* (houses of the saint), by followers of the faith. Candomblé terreiros specifically adopt the prefix *Yle Axé*, which means roughly "house of divine power/essence" in the Yoruban dialect, followed by the name of the patron orixá. For example, *Ylê Axé Oyá Onira* is the name of a terreiro whose presiding diety is Oyá (more commonly known as Iansã). Like centros espíritas, terreiros are scattered throughout the city, but in greater numbers. In some neighborhoods they sit on the same block as several Catholic or Pentecostal churches. Unlike the churches however, they are not linked to each other by a formal institutional structure, only by social ties and spiritual kinship. Moreover, they are highly invisible. Save for recognizing the religious symbols on the exterior façades of some of the buildings, one may not even realize they are standing next to a terreiro. For example, the new manager of a large and popular restaurant on the Cuiaba-Santarém Highway was unaware that the largest terreiro in the city sat across the alleyway behind the restaurant. He believed the percussion and singing that frequently wafted over the

wall was just a music group practicing their repertoire. When I clued him in, he was surprised to learn of the existence of Candomblé in the city. The larger terreiros comprise gated compounds with multiple structures housing different ritual spaces and domestic spaces, residences, and socializing areas. The majority of terreiros are small, one room spaces within or adjacent to the home of a *mãe-de-santo* or *pai-de-santo* (mother-of-saints or father-of-saints), the figures who serve as the spiritual parents and "priests" of each terreiro.

Figure 3.14. An elaborate *despacho* for an orixá

Knowledgeable mães and pais de santo estimate that there are around twenty to thirty persons in Santarém that are recognized *zeledores de santo*[27] (caretakers of spirits). However, it is difficult to calculate the actual number for a variety of reasons. Firstly, only some *zeldores* have functioning terreiros and spiritual corps under them, while others work privately out of their homes, providing individual consultations for *curas* (treatments/curing), *jogar buzios* (divination using cowrie shells), and *ebós* (ritual

[27] A zelador in this usage is one who has been formally initiated into an Afro-spiritist religion (usually Candomblé) and who has risen, through subsequent initiations, to lead the terreiro and community of "spiritual children" (*filhos de santo*).

cleansings). Establishing a terreiro and securing a spiritual community and lay clientele requires considerable investment of financial and material resources, time, and emotional energy, making it unfeasible for many who would otherwise aspire to these goals. Secondly, the numbers of terreiros fluctuate as zeldores have died, moved away, or drifted between different cities. Thirdly, not all of the terreiros are officially registered with national spiritist federations (viz. the *União Espírita de Umbanda do Brasil* and the *Federação Espírita Brasileira*). In addition, given what one seasoned adept described as a "horrible mixture of practices in the city," some leaders disagree on which tradition one terreiro or another follows. Table 3.2, provides an overview of zeladores de santo in Santarém as confirmed by several zeldor informants.

The first contact I made with a terreiro came after several visits to a *botanica*[28] in the city center owned by a family that runs one of the larger Candomblé terreiros. Eventually, I was invited to attend a *tóque* (ceremony involving spirit incorporations) at the terreiro and to meet with the mãe de santo. From this meeting, I gained her approval to conduct research within her community. She provided the names of some other zeladores de santo, some of whom she had herself initiated. By subsequently using a snowball method, I gained access to a wider network of povos de santo and their terreiros. I mainly sought them out myself, but some leaders also helped me gain entry into other terreiros by inviting me to come along to special events, celebrations, and ceremonies they attended and then introducing me to the hosting zelador. Over the course of my fieldwork I visited around fifteen terreiros as least once. However, I focused my involvement among four different terreiros that I had identified early on.

[28] Botanicas are shops that sell religious paraphernalia (i.e. icons, potions, and charms).

These four represented differences in physical size, in the organization of the spiritual communities, and in the line of Afro-spiritism.

Table 3.2. List of zeladores de santo in Santarém. MS = Mãe de Santo, PS = Pai de Santo, §= Federation President, * = Initiate of Nazaré Rufino, ¥ = Initiate of Conceição da Iansã, ** = Deceased within last year (2004-5), *** = Deceased in last several years

Title	Name	Line
MS	Maria Andrade	Umbanda
MS	Terésa Bade	Umbanda
MS	Ana de Yemanjá	Candomblé Ketu
MS	Lucia do Maracaná	Umbanda
PS	Silvino*	Candomblé
PS	Raimundo*	Candomblé
PS	Quinzinho	Umbanda
MS	Fracisquinha	Umbanda
MS	Graça do Janari	Candomblé
MS	Carmen da Yemanjá¥	Umbanda
MS	Carmen Lourdes de Camarões	Umbanda/Pajelanças
MS	Nazaré Rufino da Iansã§	Candomblé
MS	Conceição da Iansã/Xangô	Candomblé Ketu
MS	Brigida	Mina Nagô
PS	Braga	Umbanda
MS	Walda	Umbanda
MS	Osa Nelha¥	Candomblé
MS	Maria Baixinha dos Anjos	Umbanda
MS	Waldea	Umbanda
MS	Anita da Oxum*	Candomblé
PS	Claudomilson de Ogum	Mina Nagô
MS	Isabel do Oxossi	Mina Nagô
PS	Robeimar	Candomblé
Recently Deceased		
MS	Mundica (79 years old) **	Umbanda
PS	Antônio (78 years old) **	Umbanda
PS	Teco da Oxûm (~ 40years old) **	Candomblé
PS	Joel do Oxalá **	Candomblé
MS	Vavá (elderly, age unknown) ***	Umbanda

As indicated by their relative physical invisibility, terreiro communities tend to be secretive. I had assumed it would be difficult to develop rapport with them given that, at the outset, I did not have any connections to academic contacts in Santarém that may have otherwise facilitated introduction. Several zeladores de santo related to me that, as far as they knew, no outsider had attempted to conduct a study of terreiros in Santarém or on the topic of popular religion and mental health as I described it. This was a notable contrast to widely held sentiments I had previously heard that foreign

researchers saturate terreiros in places like Salvador and Rio de Janeiro. Such comments led me to believe that the objectives of my research project were compelling enough to earn their participation.

Several ancillary factors, nonetheless, aided my entry into terreiros. On some occasions my research materials had more of an impact then did my formal introduction. For instance, at the initial meeting described above, I had with me a copy of recently published volume featuring the work of Brazilian social scientists on a wide range of Afro- and indigenous- Spiritist traditions in Brazil. I spontaneously showed it to the mãe-de-santo, upon which, her perceivable indifference suddenly changed to a more enthusiastic reception, as if the book itself clarified the nature of my interests. She browsed its material intently and then asked me to jot down the publishing information so that she could order a copy for herself that week. On another occasion, I had visited the home of another mãe de santo with the purpose of introducing myself and asking about the possibility of working at her terreiro. The woman with whom I spoke was initially dismissive and told me repeatedly that the mãe de santo was away traveling, so she could not help me. Still, she cautiously probed for details about my research. I sensed that she, along with family members who were present, did not trust my claim that I had visited other terreiros in the city. I decided to show them evidence from my digital camera. Upon seeing the images of tóques that I had already attended and familiar faces from other terreiros, her entire demeanor changed. She exclaimed with satisfied amazement that I *had indeed* been visiting other terreiros, whereupon she introduced herself as the mãe de santo with whom I sought an audience, and subsequently invited me to work in her community. We had a light-hearted exchange

about the challenges of being in two different places at once and, with a sheepish grin she chuckled, *Pois é, você nunca sabe o quem vem batendo na porta* (Well yeah, you never know whose coming knocking on the door). After a tóque at yet another terreiro, I introduced myself to the pai-de-santo sometime after he had come out of trance. He immediately embraced me and proceeded to escort me around his terreiro, introducing me to the crowd of visitors who had attended the ceremony, to the mãe de santo, and to his ritual corps, repeatedly announcing out loud that I was an anthropologist from the United States who had come to work among them. From this enthusiastic reception, it seemed as if he had already been expecting my arrival (or that I had really impressed him with a polished introduction). Over the course of our work together, I found him to be a supremely charismatic but genuine individual who, nonetheless, derived some measure of public prestige and personal satisfaction by having a foreign research in tow. My presence in his terreiro seemed to serve his needs as much as they served my own.

Figure 3.15. Ritual corps and audiences in Afro-spiritist ceremonies

In thinking about how these various venues – Pentecostal, Spiritist, and Afro-spiritist – fit into the urban space of Santarém, the writings of my advisor Steve Parish

(1994) provide a useful foil. Drawing on fieldwork among the Newars in the city of Bhaktapur, Nepal, Parish describes how, in "learning to see the city," Bhaktapur revealed itself as a functioning Hindu religious system where, "religion permeates the texture of life, and organizes, frames, and illuminates the conditions of human existence (25). In the daily movements and activities of people, the public rituals and shrines, and the topographies of streets and buildings, there exists a coherent sacred and moral order, highly visible and intimately tangible. My own mental mapping in Santarém revealed a different picture, in which religion is pluralistic and practiced within the confines of private spaces: churches, spiritist centers, and homes. Occasionally, religion does emerge into the public domain, such as on particular Catholic feast days, on annual Evangelical parades and conferences, and in the weekly ministerial broadcasts on radio and television. Even the odd *despacho*[29] serendipitously found under a tree or placed at an *encruzilhada* (crossing of two streets), can anonymously signal the public presence of personal faith. For the most part, religion in Santarém is not immediately apprehendable as in Parish's Bhaktapur, nor is it united by a singular sacred order. Religion is at once ever-present in multiplicity, yet secluded from the public, profane sectors of daily urban life. However visible or invisible each venue might be on the surface of the urban landscape, they are all circumscribed by gates, walls, and roofs, and by the boundaries of community and faith. To seek out any one of them requires effort. To enter in requires the negotiation of social relations.

[29] A despacho is a 'sacred prayer bundle' used for magic and to mark auspicious occasions and places.

***Centro de Atenção Psicosocial* (CAPS)**

During my first few months in Santarém I also embarked on identifying venues for mental health services. In April 2005, about a month after my arrival in Santarém, a new ambulatory facility opened near the city center called *Centro de Atencão Psicosocial* (Center for Psychosocial Care) or CAPS. CAPS is the designation for publicly subsidized clinics found throughout Brazil that specialize in the treatment of psychiatric disorders and psychosocial impairment, the reintegration of psychiatric patients in their families and communities, and public education on issues pertaining to mental health, treatment resources, and social stigma. Prior to CAPS, Santarém had no dedicated public mental health services, aside from a general clinic with a few nursing staff that had recently trained in mental health related consultations and social work.

In terms of the structure of public health services, CAPS sits on the same tier as other centers for specialized care such as *Centros de Referência de Saude da Mulher* (Centers of Reference for Women's Health), *Centros de Referência de Saúde da Criança* (Centers of Reference for Child Health), *Centros de Controle de Zoonoses* (Centers of Zoonoses Control). The municipality has one of each. Basic services at lower tiers in this structure are handled at *Postos de Saúde Familiar* (Family Health Posts) and *Unidades Básicas de Saúde* (Basic Health Units), which are distributed across different neighborhoods. I was not able to obtain a specific count of these health posts, but considering that each neighborhood is designated at least one health post, I would estimate that that the city has on the order of 40 to 50. This number does not account for health posts in smaller communities scattered throughout the municipality. Santarém also has one municipal hospital (formerly a federal hospital) that receives the

largest intake of patients from the city and rural areas of any health facility.[30] The municipal hospital provides in-patient, ambulatory, and emergency services. There are also seven smaller hospitals throughout the municipality.

Figure 3.16. CAPS - The only public mental health services center in Santarém.

The installment of CAPS was a first for Santarém. By comparison, Belém, a city of just under two million, had around ten in 2005. Any research activity I planned to do there required clearance by the state and municipal health agencies based in Santarém. Navigating these labyrinthine bureaucracies proved to be truly arduous. It took nearly four months to acquire what amounted to several signatures on my formal letters of intent, proposals, and questionnaires. Ultimately, the health authorities granted me permission to engage in participant observation at CAPS during group activities and events, to distribute short semi-structured questionnaires, to interview staff (including

[30] A larger regional hospital managed by the State of Pará opened in Santarém in 2007.

psychiatric nurses, social workers, and a pharmacist) and patients who were able to manage. I did have the flexibility of interviewing patients without supervision, although I was not given access to individual medical records. In some instances I conducted interviews with patients and their nurses simultaneously, which facilitated the acquisition of detailed patient histories. With patients' approval, I also observed individual therapy and consultation sessions between nurses and patients.

Santarém has only one psychiatrist in the city working part-time at CAPS and a neighborhood hospital. He declined my requests for interviews. Interstingly, the full time physician at CAPS specializes in obstetrics and gynecology, not psychiatry. Two neurologists that have private clinics moonlight as psychiatrists as an offshoot of their specialization in neurological disorders and probably attend to the bulk of psychiatric cases in Santarém apart from the CAPS. Neither of them works in the public sector. I established a research relationship with one of them. Although I did not conduct participant observation in his clinic, we had a series of interviews together. He proved to be a good source of information on perspectives having to do with the causes of psychiatric illness, its treatment, and the brief history of mobilization around psychiatric care in Santarém. Apart from the staff psychologists at CAPS, there are fifteen to twenty psychologists in Santarém that offer private consultation. Because of my involvement at CAPS and because of other practical constraints, I did not conduct participant observation at their clinics but I did interview four of them at least once.

Methods Overview

In the sum, my main research venues in the city were the following: Igreja da Paz mother church and four cell groups, two centro espíritas, four terreiros, and CAPS. Secondary venues in the city included the private neurological and psychology clinics, two health-related non-governmental organizations, people's homes, my home, and public spaces such as restaurants and bars, offices, street corners, marketplaces, and navios. I also visited ten small communities in riverine and planalto areas within the municipality and conducted more focused participant observation and interviewing in five of them. A local non-governmental organization called *Projéto Saúde e Alegria* (Project Health and Happiness) facilitated some of these visits. PSA implements basic health and community development projects for villages in the FLONA (Tapajós National Forest) and the neighboring extractivist reserve (RESEX)[31]. They invited me to join them on several of their health expeditions. During these expeditions I observed and participated in their activities in the different villages, but I also had the flexibility to follow my own agenda in conducting interviews and observations. I also joined expeditions with *Projeto Amazônia,* the mission arm of Igreja da Paz. The mission provides basic health clinics to riverine villages in the municipality supplemented with evangelical outreach. I did resolve to visit villages on solo excursions as well; in this way, I could travel and conduct investigations unconstrained by affiliation with these other institutions.

The scope of my research methods included participant observation and semi-structured interviewing in all primary and secondary venues, including occasional use

[31] Pronounced [hehz-EX]

of single-page questionnaires to facilitate interaction (see clarification below); informal and semi-structured group interviews (not formal focus groups); person-centered interviewing with twelve key informants; and a survey asking about religious affiliation, illness/health perceptions, treatment seeking, and demographics. All communication was in Portuguese, except for a few interviews in English with secondary informants. I designed and constructed the questionnaire guided by information obtained over roughly six months of participatory research. I had the survey translated from Portuguese to English and back translated to Portuguese, and I piloted it with five personal acquaintances of varying age and gender. Another acquaintance – a working nurse experienced in survey implementation – also evaluated the structure and content of my questionnaire. I employed this questionnaire within different religious venues usinh two versions, one for the Spiritist centers and another for the church groups. I was not authorized to distribute it at CAPS. The only differences in versions were the ordering and wording of several items to make them more pertinent to the respondent. For example, one version asked: "How frequently do you attend this center?" The other version asked: "How frequently do you attend this church?" I obtain slightly under a 50% response rate from the initial distribution. After data cleaning total number of respondents came to 157 with 66 from spiritist centers, 41 from terreiros, and 50 from church groups. Only selected items from this survey are reported in this study.

I also utilized photography and videography throughout my fieldwork, videography especially to document public ceremonies and events, church services and rituals. Communities in both terreiros and centros espíritas encouraged their use and

sometimes requested me to record specific ceremonies and celebrations for them.[32] Igreja da Paz initially permitted me to make several audio and video recordings of services, but later on I was asked to refrain because one of the head pastors felt uncomfortable with it. I did not use video at CAPS, but I did use photography during some of the group activity sessions. I also employed audio recordings for all person-centered interviews and some of my informal conversations and semi-structured interviews. Beyond their primary role as data, I also used some of my multimedia materials as devices for reciprocity. Informants were particularly grateful to receive portrait photographs, event photographs, and audio recordings of themselves and family members as gifts for their assistance in my research. No informants were remunerated for their participation.

The process of implementing these methods necessitated the perpetual negotiation of my status as a researcher at the personal level. I found that the most prominent challenges for clarifying the nature of my study came, as expected, from apparently lower income and lower educational status santarenos rather than middle to upper income santarenos. Most of the former were unfamiliar with the nature ethnographic research. Some of them admitted to me that they thought my requests to talk with them intimately about personal religious beliefs and illness problems to be highly peculiar, if not suspicious given that these subjects were typically addressed only with one's priest, doctor, healer, or family member. With consistent effort to clarify my intentions, I was able to secure participation from even the more skeptical people.

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[32] In the Leacocks reported a similar interest among their informants in their ethnography of batuque in Belém (Leacock and Leacock 1972).

An acquaintance of mine in Santarém put it to me that Brazil is a bureaucratic society *par excellence* and that Brazilians have been well socialized by the apparatus of the state. Thus, the experience–near approach of my study conflicted, up to a point, with local notions of what actually constituted "research" as implemented, for instance, by a government agency or educational institution. Indeed, I found that the use of questionnaires often signaled my role and my intentions to prospective informants more effectively than my sometimes-arduous verbal scripts about whom I was and what I was trying to accomplish. For example, in anonymously handing someone at a venue a sheet of paper with a list of simple questions to answer in writing (e.g. What is the reason for your visit today? How did you discover this center?), people caught on immediately. This technique usually created openings for informants to verbally expound on their brief written responses and for me to more comfortably describe my research topic and probe if they would like to further contribute to my work. With this strategy, moreover, onlookers would often volunteer their participation once they saw others filling out the questionnaire. On the flip side, my appeals to formality did not always pan out. Early in my fieldwork, I found that attempts to schedule appointments with informants and otherwise impose structure to my work usually ended in frustration. So, in following the advice of my faculty advisor, to "play more jazz piano than classical piano," I adopted a less insistent and a more improvisational stance, allowing the ethnographic process to emerge from that.

Throughout the period of my fieldwork I rented a small house relatively near the city center. The house was my primary residence and it also provided a private space for some of the person-centered interviews. The decision to live separately from a host

family or among informants presented both advantages and disadvantages. One obvious disadvantage was forfeiting constant immersion in the daily lives of my key informants. Still, on a day-to-day level, I was well recognized in my neighborhood, and in a number of other public settings. Neighbors would often drop by to greet me and occasionally request a ride in my little Volkswagen to help them pick up supplies or transport their child to the hospital. Their children would also come by to kick around a soccer ball. By not residing with any member of my focal communities or being bound by any formal roles or obligations within my primary venues, I preserved some needed separation from my informants and gained the ability to move freely between different venues – especially religious communities that sometimes harbored dismissive or antagonistic sentiments toward one another. This flexibility, I believe, also facilitated the relatively novel comparative scope of my research, allowing me to observe the tensions and overlaps that exist between different institutions in Santarém.

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Chapter 4. Dimensions of medical pluralism

THERAPEUTIC ENCOUNTERS

At a Terreiro

It is mid-morning at a terreiro. The main ritual space is empty and still, except for a small group of people seated on chairs and benches lining the circumference of the large concrete floor where ritual dancing or *giras* (literally "turnings") are performed. Two in the group are young men in their early twenties. Another is a man in his late forties. Two women sit together; one of the ladies is older with a wise and weathered face. Her arm is around a young woman, in her twenties, who is holding a child on her lap. The young woman appears tense and vigilant, staring around the room with wide, unblinking eyes. Ten other people occupy a row of benches, sitting behind a wooden girder that demarcates the gira space from the audience. Some of them fan themselves to ward off the thick midday heat that fills the room.

After some minutes, three young males ranging in age from fifteen to twenty-four enter the space and walk over to a row of *atabaques* (drums), which are covered with a white veil and set along a far wall near the front. The *pai-de-santo* emerges from small room. He is fairly young, in his thirties. He wears a white silk outfit and an assortment of colored beads that reach down to his navel. Each color scheme on the strands of beads represents his respective *guias* (spiritual guides). He walks to a niche at the head of the ritual space that contains icon of Santa Barbara standing about hip-height. Facing the icon, he prays in a private but audible voice. After crossing himself,

he ceremoniously uncovers the drums and the *abatazeiros* commence their percussion and singing of *cânticos* (ritual songs). The pai de santo begins a staccatoed, shuffle step dance around the ritual space. As he dances and sings, he greets various guias presiding over the ceremony by touching their life-size costumed mannequins and icons that are situated in various corners of the ritual spaces. He also gestures deliberately toward the young abatazeiros, instructing them to keep the rhythm and to forcefully articulate the words of the cântico. Then, in a loud voice over the drumming, the pai-de-santo calls to *Oxalá-Ufã*, entreating the "father" orixá to bestow his power and grace upon the day's work. Next, he summons the *exús*, calling them *povo da rua* (people of the street), *Exú Marabô, Sete Encruzilhadas* and *Exú Tranca Rua*, and then dances around the periphery of the ritual space to anoint the four walls and the doorway with *água benta* (holy water). The names of other deities follow, each having with their own rhythm and cântico. First are the orixás *Ogun*, *Xangô*, *Oxóssi*, *Yemanjá*, *Obaluaê* and *Oxum*; then Santa Barbara and São Antônio; after them caboclos *Rompe Mato*, *Tupinambá* (who is referred to as the chief of macumba), *Jurema*, and *os Reis da Mata* (Kings of the Forest); and then *Zumbi* and the *Pretos Velhos* (old black slaves).

The *mãe-de-santo* appears from a side room. She is an older woman in her seventies. Her casual tank top and shorts juxtapose with the pai de santo's ceremonial garb. While he dances, she slowly ambles around the gira space swinging a censer toward the audience, the clients, and toward the icons of various guias. The *defumação* fills the room with a chalky white smoke from the incense that has a potent floral fragrance. When finished, she walks over to several seated spectators and respectfully asks them to uncross their legs so as to not invite malevolence in to the ritual. For the

same reason she also asks a gawking visitor from the neighborhood to clear out from standing in the doorway.

After about fifteen minutes of cânticos, the drumming intensifies and the pai-de-santo begins to spin rapidly in place until suddenly, he stops and convulses violently in a half-crouched position. He grasps his head with both hands and then stumbles to and fro, like a punched-drunk boxer. The drumming ceases, the silence cut only by the sound of his heavy panting. The mãe-de-santo quickly ties his head with a white cloth[33] and then helps him to shift the clutch of beads from around his neck to hand over one shoulder in order to signify the arrival of his guia, *Zé Mineiro*. Drumming begins again. The rhythm is intense but disciplined, and Zé Mineiro dances vigorously across the ritual space singing, *Eu sou boiadeiro, 'tou aqui…cheguei da Aruânda…* (I am the cowboy [spirit], I'm here… I have come from Aruanada[34]…). His voice has become gruff and gravely and he then greets each visitor and each client with an embrace, a handclasp, and customary shoulder dip. After making his welcome rounds, Zé Mineiro calls out for his *charuto* (cigar) then disappears into a side room.

After a few minutes, Zé Mineiro re-emerges wearing a green and gold patterned silk outfit and a large black cowboy Stetson. He then takes the older man sitting with other clients by the hand and leads him toward an assortment of bowls, platters, and bottles placed in the middle of the ritual space. Some of the bowls are filled with sacred

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[33] Tying the head purifies and sanctifies the seat of the medium's orixá. Orixá literally means "owner of the head" in Yoruba (*ori* = head).

[34] Aruanda is the name of a mythical city or realm that is commonly heard in the cânticos in Umbanda, Mina Nagô, and some forms of Candomblé. The name Aruanda is considered the home of many spiritual entities. It is thought to also refer to the capital city of Angola, Luanda, a nod to the West African roots of these traditions.

foods that are the favorite of certain guias including popcorn and various legumes. Others bowls contain different colored liquids. He instructs the man to undress down to his underwear and then describes to everyone how his client, with whom he has worked before, had injured his abdomen in a fall. As if giving a demonstration to medical students, Zé Mineiro points to and then palpates the area of the abdomen where surgery was performed and describes how the inflammation has spread beyond the focal site. He also indicates that in addition to the injury, macumba is at work, preventing the proper healing. His client requires a *fechamento de corpo* (closing and protection of the body).

After instructing the man to stand inside a large metal bowl, Zé Mineiro blesses him by signing the cross over the client's entire body, first with his hat and then with a bottle of agua benta. He then pours a bowl of the greenish liquid over the man's head followed by a bowl of the raw beans. Following the he empties almost the entire bottle of agua benta over the man's head and gives him the rest to consume. The two of them recite a prayer of protection against all manner of malevolence: *bruxaria* (witchcraft), *feiticeiria* (sorcery), and *mau olhado* (evil eye). At the same time, Zé Mineiro passes a tight bundle of leaves across his client's limbs and torso in long stroking motions. Once this is finished, he lights a large cigar called *tauarí*[35], begins to take long drags, and then blows the smoke forcefully onto the abdomen of the man with his lips almost touching the man's skin. After repeating the procedure seven times, he hands the man a bottle containing a dark colored tea made from different roots and leaves and instructs him to

[35] Tauarí is one of the instruments commonly used in Amazonian pajelança (See Chapter Six). The use of tauarí in this ritual is a strong indictor of a mixture between Afro-spiritist and indigenous traditions.

consume measured doses of it regularly for the next two weeks. The man humbly asks several questions in a quiet voice, addressing the pai de santo as *seu boiadeiro.*[36]

Next, Zé Mineiro next turns his attention to the young woman with the child and her older escort. He positions them in the middle of the ritual space framed at four corners by *mandalas* drawn on the floor with *pemba* (sacred chalk). He moves the censer around their bodies, allowing the smoke to envelop them. Then he passes a stalk of colored feathers across the head and the spine of the baby, repeating this motion seven times. Out loud, Zé Mineiro explains that this baby is *espantado* (suffering from a kind of shock), has intestinal inflammation, and a problem with the spine. He intends to treat the baby but recommends strongly that his mother take him to the doctor for the infection and the spinal condition. After applying some balm to his skin, and tying protective hemp cord on his arms and legs, he describes different procedures for home care including the use of baths and herbal preparations. The older woman jots their names on a piece of paper and the names of shops where she can find the materials. The boiadero also advises her to speak to the pai-de-santo afterward so that he could arrange a visit to the hospital.

Zé Mineiro then beckons the younger woman over to the bowls, but she stands frozen in place. Speaking words of encouragement, he takes her by the arm, assisted by the older woman, and stands her in the bowl. After conducting a *limpeza* (cleansing), similar to the procedure used with the man, he collects about ten large beer bottles, shatters them by knocking them together, and collects the shards of glass into a large

[36] The word 'seu,' in this usage, is an informal term of respect used for males, as in "Sir" or "Mr."

pile. He then hoists the woman onto his back, hunching over so that their backsides are touching with arms entwined, and steps onto the pile of broken glass with bare feet, stomping on it for several minutes under the weight of the young woman while grunting a cântico After putting her down, the boiadeiro displays to everyone the unscathed soles of his feet. He then uses pemba to mark symbols on her limbs and joints as protection against evil eye. He also ties hemp cord around her upper arms and explains to the audience that in thirty-eight days she will be liberated from the influence of the spirit that is harming her.

Later on, after the healing ritual, the older woman tells me that her daughter, the younger woman, started having lots of problems at home, becoming withdrawn and afflicted with *nervos* (nerves) involving outbursts of rage and panic. She was also not connecting with her children and not eating well. These behaviors started after the birth of her youngest child. On top of this, her crente husband stopped caring for her and was rumored to have physically mistreated her. Recently, she fell down an eight-meter well at the house and (remarkably) only broke her ankle and foot. Apparently, a malevolent spirit had been pursuing her and it was the spirit that threw her into the well. A doctor treated her for her injuries and prescribed a tranquilizer to calm her emotions, but the medication did not seem to help. Moreover, since she and her daughter had come to stay at the terreiro, her husband had become angry and resistant to her receiving treatments here. Occasionally he would show up at the terreiro to demand that she return home. Later on after the day's work, the pai-de-santo also relates to me that his guia, Zé Mineiro, discerned that the young woman had severe depression (*uma depressão forte*) and was also experiencing a bad *encosto* (spirit affliction).

Returning to the ritual space, Ze Mineiro proceeds in treating the two young males with similar kinds of cleansings and blessings used on the previous clients. He also accompanies his clients into a small side room to speak with them privately. When he has attended to all of them, roughly two-and-a-half hours after beginning of the ceremony, he announces his departure. The drums and dancing begin again. After about five minutes of dancing and spinning he trembles frenetically and then is thrown off balance and to his knees, as if by an unseen force. His head is uncovered, and then the pai-de-santo, having returned, staggers to his feet. Holding his head with both hands as if to keep it in place, he utters in an exhausted grunt: *Ai meu Deus! Caboclo pesado.* (Oh my God! A heavy caboclo)[37]. When he finally regains composure, he covers the drums with the veil. The pai-de-santo then walks over to members of the audience to greet them and to chat informally as others in the audience exit the terreiro.

At a Centro Espírita

In another neighborhood, a study session is just finishing at a centro espírita. Tonight's meeting is designated a *reunião mediúnica*, oriented to the study and practice of spirit mediumship (*mediunidade*). During the study session, the twenty or so attendees discuss a book by the Brazilian Spiritist author José Naúfel entitled *Os ABCs do Infiníto* (The ABCs of the Infinite). The book is one among a vast Spiritist literature on the principles and phenomenology of spirit mediumship, and the discussants compare some of its points to the canonical writings of Allen Kardec. For example, the

[37] The pai de santo uses the term "caboclo" as euphemism for spirit in reference to his boiadeiro guide. In actuality, the boiadeiro is considered to be a more elevated spirit than a cabaclo, athough not as sanctified as an orixá.

session coordinator highlights the concept of *ideoplástica*, describing how spirits manifest in accordance with the spiritual maturity and mental *sintonía* (resonance) with the medium. Often, *espíritos desiluminados* (unenlightened lower spirits) can manifest and cause great fear, anxiety, and pain in the mediums. He also asserts that while some mediums may themselves be less developed in their mediumship capacity or in the midst of personal crisis, these upheavals offer opportunities to reflect on one's own condition and work toward personal healing and moral development.

Once the discussion phase has ended and most of the participants have left the center, a group of men and women, eleven in all, congregate upstairs in a small attic-like room. Each person sits on a chair around a small wooden table. The main lights are switched off leaving a small desk lamp placed on the floor in the corner to illuminate the space in a dingy orange glow that casts long shadows on the wall. The shutter of a small window is open, allowing the balmy night air and the moonlight to pass in. After an opening prayer, each person comports him or herself in a solemn and meditative fashion with eyes closed. As they modulate their awareness, some speak out loud. One of the men describes sensations and imagery that include figures of different persons surrounded by a color and warm light.

Roughly ten minutes pass and then the breathing of several participants becomes deeper and more labored, their vocal intonation starts to change, faces flinch as if in pain, and bodies shift in seats. They begin to channel the spirits. Some of the mediums are overcome with laughter, tears, and affected speech, while others appear stoic and unmoved. At the side of each medium sits an *orientador* (orientor) who ceases meditation and attends to the medium. In low voices just above a whisper, each

orientador addresses the spirits channeled through the medium, asking about his or her identity, current state, and what messages they wish to impart. One of the mediums, a teenage girl, is weeping softly. She seems to be revealing the details of a past terminal illness and the associated pain and distress of her family. The orientador provides words of encouragement, adding that the members of this group are here to provide support and guidance. It is difficult to make out all of their communication because across the table, another medium, a young man, displays palpable discomfort. He starts to scratch his torso and arm incessantly and soon after, he doubles over onto the table with his head buried in one arm. Then, with the other arm extended, he bangs his fist firmly and loudly on the table. This behavior spirals into vigorous tremors of the same arm and part of his upper torso. His head rolls around on the table to and fro as he emits anguished moans and mumbling. Occasionally, he comes out of trance and his eyes appear very red and puffy, and he seems exhausted and disoriented, as if just awaking from a drunken sleep.

These bouts occur several times during the session. The *orientadora* next to him speaks in a hushed yet stern voice, instructing him in gaining control over this inappropriate behavior. It is difficult to discern if her admonitions are directed at the medium or at the manifesting entity. Next to him, the coordinator of the session sits calmly, apparently oblivious to the commotion. Half to himself, he pontificates out loud about the nature of humanity's connections to the spirit world. His speech is authoritative and plodding, as if each word is carefully chosen before being uttered. He also asks for blessings and guidance for "sibling spirits," particularly for the spirits of Umbanda, the caboclos and pretos velhos. Another medium engages in psychography,

channeling spirits through writing. She sits calmly, concentrating with her forehead half buried in her hand. Her other hand, grasping a pen, slides methodically over notebook paper and formulating sentences and paragraphs.

The activities continue for another half hour as mediums return to waking states and then sinking back into mediumistic trances to channel more entities. When all the spirits eventually "depart," the session ends with prayer and then an informal discussion of experiences and impressions. I learn that the young man who was having difficulty during the session is relatively new to the mediumship and he recurrently experiences the symptoms during practice. In addition to his efforts to develop his mediumship, he is also receiving treatment for epilepsy and schizophrenia at CAPS.

After the session the participants retire to another room downstairs and deliver *passes* to one another. Passes involve the imposition of hands around the receivers' body, in order to regulate his or her "fluid energy." The receiver sits in a chair or lies prostrate on a bench. The channeler stands over the receiver with arms outstretched without touching the receiver. Both of them remain silent with eyes closed, concentrating on the feelings that arise in their interaction. The mediums that had channeled spirits earlier receive the most passes, but everyone takes part in exchanging passes to each other before departing the center for the evening.

At CAPS

The front hallway entrance at Centro de Atenção Psicosocial (CAPS) doubles as a waiting area. This afternoon it is nearly filled with about twenty persons, from young adults to the elderly, sitting on benches and waiting to be attended by the receptionist.

Some of them examine little blue cards that contain personal vital statistics and medical information. In a room off to the side of a large common area, a group of nine women sit around a table working on arts and crafts project. Through the windowed room the surface of the table looks like something out of a schoolroom, with tangles of colored yarn, sheets of colored paper, popsicle sticks, and glue containers scattered here and there. Some of the women create a collective atmosphere while working together and making loud conversation, while others keep to themselves. The nurse moves from one individual to the next providing assistance with their projects if it is needed. One woman, laughs boisterously to the others, jesting that she has found her new calling and will start selling her new crafts at the market.

I make my way to a small, brightly lit consultation room containing a small desk, several chairs, and a small cupboard. After a few minutes a nurse named Dalva enters with a couple that I had met in the clinic the previous week. Together, we prearranged for me to join in their initial consultation today. Once everyone is seated, Dalva asks the woman, Ana Maria, to describe some of her problems. Ana Maria seems nervous and speaks slowly and cautiously. Her vacant stare gives the impression that her thoughts are fixated elsewhere. Eventually, she reveals that she has been experiencing frequent dizziness (*tonteria*), headaches (*dor de cabeça*), weakness in her body (*fraqueza*), and a great deal of agitation (*agitação*). Dalva jots all this done on a notepad and probes for more details. Ana Maria seems to have difficulty comprehending her questions. She frequently turns to her husband, Elson, and they speak together in low voices, after which she responds, “When I feel the crisis I don’t remember anything and I walk around here and there aimlessly, falling on the floor,

falling in the water." Elson adds that on repeated occasions, she has become very emotional, anxious and panicky, then loses her memory and wanders away from home into the forest. The couple lives with their two young daughters in one of the small communities in the FLONA (Tapajós National Forest). Elson estimates that her wandering episodes have occurred around five times. One time he found her unconscious by a stream. Another time some other members of the community found her walking down a dirt road. Elson and Ana Maria used to come frequently to Santarém to sell produce from the community and stay with kin. While staying in the city she wandered away from the house and found herself in another neighborhood, not knowing how she had arrived there.

Dalva inquires how long Ana Maria has experienced these episodes. Ana Maria guesses, on and off for seven years, but Elson reckons probably more like ten. She is initially quite vague about how exactly they began, but after some discussion with her husband she replies that they started to occur after they were married and also after they had children, twin daughters. They used to work between the *colôno* (colony) in the FLONA and the city, traveling around a lot and, during that time, she had no problems. After starting a family, some of her habits changed, as she would have to stay at home taking care of the children. She did not like to be alone and would become fearful and very distressed, but she could not pinpoint the reason. Sometimes she would cry incessantly, or become easily angered and shout at the neighbors. People in their community started to avoid her. "They thought I would become violent and hurt someone, like I would attack and bludgeon someone. But, thanks to God," Ana Maria says, clapping her hands together prayerfully, "I don't have the capacity for this. Still,

all this produced a great schism between us." Dalva asks if Ana Maria has experienced stomachaches or poor sleep. Ana Maria denies that she has, but Elson confirms that she experiences a lot of problems sleeping. At present, she is not taking any medication (except for the occasional use of *maracujina*, a natural sedative made from passion fruit extract) so she has a lot of difficulty with sleep.

Ana Maria had consulted general practitioners in Belém and in Santarém several times, as far back as 1997. Her last visit occurred within the same year. Dalva asks if the doctors had diagnosed any medical condition but Ana Maria does not comprehend the word "diagnosis." When Dalva clarifies, she responds that the doctors only said that her problems came from excessively worrying all the time about children, about expenses, about day-to-day stresses and conflict in general. "They never did any examinations. They never put the plate on the head,"[38] she says. "They just gave me *calmantes* (sedatives) and said that I would feel better after taking them." Ana Maria does not remember the names of her medications but says that initially, she did feel better. (Later we determine that at least one of her medications was an anxiolitic called Lexotan). When she would lose her memory she would take her medication and "things would improve." She stopped taking the medication and going to the doctor when things did improve, but then the symptoms and crises returned and she would have to start over again. Ana Maria says that the medications were also very strong and they left her "feeling heavy and cold" and without any motivation to work or to interact with others. Moreover, they contributed to weight gain. Elson interjects that they also had

[38] B*ater a chapa na cabeza* (literally, to put the plate on the head) is a colloquial reference to an electroencephalogram.

difficulties finding transportation when they needed it, especially from the colony. Also, funds for purchasing medications always seemed to be lacking, once the quota covered by insurance expired for the month; even if when they were able to pay, the pharmacists did not always have a supply in stock. The doctor she saw in Santarém during her last visit prescribed Azapam, but they have as yet been unable to obtain it.

Dalva explains to Ana Maria and Elson some of the details of my research and that, given the various difficulties with the medications, it would be interesting to know if they have tried to treat these symptoms in any other ways. I qualify that I had previously visited their village in the FLONA and knew of two pajés who live there. I had spoken at length with one of them named Dom Chagas. Dom Chagas had told me that his brother is also a pajé are that their father, Aurelino, had been a pajé of immense notoriety throughout the Middle Lower Amazon region. He was deceased some ten years (See Chapter Six). Pleasantly surprised, they both confirm that they know Chagas well and that Ana Maria had been under his care in previous years. Chagas had treated her with pajelança, using four or five *banhos* (ritual baths) as well as various preparations of teas made from different leaves (*garrafadas*), but he never described the cause of her condition, only referring to "spiritual perturbations."

I inquired why they decided to see Chagas after having already visited doctors in Santarém and Belém. Did they believe, as Chagas had said, that Ana Maria's problem was caused by something of a spiritual nature, something like evil eye, which Chagas could likely treat? Elson waves his hand and smiles saying, "no, no, it was nothing like that." His wife's problems stemmed from a type of nervousness (*nervosismo*). In his opinion, this nervousness had become an illness, "like some sort of illness in the head."

Ana Maria's father had a history of mental illness. Several times he went to jail because of his violent behavior, but after visiting doctors in Belém and taking medications, he improved. They only went to Chagas after some family members and acquaintances in the colony advised them to seek his care. When I ask if his treatments provided any benefit, Ana Maria seems rather indifferent. After a few pensive moments she says, "Yes, I felt fine. I felt better."

I probe further about other types of treatment she may have sought. Recently, a family friend took Ana Maria to an evangelical church in Santarém and they prayed a lot there. But, Ana Maria confesses, she did not really like it. She felt strange because of "all that business, falling on the floor, getting excited, and shouting. It gave me a headache and agitation." She does not recall the name of the church but she also attended a home worship group in the city several times with her friend. There, the group members prayed for Ana Maria. I ask if the church could have been Igreja da Paz and she replies that it may have been, but cannot recall. Elson adds that both of them are Catholic and believe that faith can work cures, so they pray a lot. But they don't really "mess around" in the evangelical church. At this, Dalva nods and agrees that prayer is very important and can provide peace to those who are struggling. She then segues into describing other important strategies and how participation at the clinic will help her.

Through consultation and therapy at CAPS, Ana Maria will be able to work on her interpersonal communication. This includes, on the one hand, talking with her husband Elson more openly about what day-to-day situations accumulate stress and ways to avoid having her emotions spiral into crises. On the other hand it will involve learning to be more aware of how she is communicating with other people so as not to

be aggressive or accusatory. In CAPS, Ana Maria will also be able to work with others within group activities and cultivate interests in other pursuits as way to obtain some balance in her life and avoid feelings of loneliness. Additionally, she can learn to think about strategies to make more time for visiting family members and friends with regularity so that her she does not feel isolated. From here, Dalva describes some of the logistics of enrolling in CAPS, including scheduling future appointments and activities over the next few months, including medical consultations. She writes this information on a small card and gives it to Ana Maria. After finalizing the details, she recommends that she and Elson obtain a supply of Azapam at the small pharmacy across the hallway since they are still holding a valid prescription.

After the consultation, I escort Elson and Ana Maria to the pharmacy, which is room no more than the size of a large walk-in closet. Elson hands the attending pharmacist a piece of crumpled paper. The pharmacist walks behind several freestanding shelves. After a few moments, he leans around the shelf and says that he does not have any of her medication in stock. He then checks a notebook lying open on a small desk and shakes his head. “The shipments still have not come from Belém. We have been waiting more than two weeks, not just for Azepam, but also for almost everything else.”

At Igreja da Paz

Fridays at Igreja da Paz are scheduled for *reuniões de cura e libertação* (services for healing and deliverance). Although these services are held throughout the day, the ones in the afternoon and evening tend to attract the largest congregations. On

this particular evening, the crowd has swelled to several hundred people. The attendees range in age from the elderly to young children, and more than half of them are women. Some arrive with family members or acquaintances. Some have come alone. Almost everyone is attired in casual street clothes and they sit scattered among the pews, comprised of plastic chairs and wooden benches. Even with a congregation this size, the enormous sanctuary of the mother church is only at about a third of its capacity, seeming somewhat empty as compared to the Sunday services when it can accommodate close to a thousand individuals. Its space is brightly lit with grids of fluorescent lights hung from the vaulted ceiling. At the front of the sanctuary, a five-and-half foot high stage extends across the entire width. A podium sits in the center of the stage and off to one side is the area for the guitar and keyboard band that provides musical accompaniment. A few twenty years men tend to their instruments while upbeat contemporary songs of praise pipe over the PA.

Then, from a door to the side of the stage a team of *obreiros* (workers) emerges. Six of them are women and four are men. They walk over to stand below the stage facing the congregation. Each one in the team wears a yellow buttoned down shirt and navy colored slacks or skirt and a matching dark necktie or neck scarf. The pastor, a large-framed, middle-aged woman wearing a dark pantsuit walks onto the stage and takes up the microphone at the podium while the band launches into an energetic tune. She stimulates the congregants by having them rise to their feet and celebrate their presence at the service with a round of applause. She reminds them of the problems they have brought with them: afflictions, infirmities, drugs and alcohol, anguish, humiliation, conflict, rebellion, and lack of faith. As she continues, her voice takes on an emphatic,

impassioned tone, repeating over again the day-to-day struggles people face. She calls for God's presence and beckons the congregation to call out several rounds of "*Alleluia!*" With pastoral proficiency she seamlessly transitions into a song of praise and the congregation joins in, filling the sanctuary with a chorus of exuberant voices.

After this introduction, another song, and some housekeeping announcements an obreira approaches the front of the congregation below the stage with a large red bag. The band leads into a somber tune, and the congregants line up and file toward her. As they place their *dízimo* (tithes) in the bag, the pastor boldly encourages them: "God has plentiful blessings for those folks that come looking for them!" The tithing continues about ten minutes. When it is finished the obreiros empty plastic bags filled with clothing and a variety of objects onto several tables at the front. Some of these objects include photos, letters, and jewelry. As they arrange the items, the pastor expounds on the evenings purpose: *O Pronto Socorro Espiritual* (The Spiritual Emergency Room), where demons and infirmities flee from people's lives in the face of God's healing grace. She elaborates on the significance by reading passages from the Bible including the accounts of Jesus casting out demons, healing the blind man, and raising Lazarus from the dead. After the reading she boldly address the congregation:

> This is the power of the Holy Spirit that comes to use through faith. It is not the work of sorcery. People that spend all night at terreiros beating drums and fooling around with that filth, those that play Carnaval and dance around naked in the streets, they are all deceived. Jesus is the doctor who can resuscitate us with new life; we can act as channels of blessing to impart this power in each other, to our brothers and sisters suffering from cancer, from disease, from disillusion and alcoholism, from pain and abuses, and from the demons' captivity.

The pastor invites the persons who brought in the objects now scattered on the table to come forward and impose *passes* over the objects during the prayer for healing. From the pews, the rest of the congregation similarly extend their arms toward the tables and shut their eyes. As the pastor begins an emphatic prayer, the obreiros busy themselves by passing around a small bottle of holy oil, which they apply to their palms. Then, they touch each object on the table with their hands and repeat several times. When this process ends, the pastor calls for applause for the recipients of the healing.

She then invites everyone to gather in front, below the stage and begins to pray in a loud voice, asking for God's blessings on soul, body, and mind. The congregants stand below her and join in with their own fervent praying. They extend their hands above their heads with their palms faced upward, and some shift from foot to foot or rhythmically turn from side to side. Many faces display tense but earnest affect. As the pastor continues over the next ten minutes, her voice becomes bolder and more determined. She calls for God's power to liberate, purify, and restore those who are suffering from the demons of depression, alcohol, conflict, and macumba. During this time, the obreiros walk amidst the congregants with watchful eyes. At intermittent moments they each stop and stand to the side of a congregant. The obreiro places his or her hand on the back of the upper torso or shoulder and the other hand clasps on tightly to the individual's forehead, almost covering the eyes. He or she begins to pray, murmuring rapidly in the ear of the congregant. Then in a deliberate and rapid motion, the obreiro removes his or her hand from the forehead, as if forcefully extracting

something, and simultaneously bellows: *saia, saia, saia!* (leave, leave, leave!). Then each obreiro moves on and repeats the procedure with others in the congregation.

After a few minutes of this activity, one lady standing toward the front begins to swoon on her feet. The obreiro standing with her grips her head as if a vise and moves in synchrony with her body, which is now teetering to and fro. Her legs buckle suddenly, and the obreiro guides her down to the ground and kneels beside her. Lying prone on the floor, her body is stiff and slightly contorted. Every so often, it ripples with mild convulsions. To the side, another obreiro, who is missing an ear, prays over a young man. The obriero's hand trembles violently on top of the man's forehead. He shouts in a loud voice, *Em nome de Jesús! Saia deste corpo, todo mal, toda infermidade, todo demônio!* (In the name of Jesus! Get of this body, all evil, all sickness, all demons!). His prayer arrives at a crescendo of vocal force while the man remains standing still and silent. Another woman jumps up and down wildly in place, while another skips joyfully around the periphery of the crowd, as if dancing at a rock n' roll concert. An older obreiro paces after her, pointing and calling angrily to the demon he perceives in her to depart. The woman pays him no mind. But after several minutes of being stalked, she stops her ebullient display, approaches the obreiro, and shakes his hand.

The service continues and more people are falling on the floor now. Several women and a man lay in different areas writhing and contorting as obreiros loom over them in determined prayer. Some of the supplicants are crying. One woman convulses so violently that two obreiros have to hold her down. The atmosphere has now erupted into a cacophony of voices, punctuated by the pastor's praying. She pumps her fist in

the air and over the microphone she names peoples' afflictions: gastritis, ulcers, headaches, inflammation, pains, disability, anxiety, depression, diabetes, cancer, alcohol, deception, finances, marital strife, and macumba. The first woman who had fallen is back on her feet but goes down again. An older obreira makes contact with her trembling body. The obreira sprinkles holy oil on her forehead and neck. Another younger obreiro kneels over her body and in a loud and scornful voice demands to know, *Quem é? Quem é?... Demonio?* (Who are you? Who are you?... Demon?) Then he repeatedly yells, *saia!* as sweat drips off his face onto the floor and the woman. This carries on for several minutes until she begins to scream and writhe and suddenly exclaims, *Jesús, tem piedade em mim!* (Jesus, have pity on me!). The obriero responds authoritatively, *Senhor! Quema essa macumba!* (Lord! Burn this macumba!) After a minute or two of this outpouring, the woman relaxes and opens her eyes. Several obreiros help her to her feet. The pastor comes over to assist. Holding the woman's head she blows forcefully and repetitively onto her neck, then embraces her tightly. Looking exhausted and disheveled, the woman is led away from the crowd and toward a side room.

The service winds down some hour and half after it began. It is sealed with prayer and applause, and then the congregants turn to each with embraces and words of blessing. They form two lines and pace toward the front of the sanctuary to receive a dab of holy oil on their forehead from the obreiros. Then, they gather their belongings and trickle out of the sanctuary into the warm night. But activity continues inside. In the annex room, the woman who is *endemonhada* (demonized) sits slumped in a plastic chair. Six obreiros stand in a tight circle around her. The prayer of liberation continues

as they hold their hands over her, some resting on her head and shoulders. The woman seems unresponsive and she stares off into space. The pastor again makes appeals for the demon in her body to leave her. After a few minutes they lift her out of her chair and embrace her as a group. A young family member then escorts her out of the church.

PLURALISM AS AN OPEN SYSTEM

The vignettes above provide a cross sectional view of healing-centered activities that santarenos can encounter on a daily basis in Santarém. These events occur at least once each week in many different venues across the city. For example, Igreja da Paz holds the services for curing and deliverance every Friday.[39] They are performed in the mother church at 4pm and 7pm and held at different hours throughout the day in other. Mediumship sessions occur on either Wednesday or Friday evenings at respective centros espíritas, although magnetic therapy sessions (*passes*) happen at almost every meeting throughout the week. CAPS programs run from 8am - 4pm, Monday to Friday and operate like most clinical programs with fixed schedules for patients and would-be patients. Clients of terreiros also must schedule time for a consultation or curing session with a zelador-de-santo. However, the timings of these sessions are highly variable and contingent upon the preferences and constraints of each zelador-de-santo and client.

These activities are a reflection of medical pluralism and treatment seeking in Santarém. It goes without saying that, in the broadest sense, this relationship encompasses the entire conceivable range of issues regarding health, disease, and the

[39] Other Pentecostal churches such as IURD and AD convene services for curing on Tuesdays and for deliverance on Fridays. Igreja da Paz reserves Tuesday evenings for leadership training for cell group coordinators.

access to and use of available treatment modalities. Admittedly, it is difficult to know how to carve this broad domain at its joints from the outset without the risk of severing some vital contextual link or discarding essential structure. From one vantage, the practices highlighted in the vignettes seem to be quite distinct and incommensurate. What, for instance, does a boiadeiro spinning about a smoke filled room with feathers and rattles in hand have to do with a psychiatric consultation at public clinic? How could bombastic, thaumaturgic performances at Igreja da Paz have any relation to the stoicism on display in Spiritist mediumship? And why would a person prefer a ritualized bath to a doctor's prescription? Yet, in all the settings I have described, care seekers deal in a common currency of problems rooted in psychological and spiritual distress, social and behavioral disruptions, and psychiatric syndromes. In trying to identify the sources of these predicaments, actors consider the possibilities of organic disease, spirits and demons, social defeat, and moral deficiency; and they the bank on the hopes of immediate relief and self-renewal. They look to ritual healing and magic, spirit mediumship and spirit removal, allopathy, and the sheer force of faith. In these practices they encounter various methods of re-fortifying mind, body, spirit and for balancing social and spiritual relationships. In all, these processes concern the social and cultural expressions of dysfunctional and deviant selves in Santarém and the ways of explaining and treating them. More broadly, they bring into focus the confluences of sickness, spirituality, magic, and medicine within the lived experiences of santarenos and between the structures of secular and popular religious institutions.

Through the lenses of actors' treatment seeking efforts, the marketplace of medical and spiritual options can be viewed as a relatively open system of *part-to-*

whole relations. In this light, the examples ritual healing described in the vignettes are individual nodes situated within a broader network of therapeutic options and relationships available to santarenos, rather than merely discrete forms of religious practice. Similarly, mental health services at CAPS are not just the aspects of the medical apparatus. Notwithstanding the emphasis placed on identifying and treating psychobiological dysfunction, they are spaces in which actors also grapple with existential and social suffering, moral agency, and the pragmatic constraints of life. In this respect they, bear some resemblance to the psychosocial milieu of popular religions.

Investigating these part-to-whole relations can benefit from comparative analysis. There are, of course, advantages and disadvantages to such an approach. Studies of singular ethnomedical traditions that are historically the norm in anthropology, can reveal depth and nuance in the objects of analysis in ways that may not be feasible in an comparative orientation. At the risk of sacrificing this depth, comparative method can illuminate the embeddedness of each tradition within the broader field of traditions, thereby preserving sensitivity to social complexity that studies of singular, closed systems might overlook.

This perspective echoes earlier and recent scholarship in medical anthropology. In her seminal work on medical pluralism in the Bolivian highlands Crandon-Malamud (1991) considers the utility of open vs. closed system thinking in medical anthropology, asserting that even comparative investigations of ostensibly "contrasting" medical and spiritual traditions can be problematic. More often than not, the boundaries between traditions are quite porous, and fragmented, despite anthropologists' attempts to

construct "artificial" ones for the sake of analytical clarity (24). In this respect, Crandon-Malamud privileges an open systems perspective of medical pluralism motivated by analysis of her informants' care seeking behaviors and their vicissitudes within the social and institutional spaces they inhabit. Finkler (1994) proposes a similar perspective in her comparison of sacred healing and biomedicine in Mexico. Although she does not explicitly reference the notion of open systems, she argues that spiritual and allopathic medical systems that diverge on many dimensions nevertheless, "become unified in day-to-day life by the people who resort to them." She adds,

> Unlike academicians, who regard the two healing regimens as diametrically opposed and in competition, the people who seek treatment do not distinguish the profound epistemological differences between sacred healing, such as Spiritualism, and biomedicine. In the search for the alleviation of pain, pragmatism prevails; people judge the treatments they are given by their effects. They look toward those who provide them with the best medicine for a given sickness episode (179).

Csordas (2006) extends this logic further, to the dimensions of bodily experience and selfhood. He asserts that when considering how actors' therapeutic engagement articulates within "experiential immediacy," the typical analytical heuristics employed to delineate the boundaries of therapeutic modalities and medical systems tend to unravel, exposing the connectivity of existence in the present moment and "complexity in the body per se" (x). These points provide theoretical foundation for subsequent chapters in this study. In the remainder of this one, I will broaden the lens somewhat to highlight some survey-based findings concerning reasons informants gave for initial visits to religious centers, positive treatment options, and basic health beliefs.

PATTERNS IN AFFILIATION, TREATMENT, AND ILLNESS BELIEFS

The data below are derived from opportunistic samples of informants who were already affiliated with a particular center. Therefore, they are not statistically representative of the respective populations of each center. However, they do represent characteristics of center members with whom I had the most direct contact in my day-to-day interactions. These data do not represent the CAPS population because I was not authorized to administer the survey at the health clinic.

Each survey respondent self-administered the questionnarie that included these items and returned it to me; hence I had little control over non-responses. This discrepancy is accounted for in the data. For example, in the demographic data presented in Table 4.1, the total number of responses is equivalent to the total number of infomants surveyed (n) less the number of non-responses to that item (missing values). Thus, for gender, the total number of responses for the *Terreiros* group is 32, although the total number surveyed is 41, and so on. Also, percentages reflect portions of responses relative to the total number (n) for each group. For example, 46% males in Terreiros is a figure calculated from a total (n) of 41, while 26% males in Centros Espíritas is a figure calculated from a total (n) of 66.

The Appendix contains a list of survey items.

Demographic Characteristics

Some of findings revealed in Table 4.1 regarding demographic characteristics are worth noting. The ages of respondents tend to be on the younger side. This reflects a tendency I observed in which relatively younger members of centers were more

gregarious and also more willing to fill out a questionnaire. The age range for terreiros and Igreja da Paz extends as low as 10-19 years of age. Howerver the youngest respondent among the terreiro group was 15 years old and had the permission of her grandmother, the mae-de-santo of that terreiro to complete the survey. The youngest member of the Igreja de Paz group was 18 years old.

As indicated in the previous chapter, skin color remains an important criterion of social distinction in Brazil as reflected in everyday discourse and in the census categories, which, nonetheless, comment on class and cultural background. Data in Table 4.1 reveals a fairly even percentage distribution of each skin color category across religious center, and fairly similar distribution of skin color categories within each center. The exception is the category *pardo* (yellow) in the Centros Espíritas group that has a somewhat higher percentage of responses.

Level of education is based on the division between primary level education (up to eight years), secondary level (nine to 11 years), and superior level (11-15 years). Secondary level is roughly equivalent to high school and superior level is roughly equivalent to college and post-secondary vocational school. Beyond fifteen years indicates graduate or professional school (e.g., medical school, law school, business school). (See also Appendix for a description of education levels). Table 4.1 reveals a general pattern of similarity in educational attainment among respondents.

Income level reflects the combined income of respondent's household and is calculated from the standard indictor of income in Brazil, the minimum monthly salary (R$300) (See Appendix). Table 4.1 shows the broadest income range represented among respondents in each grouping, with a higher modal income range among

Table 4.1. Demographic Breakdown

	Terreiros n= 41 (%)	Centros Espíritas n=66 (%)	Igreja da Paz n= 50 (%)
Sex			
Male	19(46)	26(39)	12(24)
Female	13(32)	39(59)	29(58)
Modal Age Group in years	20-29	30-39	30-39
Age grouping Range	10-19… 40-49	20-29… 60-89	10-19… 60-69
Skin color			
Negro	3(7)	2(3)	2(4)
Moreno	10(24)	18(27)	11(22)
Pardo	12(29)	27(49)	19(38)
Branco	8(20)	17(26)	12(24)
Years of Education (Personal)			
Modal Level	11	11	11
Range	Under 4 … Over 15	8… Over 15	Under 4… Over 15
Monthly Income level (Household)			
Modal level	R$300 to under R$600	R$1500 to under R$3000	R$300 to under R$600 monthly
	R$900 to under R$1500	R$3000 to under R$6000	
Range	less than R$300… R$6000 or more	less than R$300… R$6000 or more	less than R$300… R$6000 or more

members of Centros Espíritas. This finding reflects a widely observed trend that Spiritist hail from middle class and upwardly mobile sectors of the national population (Brown 1994[1986]; Hess 1994).

Ports of Entry

In the introductory chapter, I cited a number of recent studies that implicate illness and distress as the most salient ports of entry into religious communities. I was interested in examining this issue among my research sites in Santarém. In Table 4.2, I provide findings based on responses to a structured questionnaire item that asked respondents to identify the *initial reasons for visiting the religious center with which they were affiliated (i.e. at the time of the research)*. The categories listed represent the most frequently reported reasons for initial visits that respondents gave to open-ended and semi-structured questions on this topic. Less frequently reported reasons that are not shown in the table include: 'involved in founding of the center/church,' 'held volunteer or temporary job there,' 'assisted with activities,' 'made donation,' 'experimenting with macumba', 'I don't remember.' The terreiro group includes multiple responses (hence, the total number of respondents is 41 but the sum of responses is 47).

These data indicate that circumstances regarding personal health and wellbeing are among the most salient factors contributing to the initial decisions among these respondents to visit a terreiro, a centro espírita, or Igreja da Paz. I had expected to find this pattern although I assumed I would obtain a stronger response rate. When I posed the same question informally to leaders of religious venues (viz., pastors, *zeladores de*

santo and Spiritist *oreintadores*), they responded that illness was, in their estimation most likely *the* principal reason. For example, Pastor Rebecca at Igreja da Paz, who coordinates the church's rural health mission told me that they had, in the past, conducted an informal survey (hand count) among church cell groups about this very question and found that members most frequently reported illness or emotional difficulties. The non-representative nature of the samples most likely explains part of this discrepancy in that the samples may not have fully capture this social reality perceived by various religious leaders.

Table 4.2. Reasons given for initial visits to religious centers.

Reason for initial visits	Terreiros	Centros Espíritas	Igreja da Paz
Total	n=41 (%)	n=66 (%)	n=50 (%)
Curiosity	5(12)	9(14)	2 (4)
Family affiliation	12(29)	8(12)	15(30)
Problems in family	0	6(9)	11(22)
Learn about doctrine	5(12)	19(29)	12(24)
Problems with job and finances	2(5)	1(2)	2(4)
Resolve issue with personal health and well being	10(24)	20(30)	14(28)
Develop mediumship	10(24)	3(5)	0
Protection against sorcery	3(7)	0(2)	2(4)

Learning about the doctrine was also a frequently cited reason. Responses from affiliates with terreiros and Igreja da Paz also show that prior family affiliation (i.e., "I

came because someone else in my family was already affiliated and brought me") is also a frequently cited reason. I have some evidence from follow up with informants indicating that responses in this category also obscure initial reasons that also have to do with illness. For example, in one of the terreiros I surveyed, the majority of initiated members were members of the mãe de santo's immediate family or extended kin. Within that family network, I know of several accounts in which family members were initiated into the religion because of a struggle with illness-like symptoms interpreted to be vulnerability to spirit mediumship. A similar trend exists in the other centers as well. The acting president of one of the centros espíritas related a story to me of how her son's disability and illness complications prompted her initial visit to the center and her path into Spiritism. Across all centers, informants surveyed indicated that apart from the reason for visiting, the actual visit occurred by family member or friend escorting them to the selected center.

In informal surveying among informants at CAPS, I found, as expected, that the primary reasons for visiting CAPS were to have health consultations regarding a particular emotional problem indicated by a doctor or family member, to participate in a group activity (viz., arts and craft), or to accompany a family member. By far, the strongest influences in the initial decision to come to CAPS were a neurologist's referral and the advice and support of a family member.

Treatment Options

In Table 4.3, I present responses to the query, *with what means have you found positive results (i.e. partial improvement to total cure) for a past or present health or*

emotional problems? Responsed are additive (i.e. informant could select any and all options that applied to them). Also, responses only account for options that imparted positive results; they do not represent treatment options that had no measurable results or negative effects. The treatment options shown in the tabel represent the most frequently cited options in prior semi-structured and informal questioning. These data indicate that respondents surveyed perceived salutogenic effects of social support (i.e. talking with friend, family member or a "religious specialist") as well as prayer and meditation. I expected to find a larger response rate on "talking with religious specialists" among respondents from Igreja da Paz. The low rate might have to do with my use of the term "spiritist center" in the prompt, despite the fact that I use "church" also. Crentes often do not want to advertise their past or present activity in a spiritist center (terreiro or centro espírita) because of stigmatization in the evangelical community. By contrast, I found that in face-to-face conversations that allow for probing and contextualization, some crente respondents did admit to their prior or concurrent activities in spiritist centers, and quickly denounce them as sin. In a similar vein, responses indicate little to no use of psychotherapy; however, face-to-face interactions revealed a higher frequency of psychotherapy visits that included no measurable or negative effects in the expereince of respondents as well as visits to local neurologists.

The use of allopathic options, namely medical consultation and pharmaceuticals, is notably lower in among terreiro respondents. I believe, that age bias partially explains this result. As shown in Table 4.1, the modal age among terreiro respondents was 20-29 years. It was 30-39 and 40-49 among Spiritist respondents, and 30-39 among crente

Table 4.3. Treatment options used with positive results

Treatment options	Total	Terreiros N=41 (%)	Centro Espíritas N=66 (%)	Igreja da Paz N=50 (%)
Taking pharmaceutical		5(12)	17(26)	11(22)
Taking home remedy		4(9)	11(17)	3(6)
Medical consultation/treatment		3(7)	12(18)	5(10)
Psychotherapy (with psychiatrist or psychologist)		0	3(5)	0
Professional alternative therapy		1(2)	6(10)	0
Talking to family or friend		6(15)	13(20)	8(16)
Talking to religious specialist from church or spiritist center		8(20)	10(15)	3(6)
Ingestion of herbs prepared by a healer		1(2)	1(2)	0
Ritual purifications with baths, defumations, oils, herbs		13(22)	2(3)	6(12)
Special diet		1(2)	8(12)	5(10)
Prayer or meditation		13(32)	24(36)	21(42)
Protective objects (clothing, amulets, talismans)		4(10)	0	0
Blessings		5(12)	0	14(28)
Laying on of hands/Fluidtherapy		4(10)	23(35)	7(14)
Deliverance/Exorcism		1(2)	0	0
Spiritual vows /offerings		5(12)	1(2)	4(8)
Fortune telling (cards, shells, other objects)		7(17)	1(2)	4 (8)
Developing spirit mediumship		8(20)	12(18)	0

respondents. Although this is not a large differential, it stands to reason that members of the younger age brackets are less prone to sickness (but not necessarily emotional problems) and therefore, are less in need of medical treatment as members of the older age brackets. Spiritist respondents also identified "laying on of hands/fluidtherapy" as a relatively successful treatment option. I had expected to find such a pattern because *passes* (laying on of hands) is key technique among Spiritist therapies (cf. Moreira-Almeida 2005). Although passes are common in curing services in Igreja da Paz, as indicated in the vignettes given earlier, the higher response rate among Spirits may also stem from their close identification with the term "fluidtherapy" (*fluidoterapia*) that I use in addition to "laying on of hands." Practically-speaking, they are the same thing, but the former is more commonly used than latter in Spiritist discourse.

The development of spirit mediumship also appears to be an important option for terreiro and Spiritist respondents but not crentes. Igreja da Paz, like all Pentecostal churches, demonizes spirit mediumship. For the other centers, spirit mediumship is the most important cultivated practice and is deeply infused with therapeutic techniques and rhetoric. On flip side of spirit mediumship are the practices of spirit removal variously labeled as *libertação* (by crentes), *desobsessão* (by Spiritists), and *afastamento do espírito* (by Afro-Spiritists). I was surprised to find that only one respondent from a terreiro indicated "deliverance/exorcism" as an option that produced positive results for health and emotions. Reasons for this are not entirely clear and may have to do with the non-representative sample. However, in follow up discussions with respondents from different centers, I noted that respondents would re-direct my biased view of understanding of exorcism-like techniques as treatments for illness toward the

perspective that problems requiring the removal of spirits were *spiritual* problems, not health problems. This reasoning made good enough sense to me but, in my mind it also conflicts with the understanding that (cultivated) spirit *mediumship* does have perceivable benefits for health problems. Admittedly, what seems like contradictions on the surface reveal layers of semantic complexity at the converging domains of illness, health, and spiritual relations, that are tricky to navigate.

Basic Illness Beliefs

Table 4.4 provides a comparison of basic illness beliefs across the three categories of centers and across three broad domains of illness and distress: physical illness, emotional and relationship problems, and mental disorder and insanity. I use the term "basic" because they are not categories with highly specialized cultural meanings. They represent a shared conceptual model that santarenos commonly employ to distinguish elemental types of illness. Physical illness includes a broad swathe of maladies ranging from day-to-day sore throats, fever, and gastritis to serious infections diseases and chronic conditions such as cancer, diabetes, and epilepsy. Emotional illness encompasses problems with mood, behavior, and social relations, including problematic attachments with spirits. Depression, anxiety, and nervous attacks fit in this category; so do spirit intrusions and spiritual malevolence. For most people, mental disorders and insanity applies to someone who as gone mad (*doido*), who has lost her mind (*perdeu a cabeça*), the kind of person who may be referred to as a “street crazy” (*maluco da rua*). For people who have more education on mental health issues, conditions like depression and anxiety (from previous category) would overlap with the

mental disorder category. Respondents were presented with the list of potential causes for each illness category and were asked to rate their level of agreement along a four-point Likert scale (Strongly agree, Agree, Disagree, Strongly disagree). These responses were aggregated into the dichotomous categories Agree or Disagree, which are reflected in the Table 4.4. Here I will highlight a number of findings.

Table 4.4. Comparison of basic illness beliefs

Illness Beliefs	Igreja da Paz		Centro Espírita		Terreiros	
Total	N= 50(%)		N=66 (%)		N= 41(%)	
Causes of physical illness	Agree	Disagree	Agree	Disagree	Agree	Disagree
God	4(8)	38(76)	2(3)	62(92)	3(7)	33(37)
Spiritual beings	41(82)	1(2)	33(50)	29(44)	20(49)	16(39)
Unseen forces/energies	27(54)	8(20)	45(68)	18(27)	19(46)	17(39)
Physical elements	42(84)	1 (2)	59(89)	4(6)	32(78)	2(5)
Spiritual inheritance	27(54)	15(30)	46(69)	18(24)	17(42)	18(44)
Personal choices	28(56)	13(26)	51(77)	9(14)	24(59)	12(29)
Causes of emotional and relationship problems						
God	2(40)	40(80)	4(5)	60(91)	5(12)	31(78)
Spiritual beings	32(64)	7(14)	47(71)	15(23)	22(54)	12(29)
Unseen forces/energies	27(54)	11(22)	52(79)	6(9)	20(49)	14(34)
Physical elements	24(48)	15(30)	40(61)	21(32)	24(54)	11(27)
Spiritual inheritance	27(54)	11(22)	49(74)	12(18)	23(56)	2(29)
Personal choices	24(48)	13(26)	51(77)	11(17)	23(56)	12(29)
Causes of mental disorders/insanity						
God	3(6)	37(74)	1(2)	62(94)	1(2)	34(83)
Spiritual beings	36(72)	3(6)	43(65)	19(29)	25(61)	10(24)
Unseen forces/energies	27(54)	12(24)	48(73)	12(18)	24(59)	11(27)
Physical elements	19(38)	24(48)	50(76)	9(14)	16(39)	19(46)
Spiritual inheritance	30(60)	11(22)	45(68)	15(23)	21(51)	14(34)
Personal choices	21(42)	18(36)	44(67)	18(27)	17(42)	18(44)

It is evident that respondents do not believe that God causes illness. Afro-Spiritists, many of whom are also Catholic, believe in the Judeo-Christian God of the Bible, as do crentes. For those who adhere more strongly to African-based beliefs (viz. affiliates of Candomblé), God is also *Olorun* (also *Olodumaré*) the Sky Father (or Mother) and Creator of the Universe and the orixás. Spiritists in the Kardec tradition conceive of God as a sacred principle, rather than a personage. They refer to God as the Supreme Intelligence and the Primary Cause of everything. Notwithstanding these different characterizations, the shared belief across different religious institutions is that Godhead is a transcendent and non-punitive supreme being or element that does not meddle directly in the affairs of humans.

By contrast, there is general agreement among informants of different religious groups across illness categories that spiritual beings (viz. encantados, saints/orixás, demons, ghosts) do meddle in the affairs of humans a great deal and can cause all types of illness. Crentes show the highest agreement about the role of spiritual beings in all of the illness domains. One factor that may explain this is that for crentes, spiritual beings are malevolent demons and active agents in causing illness. One the other hand, for spiritists, elevated spirits such as orixás, Catholic saints, caboclos, and luminaries, never cause illness, as do ghosts and certain encantdos. However, physical illness, troubled emotions, and madness can all ensue from a separation between with beneficent and elevated spirits (e.g., orixás) that must be reinvigorated through mediumship (Rabelo, et al. 2002). Respondents from these groups typically qualified this important discrepancy to me. This view most likely influenced some disagreement with the prompt that aggregated all different types of spiritual beings.

Unseen forces also play a role in illness causation. These are forces associated with spiritual malevolence such as sorcery and witchcraft, evil eye, and unstable magnetic-subtle energies and sacred essence. Spiritists show the highest level of agreement, which most likely reflects their strong identification with notion of subtle, fluid energies that regulate a person's vulnerability and resilience to illness. In the vernacular of Afro-spiritism, this vital force is known as *axé*. For crentes, malevolent forces stemming from macumba make one vulnerable to illness. Filling oneself with the force of Holy Spirit provides a means for countering this vulnerability. Spiritists also have the highest level of agreement on the role of spiritual inheritance in emotional/relational problems, which resonates with the core spiritist belief in reincarnation and the transmission of past traits into current and future lives. Ideas about traits and tendencies acquired through spiritual lineages and kinship with spirits appear in Afro-spiritist traditions; however, the level of emphasis placed on this belief tends to differ from terreiro to terreiro.

Physical elements pertain to ideas about microbes, organic processes, and injury. As expected there is a high level of agreement across groups about physical elements causing physical illness. Agreement is more divided on the role of physical elements in other illness domains. One interesting difference is in the domain of mental disorders/insanity. While crentes and Afro-spiritists show slightly more disagreement on the positive role of physical elements, Spiritists show high agreement. One factor that may explain this is a strong ideological dualism in Spiritism where, in addition to doctrinal emphasis on spiritual sources of illness, Spiritists adhere to putative "rational" scientific theories of mind and body that locate organic causes of mental disorder and

madness. With respect to personal choices (individual volition, behavior, and ignorance, and sin), respondents vary in the agreement on most domains. Crentes and Afro-spiritists are split on the view of personal choices causing mental disorder, but Spiritist show greater agreement; a position that reflects a strong orientation the role of individual choice in self-education and moral development that will reduce risks for mental dysfunction. In terms of the category of physical illness, crentes had the same level of agreement on the roles of spiritual beings and physical elements causing physical illness; Spiritists had high agreement on most domains. Afro-spiritists have the most division in beliefs about illness causation across all illness domains, a finding that, I believe, reflects the relative ideological autonomy across terreiros in the absence of a central Afro-spiritist doctrine.

Various other relationships could be address on top of the ones described here. In the broader picture it is important to emphasize that these findings show patterns of within-group diversity as well as patterns of between-group similarity on illness beliefs that characterize medical pluralism in Santarém. The following chapter will continue to explore some of these themes in the context of person case studies of treatment seeking.

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Chapter 5. Case studies in treatment seeking

SOUZA

During an evening attending a small Umbanda *tóque* in a neighborhood not far from my residence I had an opportunity to conduct a group interview with around ten or twelve members. Huddling closely together on some wooden benches just outside the ritual space they enthusiastically described their respective understandings of the faith and their experiences as practitioners. Several individuals, including the mãe-de-santo, contributed to the bulk of talking. One woman even voluntarily demonstrated spirit incorporation in front of me when I had brought up the topic of manifesting spirits. Among the participants I noticed a male in his mid twenties. He was silent during the entire session, but his attention seemed sharply attuned to my questions and the responses from the group. During the ceremony, he introduced himself as Souza and expressed his curiosity about my activities. He informed me that he might be able to contribute something further to my research if I was willing to talk to him at length.

After the tóque I offered to give Souza a ride to his home in my car. I happened to mention that I was on my way to a meeting at a centro espírita and found, to my surprise, that he was also going to the same meeting. When I inquired further about this plan, Souza revealed that in the last few months he had regularly visited the centro espírita as well as the Umbanda terreiro. He had been suffering from complications with, what he referred to as "undeveloped spirit mediumship," (*mediunidade pouco desenvolvido*) among other things, and was seeking knowledge and the means to

address his condition. Although he desired to attend mediumship study sessions at the centro espírita, the *orientadores* there had not given him permission. Being new to the center and still needed to develop basic knowledge of Spiritist doctrine through weekly open study sessions of the *Evangelho Segundo Espiritísmo* (*The Gospel According to Spiritism*) and other canonical texts. This process would provide Souza a strong foundation for engaging in more advanced study and practice in the future. In the meantime, Souza opted to begin frequenting the Umbanda terreiro accompanied by another curious member of the centro espírit. There, he could observe others experiment with manifesting entities under the supervision of experienced mediums and caretakers. Once Souza and I dedicated time for interviews, he clarified the nature of his problems and his attempts to resolve them.

Souza is 23 years old and lives with his wife in a small house in central Santarém. He is *a nordestino*, originally from a small town in the state of Maranhão. When he turned eighteen, he joined the army and moved to Santarém when he was stationed at the 8th Battalion of Army Corps of Engineers (*8° BEC*) located just outside the city. At first glance, Souza passes off as a typical young santareno male: dark, cropped hair and caramel complexion with slight Amerindian facial features. He is short in stature but with a lean and strapping physique, usually clothed in tank top, baggy shorts and sandals. In all, he conveys a picture of health. However, about three years prior, he began to suffer from a number of physical symptoms. He developed acute pain in his extremities, in his stomach and kidney region, and in his chest. He was stricken with severe headaches and bouts of dizziness with one episode that lasted fifteen consecutive days. Souza also experienced attacks of shortness of breath that would

incite panic in him. Shortly after these symptoms began, Souza attended a health information session at 8° BEC and reported his experiences to one of the battalion doctors. The doctor scheduled a clinical evaluation and laboratory tests, but they both revealed nothing out of the ordinary. The doctor dismissed Souza's symptoms as "just something in his head," and recommended that he consult a psychologist. Souza instead suspected some sort of severe heart condition and eventually convinced the battalion doctor to write a referral to a cardiologist in Santarém. When tests again found nothing abnormal, he consulted three more cardiologists in Belém, traveling there intermittently over several months. All his tests came back negative.

As thesymptoms persisted, Souza became very confused and frightened. "I thought that I was dying," he informs me. He set about consulting other specialists in the city at the recommendation of family members and acquaintances. Within the two years prior to our meeting, he has seen five more doctors apart from the five previous ones, including two specializing in orthopedics, one in pulmonary-thoracic conditions, one in urology, and one in neurology. He has endured ultrasounds, abdominal endoscopes, and electroencephalograms, among a variety of other tests. Each time his results have been clean and, after each visit, Souza would grow more frustrated and despondent. "These doctors did not seem to know anything," he tells me angrily. "It was getting unbearable, like the Devil playing tricks on me, you know?" He estimates paying R$3000 in out-of-pocket medical fees at the private clinics (equivalent to ten times the minimum monthly salary). Despite this expenditure, he received no clear answers or effective treatments, only confirmation from specialists that they could not find anything wrong with him, and that he was probably just imaging things.

During this time, Souza obtained only one prescription for his symptoms from the neurologist, an anxiolytic and anti-epileptic medication called Frisium. The neurologist claimed that this *calmante* would diminish his nervousness. As we talk, Souza walks over to a shelf and retrieves a small box of the medication and hands it too me. After inspecting it and handing it back to him, Souza tells me that he had a very difficult time taking it. The Frisium gave him stomachaches, and the first few times he took it and he vomitted. When he was finally able to keep it down, he found it had a powerful psychotropic effect and he would occasionally black out. He says, "One time I took Frisium at six in the evening and, next thing I knew, it was six the next morning." After a month, the effects reversed and he found that he could not sleep and that the medicine made him very jittery. I tell Souza about another informant of mine who had had a similar problem with her medication. Suddenly, he chucks the box of pills halfway across the room onto a couch, throws up his hands and exclaims, "you see what has happened to me!" Once he as calmed himself, he carries on describing how he only filled one prescription but then stopped taking it altogether.

More recently he has been consuming various *remedios caseiros* (home remedies). These include *maracujina* (passion fruit extract that has a mild sedative effect), *chá boldo* (a tea made from a leaf related to mint that promotes stomach and liver health), *jucá* (a seed with purported anti-inflammatory properties that reduces pain and promotes stomach health and pulmonary health). With these he has seen minor to occasional moderate improvements, but they have inconsistent effects. Souza also enrolled himself in ten sessions of physical therapy, which has helped to decrease pain

symptoms his acute pain. For the most part however, his symptoms persist, coming and going with little warning.

Within the past year Souza started to experience drastic shifts in his mood and state of consciousness. He would become easily agitated and would verbally lash out at people. His wife recalls to me that, at times, it was as if Souza transformed from his normally reserved and polite self into a completely different person; his voice would modulate and his entire demeanor would change. On two different occasions, in the midst of this state, he grabbed a bottle of *cachaça* (Brazilian rum) from the kitchen and guzzled its entire contents. Then, as his wife put it, "he raged around the house and then stormed out to God knows where. It was very frightening." This alarming behavior carried over to the battalion where Souza would unexpectedly lash out against some of his colleagues. In one instance, a fellow solider was filling a thermos with boiling coffee. He and Souza had just had a tense exchange. All of a sudden, Souza grabbed the thermos and gulped down the scalding contents and smashed the cup on the floor. Unnerved, the other soldier began calling him a maniac, feeling that no one in his proper mind should be able to do this, let alone attempt it.

In recalling these episodes, Souza tells me that he does not entirely remember what was going on except that he would suddenly become flooded with emotions he cold not control and start talking nonsense. He perceives that these explosions would follow moments where he felt castigated, ridiculed, or stressed out, but other times they were more spontaneous. Additionally, Souza started sensing the presence of "entities" around him and hearing voices talking to him. In response to this behavior, more of his fellow soldiers at the base started to taunt him, saying he was "screwed in the head"

(*pipira na mente*) and they started to ostracize him from social activities. This would only inflame Sousa's emotions and urges to physically lash out; but because of his smallish stature, he refrained from taking this risk. Moreover, after telling his battalion commandant about his health problems and his mistreatment his peers, the commandant responded that he was just a lazy scoundrel (*um malandro pregüica*) who made up excuses to get out of working. Then, one morning while at work Souza lost consciousness and wandered away from the 8° BEC. When he regained is awareness, he found himself standing along side the Cuiabá–Santarém Highway about twenty kilometers distance from the base. He became disturbed and frightened, but had to pull himself together in order to hitch a ride back to the 8° BEC. After this event, the commandant recommended Souza for medical evaluation after which he was put on temporary medical leave for "work related stress."

Around this time, one of soldier's with whom Souza was acquainted discretely suggested that he talk to one Captain Emerson at the battalion. The Captain happened to practice Spiritism and could give some advice about Souza's conditions. Before going on leave, Souza followed through and arranged a one-to-one conversation with him. Captain Emerson listened to Souza describe his situation. He then told Souza that, because none of his medical tests revealed any physical dysfunction, he most likely had a *dom de mediunidade* (talent for mediumship) and was experiencing the influence of spirits. He lent Souza a copy of one of the canonical texts of the faith, the *Evangelho Segundo Espiritísmo* (The Gospel According to Spiritism) and suggested the names of a several people in Santarém who coordinated meetings at one of the centros espíritas.

From his discussion with Captain Emerson, Souza began to recall that his sudden mood changes, depersonalization, wandering, and strange perceptions of entities were not new intrusions new in his life. Souza recounts that, when he was a child, he used to frequently hear voices and see personages such as Indians, and ghosts, and even "normal people" that others could not see. His mother used to say that these were natural things for a child to go through, so nothing was ever done to "fix" the situation. However, by the time he turned ten, Souza had developed a problem with anxiety, particularly during moments of isolation such as taking a bath in the small shack a short distance from the house, while going to bed, and while being in the dark. When left alone, he would start to feel intense fear well up and then would hear voices calling to him and telling him he was going to die. Sometimes he would see apparitions in his room and faces on the wall. Souza does not know how or why these feelings came about; he vaguely recalls hearing accounts about violence and murder on the news and from other people and that started to fear that he was somehow vulnerable to danger. As a youth he did not have any close friends. Thus, he often felt lonely and isolated, even though he had a good relationship with his older brother. He also remembers that his mother and his wife, on separate occasions, told him that he had unconsciously wandering into the forest when he was sixteen and twenty-two. He does not recall the details of these instances.

Having recently started reading the *Evangelho* and another text, *O Livro dos Mediuns* (The Medium's Book), Souza considers that his health problems could very well be the result of spiritual perturbation and mediumship just as Captain Alemeida had suggested. Furthermore, he recognizes that people feel spirits in different ways. He

occasionally has visions of entities standing or passing in front of him; figures that appear to be from different parts of the world, with different skins colors and physical features. “They seem to be from places I have never in my life heard of or seen,” Souza says. Souza also had dreams in which figures wanted to attack him with knives of guns; however, he assumes that these are not spirits *per se*, they are only his imagination that takes shape in the dream. I ask Souza how he distinguishes the dreams from the waking perceptions. He cannot say for sure and replies, “I have just come to this conclusion I guess.” Apart from the hearing voices and seeing entities, he feel chills (*arepio*) in his body and can sometimes *smell* the spirits—not so much as an odor, but rather as a perception of “heaviness” and “staleness” in the air. Souza has me stand up in order to demonstrate how he sometimes senses the touch of an entity on his shoulders, pressing down, and then someone leaping on his back from behind (he mimics the spirit by jumping on my back and I struggle to hold us both upright). He recalls an occasion in which he felt a spirit push him into the street into on coming traffic after he had gotten off a mototaxi. Two passersby pulled him back onto the sidewalk, saving him from getting run over.

After going on medical leave, Souza also obtained advice from other acquaintances. Upon telling his priest at the Catholic Church about his suffering, the priest responded that Souza was under attack by demons. A close friend told him that this talk of ‘demons’ was nonsense and suggested that Souza go to an Umbanda terreiro to obtain treatment. Souza’s mother, considering what she began to hear from her son about spirit mediumship, advised him to visit an Umbanda terreiro (Souza tells me that his mother, who is also Catholic, is somewhat familiar with the Umbanda faith, but not

as a practitioner.). The very thought made Souza uncomfortable. When he was a teenager living in Maranhão, he had visited several neighborhood terreiros with a friend out of curiosity. He recalls being very frightened and that his head felt "completely mixed up" during the ceremonies with all the drumming, singing, and in witnessing strange behaviors that he did not understand. "The mediums wanted me to dance," he says, "but I was afraid. I saw how the spirits would jump on them and throw them across the room while they were dancing and I just wanted to run away."

During a recent visit to Santarém, Souza's mother again pressed him to seek out a terreiro and offered to help him in this endeavor while she was three. He finally gave in and one day they stopped by a *botanica* in the city center that is owned by a family associated with a prominent Candomblé terreiro in Santarém. They arranged a private consultation with the mãe-de-santo. Later that same week, Souza and his mother went to the terreiro and the mãe-de-santo listened to him describe his problems. She also divined his spiritual orientation using cowrie shells (*búzios*). She told Souza that he was suffering because of his *dom* and needed to carefully cultivate his mediumship by becoming an initiate (*iawó*) in the terreiro. In the following week, Souza and his mother returned so that Souza could receive several ritual cleansings (*ebós*)[40]. The treatments had a calming effect, but they did not get rid of the spirits; later, his symptoms returned. He also started to have nightmares about hurting people that became entangled with images he had seen in the terreiro. It was all very confusing for him. In the end, Souza decided against following through with the *mae-de-santo's* advice. During his visits to

[40] Ebó is the Yoruban term for a ritual cleansing performed in Candomblé. *Limpeza* is the Portuguese term and is more commonly used in Umbanda and in pajelança.

the terreiro, he never felt that the mae-de-santo was really addressing his specific problems. Instead she spoke more about the terreiro and about the religion of Candomblé. Moreover, he perceived that this was far too complicated a religion, involving excessive ritualization and formality. Morevover, he also could not have the money to pay for the initial series of initiation rituals and cleansings to become iawó. Already, he had paid nearly R$100 for the initial services.

Finally, Souza resolved to visit the centro espírita that Captain Emerson had recommended. He attended an open orientation session for newcomers, which was followed by a group study and discussion. Souza felt very welcome and comfortable in this environment. He enjoyed the fact that members of the group were able to share their personal experiences openly with the group and all could discuss their significance as see through the lens of Spiritistism. He also enjoyed obtaining *passess*, which seemed to affect a sense of peace and tranquility in his mind. Moreover, at no time did anyone talk about money. None of the activities or services required payment. Instead there was a very strong emphasis on the concepts of charity (*caridade*) and love (*amor*). These principles seemed to be at the basis of all the activities.

After talking privately with some of the leaders of the center about his health and state of mind, he learned that entities from the spirit world (*o mundo dos espíritos*) were at the source of his physical and emotional suffering. Souza was not sick; that is why his medical tests had not revealed any abnormalities. Rather, he was in the midst of spirit obsession (*obessesão*). The diverse symptoms he had suffered were, in actuality, the symptoms of afflicted spirits, and it was *their* intentions that drove him to act in ways he normally would not. As a person with a strong mediumship, Souza acted like

an antenna, receiving the energies of suffering spirits in need of guidance. In order to control these forces, it was essential to orient himself to the doctrine of Spiritism and then develop his mediumship capacity to overcome the obsessions. Souza was very encouraged to hear that spirits would not harm him, nor would not kill him. They were in need of assistance as much as Souza. Although he had endured much pain, he now had an opportunity to overcome his suffering and uplift his "brothers and sisters" in the spirit world. The immediate risk was that if he did not take the steps to control these forces, his mind and physical health could continue to deteriorate. The long-term risk was that he would continue in a state of ignorance and karmic debt, languishing in moral stagnancy over the course of subsequent reincarnations.

Souza has regularly attended weekly meetings at the centro espírita. Over the short course of several months, he has already come to see the community of members as a spiritual family. He always looks forward to the next session. He already has started to feel that his mind is more "put together" (*tudo organizado*). Even though he still struggles with mood, peculiar sensations, and physical symptoms he is developing a foundation for understanding of their causes and how he might resolve them.

I inquire again about his choice to also visit the Umbanda terreiro. Souza tells me that one of the members of the center has been going there and invited Souza to join. Although a bit reluctant at first, he felt much more comfortable since developing a better understanding of mediumship through lens of Spiritist doctrine, so he decided to attend with him. He has witnessed the spirits of Umbanda also working to obtain their own enlightenment. Sometimes these spirits are dangerous and immoral, but they have the potential to be elevated as well if one approaches them with the charity and

fraternity and not for evil and maliciousness intent. He also perceives that this particular terreiro is more open and welcoming than others and not saturated with complicated practices and beliefs. Ultimately however, Souza feels that one does not need rituals, music, candles, and other special objects to get in touch with the spirits. He says, "I have tried this in the past and it is not really my path. One just needs a Bible, knowledge of spirits and how to practice love [sic.]. I have found all this at the centro espírita and feel very hopeful. I feel that I am only beginning to learn. If I did not have the knowledge I do now, I would probably have just become an Umbandista."

AFONSO

I first met Afonso one evening outside of the Igreja da Paz mother church in Santarém. He was seated and slumped over a table, all six-feet-four inches of him, and he was crying. An older gentleman named Egidio sat across from Afonso, consolling him. I had come by that evening to have a conversation with Egidio about his specific role in the church. He manages the *Pronto Soccoro Espiritual* (Spiritual Emergency Service) each weekday evening, once the church has closed its doors for the day. His work consists of providing spiritual and emotional counseling to anyone who called the "spiritual hotline" (consisting of the telephone sitting on the table next to him), and to anyone who happened by for face-to-face counseling. He has served in this role for about six years following retirement.

Egidio welcomed me as I approached and quickly pulled up another plastic chair to the table. He motioned me to sit down and then introduced me to Afonso and described to him the work I was doing in Santarém (Egidio and I were already

acquainted from a previous meeting). When Afonso eventually regained his composure, he began relating his story and the circumstances that had brought him to Igreja da Paz. From there, we also made arrangement to visit each other's homes to carry out more in-depth interviews.

Afonso, is forty-three, married, and has two daughters. He has a gentle but weathered face, usually sporting stubble and thickly framed glasses. His tall, looming frame, fair skin, and light eyes make him seem out of place compared to the average santareno phenotypes. I initially suspected that Afonso hailed from Southern Brazil but then learned that he is originally from a small planalto village in the interior of the Santarém municipality. Afonso told me that suffers from "depression and anxiety disorder, and from panic attacks." Recently, in moments of extreme anguish he has collapsed on the floor in convulsions or has been overcome with fits of weeping. Afonso also speaks of symptoms of pain in his muscles and nerves of his legs, unpredictable body temperature fluctuations, as well as tendencies to have angry outburst with his family members, even though he normally has a placid demeanor. In the past year Afonso has also experienced suicidal ideation, including visions of his own death and funeral. On a couple of occasions he gestured toward overdosing on blood pressure medication at home. He could never follow through because his mind would suddenly become flooded with images of his mother and family members grieving intensely over their loss. Three months before our meeting -- the last time he made an attempt -- Afonso broke down in utter desperation. He rushed out of his house sobbing and shortly afterward found himself on the steps of Igreja da Paz.

Although Afonso's more severe symptoms and behaviors started around two years prior to our meeting, he has dealt with chronic feeling of despair and hopeless about his life circumstances for a very long time. When I ask him how and when he started to experience his symptoms, he tells me, "It was an entire process. These conditions accumulated over the course of twenty-five years with all that happened to me. And I never had professional orientation to help me." Afonso then conveys many details of his life since childhood and about the "traumas" and other difficulties he has encountered along the away.

Afonso and his family lived in small community of fifty families in the rural planalto region. Their village was around one hundred and fifty kilometers from the city of Santarém. Life there was a quiet, yet happy existence in which everything revolved around family, *the roça* (family farm), God, and the Church. Some of Afonso's best memories were of helping his parents as they worked the roça and, with his chums, anticipating the *festas de padroeiro* (the patron saint's feast), celebrate communaly in the village.

Ashwin: What else can you say about your home there?

Afonso: Everyone in the village focused on hard work, on taking care of each other, and on living by a coherent set of Biblical values: respect, honesty, humility, solidarity, and gender roles. Although most families encountered difficulties of daily existence, everything held together and had its place. There was a lot of respect for one another and no turmoil.

When their land became poor for cultivation, Afonso's parents move to Santarém to find work. His father took a job in a hammock factory and his mother in a primary school. Re-locating to the city was very hard on his family. "My parents would

leave for work early in the morning and sometimes only return late at night. And they were constantly in debt. There was never enough money and we had to go on a food credit program. We had to deal with a lot of hunger." Afonso was eight and he longed for the comforts and security of life in the village. As an adult, he looks back on the transition with a brooding sense of alienation:

> **Afonso:** Once we came to the city, one of the biggest changes in our lives was television. We did not have anything like that in the interior. The television networks that had just started then influenced everyone's thoughts. It was all media ideology, everything about money and consumerism, immorality and corruption. I started to see how big and rough the world was, with no space for good. Television has the power to change everything. It can damage more than an atom bomb… As child I lost the sentiment for religion. In the interior, everyone had a positive devotion to the saints. But here, people come to the saints in complete desperation, always begging for this and that; never having enough. They live in illusion and idolatry.

Beyond the stress of acculturation to the city, troubles entered the home. About the time Afonso turned eleven, his older brother of thirteen, Gabriele began abusing alcohol and drugs after falling in with a gang of twenty-something men in the neighborhood. Gabriele would constantly return home inebriated and wreck havoc, threaten his family and destroying furniture and other objects. On several occasions he threatened to kill Afonso with a gun and with knives. Afonso became terrified of his brother and more than once, he ran away from home, sometimes sleeping in the streets. "Nobody knew how to deal with Gabriele," he recalls, "Everyone was frightened of him, but instead of getting him help, no one wanted to talk about it. We would just put him to bed and the next morning it was like nothing had happened." His eldest brother,

Pedro, had left Santarém for law school in Belém and was not around to offer support, except when he retuned for holiday.

Gabriele continued to terrorize his family at home and have problems with the law for another ten years. Afonso perceives that this period was verytraumatizing for him and his two sisters. One of them had diabetes and developed emotional problems. Frequently, Afonso would have to leave school or his job in the middle of the day to go home to manage his brother's tirades. For this reason, he had trouble holding steady employment. By the time Afonso turned twenty-two he had a major physical confrontation with Gabriele. Afonso kicked him out of the house and threatened to call the police on him if he returned. The situation greatly improved after that. Gabriele stayed away for the most part; he married, had two children, and later divorced. He eventually sought help with Alcoholics Anonymous, although he continues to struggle with his alcoholism. He relations with the family have mended.

Eliminating the daily turmoil caused by Gabriele came as an immense relief to the family. But for Afonso, a great deal of emotional damage had already been done.

> **Ashwin:** What else changed in your life after confronting your brother?
>
> **Afonso:** After that, I lost my fear from him, but I also lost interest in my future. I stopped doing everything. I stopped going to school and lost the chance to obtain skills and go ahead with my life, to grow professionally. I became a really shy person. I lost the habit of talking with people. I could not deal with large groups and sometimes was too scared to go out of the house. It was hopeless, I could not even make it through a job interview because I would just panic. I become very isolated.

With the help of the family's priest, Afonso eventually obtained several temporary jobs doing menial work at the archdiocese and at City Hall. He also started attending an adolescent and young adult group meetings (*grupo de jovens*) at the church. There, he found an environment in which people discussed their personal problems in a supportive environment. To his surprise, Afonso realized that he felt very comfortable talking to people about their issues.

> **Ashwin:** So you started to give advice to people at that time, right?
>
> **Afonso:** Yes. Eventually people began making appointments to talk to me, lots of them; but I only talked to the ones that were serious and not joking around. I started to read a lot of books about psychology. Some of them were self-help books. I did not like them as much because self-help only tells you that the problem does not really exist. It is only in how you see it. But other psychology books give you tools to overcome problems. For example, there is a book on psychoanalysis I like called *A Semente do Amor* [The Seed of Love]. The books helped a lot.
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> **Ashwin:** Did you ever see a therapist or someone like that since you developed these interests in psychology?
>
> **Afonso:** I didn't. I had no money back then and still I have no money for that sort of thing.
>
> **Ashwin:** Would you if you did?
>
> **Afonso:** Yes, I suppose I could learn something. But I started to perceive that the best help for me was helping others. I know that God put them in contact with me. I would probably be finished with out them.
>
> **Ashwin:** Finished? What do you mean?
>
> **Afonso:** I mean that I would have continued to sink into a deeper depression. Instead, I was able to use my experiences to help others. The truth is I helped myself much more than the hundreds of people with whom I talked. I was treating myself much more than helping them. I am sure that if I were not helping these people I would not be alive today talking to you. And that's where I put God in my life. I believe he's the one who put these people in front of me. It is He who also put you here

> to talk about these things with me. Each experience you live is also a type of learning in your life.

Afonso had indeed found an outlet in which to express his sentiments and to reach out to others in turmoil or just needing advice. However, he continued to experience symptoms of depression and anxiety. His priest advised him to take some theology classes in Belém and to get married. Shortly after his twenty-seventh birthday he married a young lady from the grupo de jovens. She was twenty-three at the time and they had developed a close relationship. Afonso tells me that she had experienced a difficult youth, engaged in lots of sexual promiscuity, and had developed various emotional insecurities, to which he could relate. Over the next few years they had two daughters and after that, their relationship started to deteriorate. By the fifth year of marriage she had an affair with another man. This incident touched off a long period of emotional struggle between her and Afonso. Afonso was understandably devastated but resolved to not abandon the marriage for the sake of his daughters' well-being. He forgave her and they continue to reside together, but they have never rekindled their attachment to one another.

After having children, Afonso had no more time to attend the grupo de jovens. His was preoccupied with finding a secure job to provide for his family. First, he attempted to enroll in classes with the hopes of completing his high school equivalency, but he was not able to cope with the classroom environment because of his tendency to experiences social anxiety and panic. Then, an acquaintance helped him obtain employment with the local chapter of the Worker's Party (PT), again doing menial tasks. This was in 2002 and the PT's candidate for president of Brazil, Luis Ignacio

"Lula" da Silva, had just won the election. Afonso was fairly opinionated on political matters and he soon took to voicing his criticism of new PT policies implemented by Lula soon after taken office. Unfortunately, Afonso burned a number of bridges in the PT office in Santarém and he was quickly dismissed from his job. Since then, Afonso has been without employment and relying on financial support from his mother and his eldest brother who is a lawyer in Belém. Facing such humiliating circumstances, along with his continual marital strife, Afonso sunk into a deep depression, that included the physical symptoms, crisis episodes, and suicidality described earlier.

Three months prior to our meeting, Afonso found his way to Igreja da Paz in the midst of an emotional breakdown. He is not sure how or why he ended up there that morning. He had never before been to the church but he had heard about the activities there. In our interchange, we acknowledge that the mother church is only several blocks away from his house; these factors may have unconsciously influenced his flight to the church. That morning, the pastor found him slouched on the steps outside and took him inside to talk. After Afonso described his circumstances, the pastor spoke to him about the need to look to Jesus in times of despair, how the Devil is always waiting to take advantage of those who are weak and in need. They talked about the struggles in his marriage and with his lack of employment as well as how, over time, Afonso had drifted away from God. The pastor affirmed how depression can ensue when one becomes spiritually lost. For Afonso, the pastor's words were not new to him; these were principles that were all too familiar to him as a Catholic. Yet, confiding in the pastor that day was a comforting experience in his moment of anguish, and he accepted the pastor's invitation to attend a cell group and a service on the following Sunday.

In the past three months, Afonso has attended church services and a cell group with some frequency. He has not taken the steps of officially "accepting Jesus" and entering into the church's one-on-one discipleship program that one would customarily carry out when joining the church. For one, he feels that, as a Catholic, he already has Jesus. He also confides in me that he is somewhat tentative about the discipleship process, perceiving that the constant contact and checking-in with a discipler would be too invasive, "like someone always looking over your shoulder." One the other hand, Afonso enjoys the cell group, with its intimate setting involving worship, prayer, and support. The cell group, he feels, provides a space in which he is not forced to voice his mind and where he will not constantly be judged, as he would be in a discipleship setting. Much like grupo de jovens in which he was formerly involved, he is also able to offer his insights and perspective on the challenges that other people face.

Afonso also attends Friday services for curing and liberation. He participates rather passively though, focused more on observing others than on becoming absorbed in the intensity of worship as many people do. "That way is fine those people," he tells me. "There is a lot of emotion there, and faith can heal as much as medicine. But one does not need emotions. One does not need amulets or those things. One just needs to make a place for God in his life." In talking to other church members and in viewing personal testimonies on the local Igreja da Paz television channel, Afonso has heard many stories of miraculous cures. He notes, in particular, that the current *pastor titular* (head of the church) and one of the *pastores de cura e libertação*, both came to Igreja da Paz because of serious health problems. They had procured help in other churches as well. Despite the dramatic and sometimes fantastical stories of cures, he never

witnessed any such event happen during a service. Moreover, Afonso is certain that his problems are not the result of demons; they are psychological issues from his past traumas and significant challenges in his life. In his view, his participation at the church has given him a "push" closer to God and the capacity seek out the purpose for his life. In reflecting on his affinity for counseling others, Afonso says that, if he had the education, he would probably work as a psychologist or social worker. "I think that empathy is my talent," Afonso says in a moment of reflection. He is presently considering volunteering time as a counselor in the Pronto Socorro Espiritual and has consulted with Egidio about this. He would also like gaining some form of employment as office staff within Igreja da Paz.

I inquire about the acute symptoms he has recently experienced. Afonso recently consulted a couple of doctors and now takes medication that has helped reduce the pain and discomfort in his legs. In discussing his overall emotional health with them, one of the doctors informed Afonso about a new clinic called CAPS and wrote him a medical referral. Afonso had not heard about CAPS previously but has decided that it would worthwhile to look into the program soon.

JUCELINA

Jucelina is 31 years old. She is short in stature and somewhat heavy set with fair skin and long, sandy brown hair in tight curls that frame her piercing blue eyes. We became acquainted at CAPS during an occasion I had to distribute short questionnaires to patients. One of her written responses peaked my curiosity. She described seeing ghosts. Her neurologist and the attending nurse at CAPS had described these

experiences as hallucinations resulting from major depression and emotional crisis. I wanted to know more about what was going on with her so we arranged for several interviews, which took place both at CAPS and at her parent's home in Santarém where she resides. Jucelina was five months pregnant when we met and also the mother of a two year-old daughter. Since becoming pregnant she has been in the midst of an emotional turmoil that as has precipitated bodily convulsions, hallucinatory experiences and extreme mood swings between fits of crying, emotional numbing, and aggressive outbursts. Jucelina narrates the circumstances that brought her to this extremely distressed state.

Around five years prior to our meeting, Jucelina had moved to Manaus for work. Although she lived on her own, she frequently visited her aunt and uncle who live there and helped them around their house. Jucelina met and married a man from the city and was soon pregnant. During the later stages of her pregnancy she experienced abnormal bleeding and leaking of amniotic fluid as well as abnormally high blood pressure. The doctor determined that she had a malformed uterus that was contributing to the problem and that she was at high risk of miscarriage. He put her on medication but the bleeding did not completely abate. At this time, Jucelina had a very strenuous job working at a café. At the doctor's orders, she quit so in order to remain at home in bed. At home she experienced a lot of pain and exhaustion and found her husband to be worthless as a caregiver. Instead, she relied on her aunt most of the time because her husband would frequently go out to socialize. One day, in her eighth month of pregnancy, she had a massive hemorrhage and was rushed to the hospital to have a Cesarian Section. Jucelina

and her new daughter made it through the delivery without major complications; however, her subsequent situation did not improve.

After the birth, she found a new job selling produce at an outdoor market. It was more stationary and she could keep her baby by her side, but the work was still strenuous. She would frequently have intense headaches and black out, which she thought was due to sitting in the hot sun all day. Jucelina quit this job and then tried to work with her aunt vending food in front of her relatives' house, but she experienced the same problem. Greatly concerned about her conditions, Jucelina's parents pleaded for her to return to Santarém. After some negotiation she and her husband sold their house and moved back.

In Santarém, her husband had difficulty finding stable employment. He took to spending a lot of time with his male friends and ended up developing a drinking problem. He would frequently return home drunk and threaten Jucelina. She says he was extremely prone to jealousy and would accuse her of having affairs, particularly with men who stopped by her food stall.

> **Jucelina:** His drinking became very bad so I made him choose, me or the bottle [sic.]. Finally, he chose the bottle and left me, but soon after he regretted his decision and returned. When he left he took all the feelings I had for him, so I did not take him back. He started calling, crying, threatening me, and kept saying the child was his too, but I would not give in. He eventually went back to Manaus, but he still calls sometimes saying that I will pay for what I did. I was not sure but I thought he wanted to kill me. He said he would take me to court to get the custody of my daughter and started blaming my father for the divorce because my parents had become involved in the whole business. But it was no one's fault but his. He was just drinking all day and got lazy instead of going to work. I didn't want that life, so I left.

Around a year prior to our meeting, Jucelina began co-habitating with another man five years younger than her. She describes her "new husband" as "young and flirty" at the time they met. He worked on an orchard and soon she found a job there as well. Her health had improved and she followed through with taking her medications and scheduling regular medical evaluations. Jucelina also devised a plan to enroll in classes so that she could finish secondary school and then look for a better job. Although, her husband talked about having a child, Jucelina was emphatic about waiting until she could finish her studies. She tells me, "I did not want any more kids because it was going to stop all my plans. I was not ready."

The fact that everyone in her family had completed the secondary level and gone on to college was a strong point of motivation for her to stay the course. Two of her sisters (younger in age by six and seven years respectively) had already finished nursing training and had good jobs in Santarém. Another younger sister was a teacher, and her brother attended college. Jucelina harbored a good deal of insecurity and frustration about her lack of education, especially as the eldest sibling. As a baby, she had been stricken with encephalitis and seizures, which had contributed to mild to moderate cognitive disabilities and vision problems. These conditions had significantly impaired her studies and she suffered from a great deal of anxiety at school, especially in struggling with examinations and schoolwork. During the most stressful moments she would be overcome with severe headaches and would then black out. After evaluating her, the doctor determined that she suffered from stress-related migraines and prescribed over-the-counter aspirin and rest. As a teenager, Jucelina had difficult relationships with her sisters. The younger sisters had a close bond and tended to

ostracize her from their activities. Jucelina perceives that her disabilities prompted this treatment and both issues mostly contributed to her poor self-image.

Despite this troubled past, Jucelina was happy being in Santarém again, close to her family, married and working, and feeling better than she had in a long time. Then, her situation turned dour when she ended up getting pregnant again. She exclaims in a frustrated tone,

> The doctor had said that there is 99% protection with birth control; I don't know how we ended up in the 1%! After that happened, I became so upset and angry. Everything was ruined. We started to fight [with her husband]. I even suspected him of sabotage, of breaking the condom, because he always talked about me stopping the birth control. But I know that my period was all off then.

The thought of another pregnancy weighed heavily. Her mood became very agitated and she had recurrent black outs and amnesic episodes.

> **Jucelina:** I also became very anxious. I would feel very bad, very sick. One day I was walking down the streets and that happened to me. When I woke up, I was already home, no idea what happened. I didn't remember anything. It felt like my mind just slipped away. It is hard for me to describe. All I know about when that happens is because my mother told me.

She also started to have nightmares and perceptions of what seemed to her like ghosts in her bedroom; some were shadows moving about, another appeared as a man wearing a white robe.

> I would wake up at night to go to the bathroom and see him floating in front of me. I was not really afraid, I don't know why. I would turn on the light and still see it. Sometimes he would tell me the truth, sometimes he would tell me lies. One time he said my family was going

> to get robbed, another time he told me my husband was smoking cigarettes behind my back. He even showed where my husband was hiding the pack, on top of the cabinet. I looked up and there it was. He was smoking without my knowledge; he knows I can't stand it. One morning I woke up he [ghost] was in front of me telling me that I he did not want me to be pregnant. He told me that my husband had done macumba so that I would become pregnant, but I never found anything [evidence of macumba]… Then I started to spend the night with my parents. I asked my mother if I was going insane.

Jucelina considered that she had been seeing the ghost of a man who used to live in the house; her family knew that this man had suddenly choked one day and died. Her mother also reinforced the idea about seeing ghosts. She believes that there are "good spirits" (*espíritos de bom*) but does not accept that God would send "bad spirits" (*espíritos de mal*) to harm anyone. Both of them pray together a lot. However, her father does not believe in the existence of spirits, although he is devout Catholic. He tends to keep silent with respect to discussions about this issue.

After discovering her pregnancy, Jucelina had noticed that her husband spent less and less time at home. Every Sunday, among other days, he would head out of the house telling Jucelina that he was visiting friends or relatives but that she could not come because of her poor health. It did not take long to find out that her husband was having an affair. One day he came home with "stains" on his neck and, on another day, his mistress called the house and Jucelina answered the telephone. When her husband returned home, Jucelina confronted him, which touched off an intense argument. In the midst of this conflict Jucelina collapsed on the floor in seizure, and sustained a minor injury on her head. She woke up in the hospital with her family and a doctor by her side. She learned that her fetus had been agitated and had develop an abnormal

heartbeat, which they tried were attempting stabilize and monitor. The doctor also told them he suspected that Jucelina was epiletic. A series of neurological examinations confirmed the suspicions. The neurologist surmised that Jucelina had been epileptic from a young age, which probably explained the episodes of headaches and black outs that had affected her all her life. Jucelina was puzzled that her sisters, as nurses, had not seen this earlier on. Her neurologist prescribed her Gardenal (a sedative, hypnotic and anti-convulsant) in order to prevent further seizures while pregnant. Upon hearing about some of her mood states and peculiar sensory experiences, he diagnosed Jucelina with psychotic depression and prescribed the antipsychotic medication Risperdal. He also referred her for psychotherapy and a support program at CAPS. After telling me about these incidents, Jucelina exclaims, “Imagine! I learned all this the same day I found out my husband was cheating!”

In the weeks following this episode, Jucelina continued to have problems. She felt sick, dizzy and tired. Sometimes here heart beat rapidly and she would become very anxious and have aggressive outbursts. She adds, “I thought that I was possessed. I would start talking nonsense and not know what I was saying.” I probed further about her suspicion of being possessed. Jucelina tells me that in the past month-and-a-half he had several episodes of intense anxiety and blacked out. She would wake up and her feel soreness in her entire body. One time she fell into a fit of rage and tried to run away from the house. It took several family members to hold her down and calm her. I ask if these attacks were not also part of the epilepsy. “No,” she replies,

> People started to say I was possessed. My grandfather said this. It was not the same. I could tell. Everyone said I was shaking. They said my face would completely change and I would start talking complete nonsense that no one could understand. Even my mother started to believe I was possessed. Someone filmed it, but I never wanted to look at it.

After this, Jucelina's mother invited Seu Cunha, a local *curador* (healer) to begin treatments after her friend suggested that he could help with the situation. Every time she would become "possessed," her brother would pick up Seu Cunha and drive him to the house to perform exorcisms. Seu Cunha worked with Umbanda and pajelança, using smoke, ointments, teas, leaf bundles, and *pemba*.

Seu Cunha confirmed that Jucelina was *encosto* and set about treating her. During one session, in which Jucelina says she was "completely out of herself," Seu Cunha wrapped her in a bedsheet and applied oil on her and given her some teas to drink. She vomitted and began to struggle against him. Later in the process he asked the spirit what it wanted. Through Jucelina's voice the spirit said that he wanted her to die and to make her parents suffer. After threatening other things, the spirit revealed the names of various *pomba giras* and *exus* (spirits of Umbanda) and revealed his identity as *Lúcifer*. Jucelina tells me that she was later shocked and frightened to hear about this because she knew nothing about Umbanda nor the name Lucifer. Only afterward she learned the association of the latter with Satan. After every exorcism, five in all, Jucelina felt better, "calmer, and more stable," but experienced intense soreness in her body. "Seu Cunha said that it was normal," she informs me, "because it was a spiritual fight, like a war. But I felt a lot more tranquil afterward. He said I had to have a lot of faith in order to get better."

Not everyone in Jucelina's family was supportive of the involvement with Seu Cunha. Her father's older brother protested strongly. As a crente and member of Igreja da Paz, he felt that this was simply the work of the Devil and that the curador would only further harm his niece. Arguments over religious Catholic vs. Evangelical beliefs ensued in the household, but finally her parents allowed her uncle to take her to church for a liberation service.

> **Jucelina:** We went to the church in Liberdade [a Santarém neighborhood] around four in the afternoon. There were some woman and men and pastor and they said I needed to accept Jesus and to pray with them. I think my uncle told them I was Catholic. I said, 'but I already have Jesus,' and then he [the pastor] said that I did not understand. They told me I was living in sin, worshiping saints and idols, and doing macumba. They criticized me for asking Mary for protection. I prayed with them, but I am Catholic, and I believe in saints. But I have never done macumba.
>
> **Ashwin:** After you prayed, then what happened?
>
> They asked me to go in front during the service. I felt like I was falling and someone held me when they started to pray again. Two pastors were helping me. I am not sure if they knew how it was going to happen, but they held me so I wouldn't topple. They would put their hand on my head. I just felt like I was falling somewhere – I was standing up and then felt some type of weakness, again, like going down. It was very strange.
>
> **Ashwin:** Was it like anything you had felt before?
>
> **Jucelina:** It was different. They are different than Catholics – very loud. There was so much crying and praying and I felt awful. I felt sick, like my head was all mixed up and I was totally out of myself. Later on, I begged my parents to not make me return.
>
> **Ashwin:** Were you aware of what was going on?
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> **Jucelina:** Not really, like I was not myself, so they took me away to the back, prayed some more and one of them asked me if I wanted to be cured, asked me if I had done anything with macumba, or any idol, and

> they said that this was happening because I was adoring a clay statue… They said they were going to throw out the demon in me.
>
> **Ashwin:** Did *you* believe that there was a demon in you?
>
> **Jucelina:** I think so, but I am not really sure. Seu Cunha said it was a bad spirit, and at the church they said I was demonized because of macumba and praying to idols. It is hard to say. Everyone seems to have different opinions.

Jucelina has been going to CAPS for two months and enjoys the program. She says they very supportive and she likes the opportunity to participate in the arts and crafts program, although she feels she in not creative enough to make anything good. I questioned her about her therapy.

> **Ashwin:** Can you tell me what kinds of things you are working on here?
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> **Jucelina:** We talk about how to think about my situation more calmly, like how to not cry anymore, how to not dwell in sadness but instead, to think about positive goals and how to communicate with others. I also talk to Delci [her nurse] about taking care of my daughter and the baby and also staying regular with my medications. It is helpful but some things are confusing.
>
> **Ashwin:** Confusing. Can you tell me more about that?
>
> **Jucelina:** Well, I told the doctor about what I see and he said that everything was about my unconscioud. I know the spirits exist, but he said my unconscioud was making them come alive, making them appear. He said something about 'conflicts' and then talked about my 'psyche' but I don't understand. He also said I have depression. He even told my sisters about this. It's not that I want these things to happen. I think he thinks I am crazy. He made it very complicated, very hard to understand. But he said that I should go out more and not stay isolated at home. He said that Gardenal and my other remedy would help me.

Since commencing treatment at CAPS, Jucelina's mood has stabilized and her episodes of blacking out have significantly decreased. She struggles with her

medication because it makes her feel nauseous, dizzy, and tired. Sometimes she feels jittery and other times she feels numb and disconnected, and as if her thoughts are not her own. After hearing the doctor's medical opinion, her mother has stopped attributing Jucelina's condition to spirits or demons. "[She] still believes in spirits, like the Holy Spirit, but she trusts that the doctor can find a way to resolve these problems." Jucelina adds pensively, "I think they both exist too. My spirit is not bad. It seems that some other spirit wanted to take over my body. I've never done any macumba or anything like that, so I have no idea why this was happening to me. I just need to take my medications, keep doing the work at CAPS, and have faith. That's what I think."

COMMENTARY

These case studies provide lenses for examining the vicissitudes of sickness and distress and the personal dilemmas of treatment seeking that play out each day in Santarém. On the one hand, they describe the idiosyncrasies of three individuals' lived experiences. On the other hand, these personal portraits also reveal themes that I found to be pervasive among many of my informants seeking medical and spiritual care. Here I will expound on how these themes manifest within practical and epistemic struggles to manage suffering.

Psychological Impairment

Souza, Afonso, and Jucelina's case study highlight a cluster of problems that can be classified as psychological impairments. These are problems that I found to be salient more broadly among informants who seek care between different religious

communities and CAPS. Foremost among them are *symptoms of anxiety and depression* (including persistent dysphoria, mood oscillations, and extreme emotional reactivity), *dissociations* (i.e., fragmentations of the normally integrated subjective self that correspond with amnesias, depersonalization, loss of consciousness/trance, fugue, and epileptic seizures), and *sensory distortions* (viz., visual, auditory, and tactile hallucinations, and psychosis). All three informants have experienced anxiety and depressive mood associated with stressful life-course events and with frustrations in the treatment seeking process. Souza first experienced intense phobia and feelings of isolation from around the age of ten. His anxiety and reactivity also surfaced in his unsuccessful attempts at medical care and his relational challenges. Afonso struggled with dysphoric states early in his life related to the acculturative stress of moving from the interior to the city. Beyond this, he was beset with the trauma of his brother's threatening alcohol-induced behaviors and the ensuing social anxiety and hopelessness around his thwarted goals and self-image that has plagued him into adulthood. Jucelina also describes feelings of low morale and self-esteem in earlier experiences with her siblings as well as severe anxiety related to school performance. They reoccurred later on in response to overwhelming life events and psychosocial disruptions surrounding marriage, pregnancy, work, and illness-related care seeking.

Dissociations and sensory distortions are also salient for all three informants. However, their cases reveal somewhat different expressions. From an early age, Souza encountered the presence of "entities" through a variety of heightened sensory experiences involving touch, smell, hearing, and imagery. At that time, his mother interpreted them as normal childhood imaginations, which, no doubt, shaped his own

appraisals. Later, through his engagement with spiritist religions, he re-interpreted them as spiritual beings; but at no time did Souza consider these experiences to be related to a psychiatric condition. More recently, he has dealt with unexplained somatic symptoms (see discussion below) fugue episodes (i.e. amnesia and wandering away from the battalion), and also with bouts of depersonalization and extreme emotionality that seem to surface in moments of intolerable stress. I found this cluster of experiences and their early life origins, to be very common among persons who are practicing mediums in spiritist religions.[41] Jucelina was beset with anxiety-induced loss of consciousness from an early age. Only in her adulthood did doctors determine that they were actually epileptic seizures. Her black outs have persisted and, more recently, hallucinations and episodes of depersonalization have accompanied them. Afonso, on the other hand, reported only one pronounced dissociative episode, in which he fled his home in the

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[41] The constellation of behavioral symptoms that include paroxysms of uncontrollable shouting, crying, trembling, palpitations, aggressiveness, depersonalization, and loss of consciousness correspond to the lay concept of *ataque de nervos* (attack of nerves). In cultural psychiatry, ataque de nervos (*nervios* in Spanish), has traditionally been described as a cultural bound syndrome resulting from intense sociogenic stress. It has been documented throughout Mexico, Latin America, and the Caribbean and parallels idioms of distress in other societies (e.g., possession illness in India). In clinical and cross-cultural psychiatric literature, ataque de nervos is strongly associated with major depression, anxiety and panic disorders, dissociation, schizophrenia and childhood trauma, although it is not isomorphic with any one syndrome (e.g. Jenkins 1988; Lewis-Fernandez, 1994).

I do not address ataque nervos directly in the main text because my informants did not specifically refer to this condition. Nevertheless, it is a very common idiom of distress that I observed in Santarém and applies to the precisely the same sorts of symptoms noted in these key informants. Although a robust cultural category, my informants often blended the concept with descriptions of depression, anxiety, and panic. Some of my informants also described nervos in relation to spirit attack and also with respect to co-occurring sensations in their extremities such as pain, prickles/tingling, and numbness. Subsequent chapters highlight instances of nervos.

midst of an emotional and suicidal crisis and ended up at Igreja da Paz.

These descriptions focus mainly on psychocentric and egocentric interpretations of distress that my informants use to narrative their troubling experiences. I have also employed several –etic labels to describe some of these conditions including dissociation, depersonalization, fugue, and sensory distortion. The three broad categories of psychological impairment are useful heuristics that map roughly onto conceptual boundaries in clinical and popular idioms of distress in Santarém. However, their experiential referents have considerable co-presence in lives of treatment seekers, witnessed, for example, in Jucelina and Souza's various episodes of interlinked dissociation *and* sensory distortions, and Afonso's depression-induced fugue. Similar overlaps have been noted elsewhere in both psychiatric patients or would-be patients and practitioners of ecstatic religion (Luhrmann 2010).

Spiritual Affliction

Additionally, the categories of psychological impairment and their experiential referents also articulate with popular religious understandings of affliction that implicate sociocentric, relational orientations between humans and spirits. Souza, Afonso, and Jucelina encountered the various labels such as *encosto*, *obsessão*, *endemonhado*, *mediunidade*, and, *mal* (sin) in their respective encounters with spiritist and evangelical rhetoric and modalities of care. Here I will elaborate on some of the meanings.

In the context of spiritist religions, what might otherwise be labeled as sensory distortions are readily interpreted as contact with or manifestation of veridical spiritual

beings. Afro-spiritism and Kardec Spiritism share the belief that humans can observe the presence of different spirits in the perceptual environment, separate from ego, as indicated by visions, aural perceptions, tactile sensations, and human-like interactions. Adepts of these faiths commonly use the word *tóque* to indicate that one is "touched" by a spirit (this same term, with roughly the same meaning, also refers to Afro-spiritist ceremonies). Spirits also communicate through *sintonia*, or resonance with humans, particularly those with whom they share astral affinities (as determined, for example in the *Ifá,* the Candomblé system of divination), personality traits, behavioral tendencies, or moral status. In these ways, spirits conjoin or blend with their human counterparts and influence their ideations and behaviors in both positive and negative ways.

Experiences that might otherwise be labeled dissociations correspond to types of spirit contact that are generally unwarranted and potentially harmful in nature, even approaching the degree of spirit attack (*ataque do espírito*). In this context, spirits attempt to or succeed in penetrating and incorporating in a person's body and displacing that person's spirit, whereupon the body becomes a vessel of the intruding spirit. This behavior corresponds to the traditional concepts of *spirit possession* and *possession illness* in anthropology and cultural psychiatry.[42] In these states, the person can

[42] I have opted against using these terms myself. Reasons for this have to do with the fact that spiritist and crentes in Santarém (and elsewhere in Brazil) rarely use the term "possession" to describe their experiences, preferring the glosses for problematic spirit intrusions discussed in the main text. That said, the concept of possession is readily understood and does emerge in conversation from time to time, particularly with crentes. When asked about possession, most of my informants in Candomblé and Umbanda felt that the terms "spirit possession religions" and "possession cults" were unfortunate misnomers promoted by researchers and laypersons. Notwithstanding the tradition of insightful anthropological scholarship on spirit possession, my observations convince me that emphasis on the term "possession" often obscures the multifaceted

experience ecstatic or catatonic trance, amnesia, depersonalization, and bodily convulsions. As depicted in Souza and Jucelina's accounts, spiritists and crentes readily interpret these behaviors corporeal manifestations of spirits or demons.

A number of master concepts encompass these types of human-spirit relations. In Afro-spiritism these are *encosto* and *mediunidade*. In Kardec Spiritism they are *obessão* (obsession) and also mediunidade. In Igreja da Paz they are *endemonhado* (demonization) and also encosto. Encosto is a Portuguese adjective derived from the verb *encostar* (literally, "to lean against") Santarenos use it everyday language, such as in the phrase, *eu encosto a minha bicicleta na parede* ("I lean my bicycle against a wall). Crentes occasionally use encosto as a synonym of endemonhado to signify that a demon has taken hold of one's body or soul; endemonhado is far more common in their parlance. The more common spiritist usage of encosto denotes that a spirit is "leaning up against" or "stuck to" someone; however there is no precise translation in English. Encosto implies persistent, intrusive actions on the part of the spirit and/or a state problematic attachment of a human to a spirit that can manifest in sensory distortions and/or dissociations, as well as abnormal thinking and day-to-day behavior. With respect to sensory distortions, spirits appear and disappear, they may impart messages or come around to play jokes, or even to frighten and act with malice; they may even purposefully cause a nuisance, acting like an annoying sibling that tests the limits of the other's patience. With respect to dissociations, spirits can attack and penetrate the boundaries of the body/person and displace his or her self, leading to unpredictable

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ways that Brazilians communicate about spirit attachments and the effects that matter in daily life (cf. Seligman 2003).

shifts in normal personality and behaviors. A person can become encosto because of macumba, evil eye, sickness, and sin (and related forms of spiritual vulnerability).

The Spiritist concept of obsessão mirrors many features of encosto in the sense of unwanted and negative influence of a spirit. In Spiritism humans are considered spirits as well. They are *espíritos incarnados* (incarnate spirits) in contrast to *espiritos desincarnados* (disincarnate spirits). In this respect, obsessão is seen as the negative interaction of a more powerful and malicious spirit on another that can alter the manifestation of normal personality and behavior in the afflicted. Disincarnate spirits can obsess incarnate spirits (humans) and vice versa. Obsession can also occur between spirits of the same class. Spiritist interpret the various forms and degrees of obsession defined in canonical text *The Medium's Book* (Kardec 2006) as predominant causes of mental illness and criminal behavior and as important factors in medically unexplained physical illness.

The notion of mediunidade denotes a nascent capacity or talent (*dom*) for mediumship in which an individual's very constitution is porous to spirit contact and communication. The dom is observable in childhood and youth if one knows the signs. Mediunidade is not necessarily problematic nor does it carry immediately negative implications. For Spiritists, it is a trait to be celebrated, despite the association of nascent, uncultivated mediumship with emotional distress, illness, and sensory distortions that can persist into adulthood if not properly managed. Thus, mediunidade overlaps with encosto and obsesssão in that the uncultivated "dom de mediunidade" renders a person vulnerable to negative spiritual influence, sickness, or even insanity and suicide. Crentes do not ascribe to the notion of mediunidade even though a

keystone feature of their demonology is the belief in human's vulnerability to incorporation of demons.

In the spiritual hierarchy of Brazilian encantaria, only entities considered to be of lower status and sanctity and of deficient moral orientation can obsess or 'encostar' in humans. These include malicious ghosts and spirits in need of redemption due to past sins, suffering, and injustices[43]; *exús* and *pomba giras* (trickster spirits in Umbanda and Mina Nagô)[44]; and a variety of *encantados* (e.g., forest spirits, animals, gypsies, children). Caboclo spirits (consider to be the offspring and messengers of the African *orixás*) are located in the middle of the hierarchy. They typically do not intend to hassle or harm humans, given their greater status and moral orientation. Rather, they make contact in some of the ways described above in order to signal a person's spiritual calling and to act as spiritual guides (*guias*). Although they do not intentionally bring suffering to their human counterparts, their presence, as Souza learns, can manifest as symptoms of illness and emotional distress when one does not know how to bring them under control. At the highest level are *espiritos iluminados* (illuminated spirits). In

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[43] Candomblé practitioners call malicious ghosts by the Yoruban term, *egún.*

[44] Exú plays different roles in Candomblé and other Afro-spiritist religions in Brazil, despite cultural and historical links between these traditions (cf. Caroso and Rodriguez 2004). In Candomblé, exú is an elevated deity. He is one of the most important orixás, who is propitiated in every type of ceremony, from curing rituals and divination to initiations and celebrations. Various forms of Umbanda observe a cast of different exús who, along with female counterparts called *pomba gira*, are called *povo da rua* (people of the street). In Umbanda, exú is *not* an orixá. Rather exús are the spirits of salacious figures from Brazilian and Iberian folklore. Exús love the company of humans and have dominion over their base worldly needs (viz., power/prestige, money, love, sex, and success). As tricksters, exús and pomba gira preside over macumba and their *despachos* (sacred bundles and offerings for love, success, protection, and harm) are often found in public areas in the city. Crentes capitalize on the obliques associations of exú with the Devil and sorcery and thus, position exús of Umbanda (and Candomblé) as central characters in Pentecostal demonology.

Candomblé and other Afro-Spiritist faiths, these are the *orixás* (African nature deities). In Kardec Spiritism they are beneficent and learned historical figures such as Leonardo da Vinci, Gandhi, "Dr. Fritz" (Greenfield 1987) and Chico Xavier (the 20th century's most celebrated Brazilian Spiritist medium). Illuminated spirits never obsess or "encostar" in humans because it is below their sanctity and moral constitution. These spirits generally incorporate in experienced mediums during ceremonies of worship, celebration, and spiritual study. They come to sing, dance, heal, preach, and advise, and also to socialize with their brothers and sisters in the material world. With respect to these contexts of voluntary and ritualized human-spirit interactions, Afro-spiritists employ the terms mediunidade, incorporação, and the phrase *baixar santo* (to lower the 'spirit'). Kardec Spiritists use mediunidade, sintonia, as well as *canalização dos espíritos* (channeling the spirits), with the implication that spirit interactions occur mostly through resonant energies rather than actual incorporation.

Most of the spiritist theories that correspond to sensory distortions and dissociations have analogues in evangelical demonology. For instance, Jucelina's experiences with the Umbanda healer and in Igreja da Paz demonstrate how her symptoms are respectively interpreted as encosto by an exú or demonization and how corresponding practices of spiritist exorcism mirror each other.[45] Crente demonology emphasizes the sin, misfortune, insufficient faith and 'moral armament' as a precursors to demon attack, whereas Spiritism, along with person volition, emphasizes the constitution of an individuals spiritual-subtle body (*peri-espírito*), his or her moral

[45] Afro-spiritists commonly use the term *afastamento do espírito* (removal of the spirit) to refer to exorcism. Crentes use the term *libertação* (liberation).

ignorance, and external forces (e.g., macumba), in generation of encosto and obsession. Crentes at Igreja da Paz do not cultivate mediumship per se. Indeed, they associate mediumship with macumba. However, as with general Pentecostal practices in Brazil and elsewhere in the world, sensory distortions and dissociations are deflected into valorized forms of charismatic spirituality that involve heightened intuitions, imagery, bodily sensations, affective displays variously referred to as *dons do Espírito Santo* (gifts of the Holy Spirit)*, charismas* (charisms)*,* or *baptism* or *resting in the Holy Spirit* (cf. Chesnut 1997; Csordas 1994b; Luhrmann 2010).

Depression *depressão* and anxiety (*ansiedade*) are also salient concepts in the belief systems of terreiros, centro espíritas, Igreja da Paz; however, they do not readily fall under the rubric of spiritual affliction. Santarenos of all stripes liberally employ these labels to refer to dysphoric experiences ranging from banal feelings of sadness, worry, and feeling "down in the dumps"[46] to dramatic alterations of mood and behavior that inflict serious personal and interpersonal strife and may require hospitalization. Increased attention to these conditions *qua* psychiatric syndromes in the international and Brazilian media and in the local healthcare sector has, no doubt, contributed to their normalization and their circulation into the everyday idioms of distress in Santarém. Nevertheless, in the spiritist communities and in Igreja da Paz, depression and anxiety are frequently implicated in day-to-day suffering and its association with physical maladies and disease, sin and insufficient spiritual/moral development, and in relational

[46] *Em fossa* (in a hole) is a oft-heard phrase for being “down in the dumps.” Other typical glosses for everyday sadness and depression include *baixo astral* (gloominess), and *depre*, for example in the phrase *Puxa! Ele ‘ta depre!* (Gosh! He is depressed!)

conflicts.[47] Depression and anxiety can be treated by doctors and managed through improved social and spiritual relations and life circumstances. It is also widely accepted that, whatever the underlying organic or interpersonal correlates, depression and anxiety problems always have a spiritual side (*um lado espiritual*). Spirits may play a role, as illustrated in the common Spiritist belief that unmanaged obsession will spiral into depression and suicide. Even if a spirit is not to blame, moral education and spiritual treatments including prayer, *passes*, blessings, ritual cleansings, and herbs can fortify the body, mind, and spirit from further harm.

Trajectories of Treatment

Within the context of care seeking in Santarém actors inevitably grapple with the option of allopathic care and at least the possibility of obtaining medical diagnoses for their psychological distress and concurrent physical symptoms. My three informants' histories reveal a set of trends that santarenos confront within the medical encounter that help drive the treatment seeking process. As a point of qualification, these trends are not specific to each informant; I have only chosen to describe them in the context of individual cases.

The first has to do with *medically unexplained symptoms* (i.e., physical and psychological symptoms reported by patients that have no definite clinical diagnosis). Souza presents a classic case. From the outset of his problems, Souza focused on

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[47] Recall from Chapter Five how, at the terreiro, the *boiadeiro* spirit diagnosed severe depression along with encosto in a young woman and how, at the Igreja da Paz service, the pastor preached about the "demons of depression." Also, the centros espíritas in Santarém collaborated several times to sponsor weekend retreats and workshops on the theme of depression. I attended several of these sessions.

resolving his physical symptoms. Despite his consultations with eleven different doctors, he was unable to obtain positive diagnoses with respect to his acute physical distress. His ensuing circumstances follow a somewhat predictable chain of events that are strongly associated with medically unexplained symptoms (cf. Kirmayer, et al. 2004).[48] After each doctor's dismissal, Souza becomes increasingly angry, despondent, and hypochondriacal. At the same time, Souza's striking psychological disruption suggests that he would be a strong candidate for psychiatric services at CAPS. It is in some way tragic that, in spite all of his attention to his physical symptoms, doctors only marginally addressed his apparent psychological symptoms. Nevertheless, after compounding frustrations with medical care, Souza turns to other culturally available explanations and treatment modalities that help him to reframe his illness interpretation around concepts of spiritual affliction and mediumship. Notably, his mother and other people in his social network play a significant part in guiding this foray into spiritism. Although a Catholic, Souza's mother encourages him to seek care within Umbanda, despite his reluctance. He ends up in a Candomblé terreiro, where he is first informed about his nascent mediumship. Souza then rejects Candomblé for practical and aesthetic reasons and opts to follow the recommendation of Captain Emerson to procure the centro espírita where he can further his understanding of mediumship. Ironically, it is

[48] Kirmayer and colleagues (2004) point out that medically unexplained symptoms (variously defined) appear in 15-30% of all primary care consultations described in multiple international community health studies. Globally, the most frequently reported symptoms include musculoskeletal pain, ear-nose-throat discomfort, abdominal pain and gastro-intestinal symptoms, fatigue and dizziness. Typically, upon finding no organic insults, health professions attribute patient reports to psychogenic origins (viz., psychological conflict, defenses, and imagination); often, they do so in a manner that blames the patient as the cause of his or her own suffering and that contributes to resistance in the patient. Souza's experiences mirror this trend.

through his relationships at the centro espírita that he begins frequenting an Umbanda terreiro on the side.

The second trend involves *medical misdiagnosis* and *insufficient medical literacy*. Unlike Souza, Jucelina has had a history of involvement with medical care from an early age. She was diagnosed and treated for encephalitis when she was a baby and also took medications in her youth to control severe headaches. As an adult, she had to seek intensive medical intervention for complications with pregnancy and, around the time we met, she had commenced psychiatric treatment at CAPS. On the other hand, the fact that her childhood epilepsy went unrecognized and was misdiagnosed as migraine headaches led to the improper management of this neurological condition, which rendered her vulnerable to a series of emotional and behavioral crises later in life. When faced with overwhelming stress of an unwanted second pregnancy, thwarted goals, and the knowledge of her husband's infidelity she suffered from epileptic fits, hallucinations, and dramatic mood disruptions. Her epilepsy was only diagnosed after having a seizure that put her in the hospital. It was then that her neurologist also diagnosed her with psychotic depression due to visual and auditory distortions and referred her to CAPS for psychiatric treatment. Considering this history of medical care and the relative success of her anti-epileptic medication, one might assume that Jucelina would have been well socialized to accept medical diagnoses. However, because of her apparent lack of literacy about mental illness, she remained confused and suspicious about her psychiatric diagnosis. Instead, she seemed to be more satisfied, though still not completely sold, with the view that she was encosto and endemonhada. As with Souza, members of her social network played important roles in determining the course

of treatment. No doubt, her mother's strong beliefs in spiritual roots of illness influenced Jucelina's own interpretations and the decision to procure a curandeiro. In the midst of her uncle's demand that she go with him to Igreja da Paz and the ensuing arguments between her Uncle and parents, Jucelina's own agency was relegated to the background. She even had to plead with her parents so that she does not have to return.

In my general observations among multiple informants, it became clear that reports of medical misdiagnosis and unsuccessful clinical management of sickness and distress play significant roles in their tendency for actors to gravitate toward spiritual forms of treatment. Similar to medically unexplained symptoms, misdiagnosis, once realized, incites a great deal of frustration in care-seekers over both the failure of authoritative medical knowledge as well as the lack of resolution to their predicament. Moreover, actors like Souza and Jucelina often enter into *epistemic entanglements*, in which they are caught between seemingly dubious or only partially satisfying explanations of their suffering. Actors will often contest medical opinion and set about testing the validity of other cultural interpretations through attempts with spiritual treatments and other remedies. Souza and Jucelina's experimentations with medical care and subsequently among spiritist and Pentecostal healing clearly demonstrate this tendency. Jucelina's case also indicates that process can work the other way. She seems to only partially accept the explanations of her state from crentes at Igreja da Paz and then opts to follow up on the medical referral to CAPS.

A third trend can be referred to as *medical acceptance*. Despite the various mishaps described above, medical knowledge and, more specifically, medical diagnoses still retain authoritative and illocutionary force for most santarenos, particularly when

treatments impart satisfactory to dramatic improvements in health. Successes with day-to-day physical maladies such infections and injuries can occur frequently with proper medical attention, in which case there *may* be no need to attempt treatments elsewhere. Even so, santarenos bring complaints of basic maladies and physical discomfort, and those related to more debilitating conditions (e.g. cancer) into terreiros, centro espíritas, and churches. These problems are viewed, first and foremost, as medical conditions requiring medical care, but there is a pervasive belief that prayer, passes, fluid-therapy, ritual cleansings, teas, herbs, and oils that comprise the material and symbolic "pharmacopeia" of popular healing modalities will impart therapeutic benefits.

Afonso's experiences fall within this domain of medical acceptance. From the outset of our interactions, he expresses a rather clinically minded perspective about his predicament. Without question, he accepts that he suffers from disorders of anxiety and depression that are rooted in his traumatic past. Later, he remarks that he never had the financial means to seek professional care and qualifies that he probably would if he did. Beyond these reflections, Afonso begins a course of prescription medication to treat leg pains, and obtains positive results. Finally, he considers entering CAPS for psychotherapeutic treatment after obtaining a referral from the general practitioner treating his leg pain. However, some atypical features of his situation are worth noting. Afonso's did not proceed down this course directly as a result of a medical diagnosis. Rather, his interpretation derives from his own self-education in reading books on psychology, psychotherapy, and self-help and from engaging whole-heartedly in a form of quasi-group counseling through his church activities. On the other hand, Afonso seems to be more caught up in existential turmoil concerning his tarnished spirituality

and stunted personal agency. These issues overshadow any immediate preoccupation over his self-attested mental illness and a search for clinically based care. Instead, he approached the literal and proverbial gates of Igreja da Paz as many people do, in a state of deep emotional crises. Following the crisis, Afonso finds no problems continuing at Igreja da Paz, without trading in his Catholic identity to become a crente. Ironically, he holds a rather lukewarm sentiment about two keystone church practices: faith healing and the MDA. He has gravitated to the cell groups and to the Spiritual Emergency Service, seemingly out of an attempt to reconnect with his talent for providing behavioral counseling and social-spiritual support and to once again reap their therapeutic benefits.

The causes of suffering and ways in which actors attempt to find appropriate solutions to suffering are also deeply intertwined in *personal relations* and shaped by *significant life events*. Domestic conflicts and interpersonal violence, marital strife and betrayal, social stigmatization, acculturative stress, financial and employment insecurity, and thwarted personal goals prevail in my informants' experiences. These predicaments not only upend interpersonal harmony and self esteem, they contribute to the manifestations of emotional distress and illness, thereby establishing the conditions within which care seeking takes place.

The patterns of medical resort observed in this chapter depict a behavioral environment in which actors – specifically those with him I worked in religious settings and at CAPS – readily seek care in a variety of settings; in some instances moving sequentially from one option to another, in other instances, simultaneously experimenting with multiple modalities or even giving certain failed options a second

chance. The preference for initially seeking medical attention for physical ailments and behavioral problems is fairly evident. However, just as evident is tendency to turn to spiritual modalities and interpretations when attempts at obtaining diagnoses and successful treatment runs up against the boundaries of clinical knowledge and technique. The option of "official" mental health care at CAPS is usually a final resort. This tendency implicates an absence of a normative culture around mental health care due in part to the historical lack of awareness about mental illness in medical terms, and the still highly limited services available at CAPS and the community at large.

These various patterns are among the most common I encountered in Santarém, but by no means do they represent the entirety of treatment seeking strategies. For example, santarenos may procure spiritual modalities of care prior to a medical setting. I found evidence that usually a family member or acquaintance in one's immediate social network strongly influences this decision (analogous to the case in which Jucelina's uncle intervenes in the decision-making to insist she go to Igreja da Paz. Also, long-time members of a religious community opt to seek help with new episodes of distress and/or illness "in house," prior to visiting a medical setting having gained familiarity with spiritual doctrine and techniques of healing. In addition, home remedies (*remedies caseiros*) are ubiquitous and generally constitute a first line of defense in terms of care-seeking practices or are used in parallel with more intensive therapies. Souza's case study, for example, depicts his preference for several different home remedies in response to his struggle with a prescription tranquilizer. *Where* and *how* individuals and families obtain them can drive subsequent medical decisions. For instance, certain over-the-counter pharmaceuticals (e.g. pain medication) comprise part

of the *materia medica* of home remedies throughout Amazonia (cf. Reeve 2000). Accessing them at pharmacies opens up pathways for obtaining access to medical settings for advice and care. On the other hand, seeking herbs, oils, and teas obtained at a botanica or an open market brings consumers in contact with specialist such as *curandeiros*, *benzadeiras*, and *zeladores de santo* who can influence the subsequent decision to seek care within popular spiritual modality. Indeed, the various practices and consequences of home remedy make up a complex dimension of medical pluralism that could be the focus of a separate study.

The specific cases and analysis given in this chapter offer a perspective of treatment seeking, not as instantiations of purely individual decision-making faculties, but rather as complex cultural practices that depends on multiple inputs including family and social networks, life events, institutional norms, and cultural idioms. These factors constellate over temporal progressions of social behavior and lived experiences, which then shape decision outcomes and, over time, entrain and re-entrain the explanatory frames through which actors appraise their situation. In this respect, individuals' cognitive appraisals about illness and distress do not simply function as precursors to the course of treatment. I view them as the results of human activity, emerging from adaptive contingencies of everyday experience. Within the parameters of medical pluralism, these appraisals become laden with converging and diverging interpretations of affliction drawn from the multiple cultural explanations. Ultimately, the processes of negotiating the epistemic entanglements in which actors become suspended become the means by which individuals can begin manage their

symptoms, their suffering, and their self-consciousness. I will explore these processes in more detail in a later chapter.

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Chapter 6. Dynamic pluralism at the margins of modernity

TRADITIONAL AND MODERN MEDICINE

When I commenced fieldwork in Santarém, I expected to encounter the prevalence of autochthonous healing practices throughout peasant communities in the rural periphery. Several factors had influenced my thinking. Firstly, as I described in previous chapters, the city proper has experienced accelerated growth in the public health institutions as an outcome of political and fiscal municipalization. Considering the view from experts on health reform in Latin America that liberalization and decentralization tend to further marginalize the peripheral localities (Abel and Lloyd-Sherlock 2000), I reasoned that this trend might have reinforced traditional institutions in rural populations in contrast to the city. Indeed, recent scholarship on Amazonian caboclo (peasant) societies has emphasized prevailing illness beliefs and treatment practices, most notably the form of shamanism called *pajelança* (Cravalho 1993; Maués 1990; Maués 1994; Maués 1995; Maués and Villacorta 2001; Reeve 2000). Reeve (2000), for example, asserts that traditional healing remains vibrant in rural caboclo societies for reasons that include the lack of local health infrastructure, the inability for peasants to access health services and/or medicines, and the marked ethnic and urban/rural contrasts that maintain the distinctiveness of caboclo medicine from other popular modalities (e.g. Umbanda and Candomblé).[49] Lastly, from the outset of my

[49] Reeve conducted ethnographic research among caboclos in Ilhas de Abaetetuba, a cluster of fluvial islands at the confluence of the Tocantins River and the Amazon estuary, several hours southeast of Belém by boat.

research, various informants and health workers in Santarém submitted to me that, when it came to questions about illness and health, many santarenos cling to beliefs in "folklore and superstition" drawn from the culture of the *interior*.

Together, these observations seem to imply the persistence in rural areas of a "traditional Amazon" set against the institutional pluralism of urban Santarém. Yet, through my investigations that took me out of the city and into the regions of the interior, I came to perceive a reality that diverged considerably from this view. Rather than being geographically and culturally isolated from the machinations of "modernity," rural peasant communities in the FLONA and neighboring micro-regions around Santarém rely on access to cosmopolitan health services and programs, which have developed in the region over the last thirty years. Many institutions have had a hand in sponsoring these programs. At the forefront are the Santarém-based NGOs *Projeto Saúde e Alegria* and *Fundação Esperança*, at the government level the Secretariat of Municipal Health (SEMSA), and evangelical missions such as the one based in Igreja da Paz. As their respective rural health initiatives have taken hold, popular healing has receded into the background of caboclo society-- but it has not disappeared altogether.

In this chapter I will shift the focus from lives lived in the urban center to examine how medical pluralism has unfolded in Santarém's rural periphery. I will first provide details about the health initiatives in operation throughout the region and then highlight the historical events that motivated their implementation. Next, I will describe pajelança and how local circumstances have affected its status. Finally, I will situate these findings within a theoretical discussion on modernity and dynamic pluralism in Brazil. I intend to examine conceptual problems that persist in anthropological thinking

about popular healing in caboclo society, which I have alluded to above, and to offer a perspective that depicts pajelança, not as a throwback to Amazonian traditionalism, but as a form of local modernity and a feature of an emergent social complexity that transects the assumed institutional and geographic boundaries of rural and urban Santarém.

RURAL HEALTH INITIATIVES

Projeto Saúde e Alegria (Project Health and Happiness)

Projeto Saude e Alegria (PSA) is a private, not-for profit organization that promotes "sustainable, grass roots" community development and health projects in the Santarém and neighboring municipalities. PSA began operations in 1987 and by 2005, activities in the region extended to some 30,000 beneficiaries across 143 rural communities. The core work of the organization involves short-term expeditions to peasant villages in riverine and terra firme zones with interdisciplinary teams, often comprised by individuals from different parts of Brazil. Team members include PSA staff, doctors, nurses, medical students, scientists, engineers, educators, and funding representatives, depending on the nature of specific projects. In terms of development initiatives, the focus has largely been on political organization among communities and income generation from sustainable extraction of natural products, forestry, collective gardens, and *artesenato*. On matters of community health, PSA implements mobile primary care clinics and education that address child and reproductive health, nutrition and diet, oral and ocular health, hygiene and sanitation, and infectious disease. Since pathogen-related illnesses are major problems in rural communities, PSA gives

considerable attention to vaccination programs for children, building wells in villages, and providing low-cost and user-friendly water filtration systems to each household. Expeditions are publicized well in advance so that communities can make necessary preparations. During a single expedition, which may last from one to four days, health teams progressively visit different villages in a target area to conduct clinics and workshops, often using the agency's large navio as a base of operations. According to project mangers, PSA's long-term goals are to mobilize *poder público* (pubic power) among rural communities and to establish an "adaptable and sustainable model of community health for Amazonia" that the organziation expects to hand over to SEMSA for management in the near future.

Missão Projéto Amazônia (PAZ)

Igreja da Paz also implements short-term expeditions through their mission arm called Project Amazonia. Among several similar evangelical missions in the region, Mission PAZ is the largest. It has operated since the mid–1970s, prior to the founding of Igreja da Paz in Santarém, and currently serves around 150 rural communities in Santarém, including FLONA (Tapajós National Forest), and neighboring municipalities. Currently, the mission collaborates with various international NGOs and philanthropic bodies that help to sponsor this work. Expeditions proceed in very much the same manner as those of PSA, focusing mainly on basic and preventive health. The composition of teams includes physicians, nurses, educators, and other specialists. Being an evangelical mission, teams frequently include pastors and other volunteers from Igreja da Paz in Santarém and from abroad. Mission PAZ maintains a fleet of six

navios that serve as “hospital boats” and an amphibious aircraft which teams use to travel between different communities and Santarém. For any given expedition, the mission team typically establishes a base of operations in one or two larger communities in a focal region and invites members of other communities to journey the relatively short distance to the base to attend the clinics. During one such expedition in the Arapiuns River Basin northwest of Santarém, I witnessed a seemingly unending stream of patients and families from neighboring villages arrive in boats to visit the mobile dental and eye clinics that were underway on the decks of a large navio and on the shoreline. The clinics lasted three days during which time health workers attended to patients from morning until late into the evening, with few breaks in between.

Although a considerable overlap exists between the health expeditions of Mission PAZ and PSA, the organizations have collaborated only a handful of times and relations between them are less than amicable. One of the mission coordinators named Jani explained to me that, over the years, PSA administrators have come to view the activities of PAZ as a detriment to their efforts. One the one hand, PSA takes ownership over delivering a community health model to the municipal government, so administrators feel a sense territorialism when it comes to working among the rural populations. On the other hand, as a secular organization PSA is uncomfortable with the explicit proselytizing that comes hand in hand with the mission’s health expeditions (several directors at PSA confirmed these sentiments). Tensions have flared when Mission Paz has entered into communities that are already collaborating with PSA so, in order to avoid conflict, both organizations aim to stay off each other’s turf. A nurse by training, Jani dismissively referred to PSA’s focus on “pet projects;” while necessary,

they fail to address the spiritual needs of individuals and communities. In her view, Mission PAZ adopts a more holistic approach by integrating a concern for spiritual well-being within their social assistance outreach. Beyond the immediate provisioning of health services and education, the ultimate goals of the mission's expeditions are to evangelize and plant churches in each community. Jani explained that the health projects serve as doorways into communities whereby team members can bring people the Gospel and identify potential leaders who will be able to grow an Igreja da Paz church in his or her village and continue to plant other churches in the area. Indeed, I observed that after each day's health clinic, the expedition team invited community members to evening worship services. These sessions incorporated the aesthetic of a church summer camp, with beach bonfires, sing-alongs, Gospel teachings, personal testimonies, and opportunities for religious conversion.

Despite the avowed focus on spirituality, explicit discourses on the spiritual sources of affliction and the practice of faith healing are curiously absent in the mission's health expeditions. This is a notable contrast to the Igreja da Paz services in the city. Although healing prayers are regularly offered during the expeditions, often at the behest of individual patients, teams focus almost exclusively on physical health issues. They do so consciously so as to not enforce the "question of spirituality" where it is not invited, despite the fact that peasant communities of the interior are traditionally Catholic and also acknowledge the role of spiritual enchantment and malevolence in illness. On rare occasions, someone in the mission team possessing the spiritual *gift of healing* may feel the call to use more involved techniques such as the imposition of hands or the exorcism of demons, when he or she senses an underlying spiritual

affliction. These occasions are largely spur of the moment rather than staple features of the health expeditions.

Entry into communities is not a straightforward affair either. Historically, Mission PAZ has encountered resistance from different communities. No one with the mission freely admitted this to me. Instead, those persons I queried responded in more vague terms about the need to adopt a sensitive attitude when making contact with new communities. However, a number of informants from different villages did relate specific incidents. For instance, Dom Julio, an older man and head of one of the larger communities at the southern end of the FLONA described how, in 1993, members of Igreja da Paz appeared in the village with one of their boats. Initially, they talked to families and community leaders about conditions in the village and offered their services to help them with community projects, stipulating the desire to build an Igreja da Paz church in the area. Being a strongly Catholic community, the *catequista* (the community's religious leader and link to the parish) persuaded Dom Julio and others to refuse their offer. After several more unsuccessful forays over a few months, Mission PAZ attempted to purchase land in the village, but no one was willing to sell or donate plots. One day, several missionaries refused to leave after being asked repeatedly, so Dom Julio summoned the Federal Police. Police agents arrived in the village, removed the missionaries, and restricted them from returning to the village under legal penalty.

Community Health Agent Program

The *Programa Agente Comunitária de Saúde* (PACS) is another initiative serving the rural populations. Its origins are in a program created in 1979 by *Fundação*

Esperança, a private, non-profit health service and training institution based in Santarém (see below). Currently, the Municipal Health Secretariat (SEMSA) manages the PACS. The keystone of this program is the Community Health Agent (ACS). The ACS is a village resident whose role is to monitor the health status of individuals in the community and coordinate resources for meeting individual and collective health needs. To be appointed to this position, a health committee within each village selects one person from a pool of lay volunteers; the candidate, at a minimum, must possess good communicative skills, including reading and writing, and have a favorable reputation. The nominee then receives basic medical and organizational training over several months in the city to develop competence in identifying, treating, and educating about health-related concerns in his or her community. These include a wide range of chronic infectious diseases in adults and children, injuries and animal bites, complications in maternal and child health, poor hygiene and sanitation, diet, oral and ocular conditions, vaccination, and use of medications. The ACS keeps a cache of medical supplies in the village, including medications and basic laboratory equipment. He or she also maintains files on the medical history of each resident in the community, to which clinicians in Santarém and personnel from visiting health expeditions refer for patient care. Although, the ACS does not obtain training in advanced medical care, he or she is qualified to provide basic follow-up home care for persons who have undergone more extensive procedures in Santarém, such as surgery, and assumes responsibility for arranging medical care and transportation to the city.

Although SEMSA does not provide comprehensive health services directly to rural communities, it employs the health agents, paying them two minimum monthly

salaries (R$600) at the beginning of their tenure. The ACS collaborates closely with PSA in organizing and implementing health expeditions and also performs a similar function within the expeditions of Mission PAZ. However, collaboration with PAZ is viable only if the ACS has an affinity for the broader objectives of the mission in the community.

In these ways, the community health agents act as the principal conduit between rural communities and clinical services in Santarém. In the eyes of SEMSA, health agents provide the driving force for rural communities to manage their own health and well-being to a reasonable extent. They represent strategic and renewable resources for the provisioning of health services in rural communities, services that have otherwise been difficult for people to access through centralized delivery in the city. The municipal government and other players in the public health sector, such as PSA, acknowledge the considerable advantages of the PACS over exclusively centralized care. For one, persons selected as health agents are already part of the social fabric of their respective communities. They are familiar with the local issues and personal histories and thus, can serve as more effective advocates for needs than would an agent visiting from the city. As such, they are also much more likely to remain working in their community of residence or origin despite the difficult conditions. This tendency increases the potential for maintaining continuity of communication between villages and healthcare providers and also limits turnover in health agents. Moreover, having a resident health agent in each community decreases the burden on the limited health resources in Santarém by ensuring that community members can receive a modicum of basic care, follow-up, and education without necessarily having to travel to the city.

A BRIEF HISTORY ON THE TAPAJÓS RIVER

The FLONA Problem

To understand how rural communities were first exposed to these health institutions that comprise part of the infrastructure of medical pluralism in Santarém, it is necessary to provide some historical exposition. In the early 1970s, the effort to open Amazonia by Brazil's military government under the policy of national integration (PIN), led to the rapid influx of large and small-scale corporate interests in natural resource extraction across the vast region (See Chapter Two). These activities also opened the doors for pirating of natural resources and *grilagem* (fraudulent land titling). In the Lower Tapajós Basin, south of Santarém, rural peasants soon became locked in a conflict with large corporations pursuing exploitative activities on their homelands. In one example, a Brazilian timber company and the national petroleum company Petrobras, both of them headquartered in the south of Brazil, began extracting timber in and around riverine settlements without permits and without remunerating the communities. In response, a number of communities banded together and appealed for assistance from the Federal Police and from the newly formed federal agencies for environmental management and protections (IBAMA) and for colonization and agrarian reform (INCRA). However, they received little to no aid from them. Older informants who were active in this struggle reasoned that all of those agencies were guilty of having a "wet hand" (*mão molhado*), in other words, of sitting in the pockets of the large corporations and wealthy *fazenderos* (ranchers).

At the same time, the military government had instituted new legislation for the creation of a national forest system under the rubric FLONA (*Floresta Nacional*). The

legislation demarcated enormous tracts as federal, publicly owned lands and established rigorous restrictions on their occupation and exploitation. One outcome was that the industrial activities of large and small companies came under tighter control of the government. In 1974, Federal Decree 73.684 created the *Floresta Nacional do Tapajós* out of roughly 600 thousand hectares (approximately 2,300 square miles) of primary and secondary forest along the eastern side of the Tapajós River, southwest of Santarém. Under this law, the national forest was designated off limits to any permanent human habitation. The military government had modeled the concept of the FLONA on forest management programs in North America and Europe. A major point of diversion however, was that these foreign polities, by this time, did not possess substantial populations living in designated national forest areas, as in the case of Amazonia. Thus, in the effort to manage what it viewed as a "land without people" (see Chapter Two) the Brazilian government effectively ignored the existence of peasant communities on national forest lands. It also overlooked scholarly evidence that established the presence of these populations in the region over the past two centuries. The peasant communities living in the FLONA remained unaware that a new land policy had come into effect until 1977, when IBAMA and the IBDF (Brazilian Forestry Development Institute) began evicting populations from their villages. The communities fought back by re-drawing settlement boundaries. By the end of the 1970s, they joined with the newly formed *Sindicato dos Trabalhadores Rurais de Santarém* (Rural Workers Union of Santarém) to publicize their political

disenfranchisement and to mobilize behind their proclaimed right to inhabit and tenure traditional lands according to custom.[50]

A discussion of the ensuing political process is beyond the scope of this chapter. Nevertheless, is important to highlight that, throughout the early 1980s as the struggle against the government intensified, IBAMA, INCRA, and IBDF continued to act in step with the authoritarian tactics of the military dictatorship by imposing increasingly tighter restrictions on economic and subsistence practices of peasant populations in the FLONA. To defend their policies they deployed rhetoric of environmental preservation. Yet, during this time, the government never saw the FLONA as a vehicle for supporting communities and improving their well-being. With the return to civilian rule in Brasília and the passing of democratic reforms in the late 1980s, political mobilization increased in Santarém. The worker's syndicate and government agencies staged many meetings and local populations organized workshops, seminars, and rallies on the question of land rights. By the end of the decade the government capitulated to demands and began a new process of legislation and policy formation to establish a provisional status for the FLONA communities. However, it was only with the ratification of a series of federal ordinances in 2000 and 2001 that the FLONA communities gained full legal recognition of their right to inhabit and tenure their traditional homelands.

Fundação Esperança (Foundation Hope)

Returning to the mid–1970s, the plight of the peasant communities living in the FLONA caught the attention of different local actors. One of them was Lucas Huber,

[50] Dom Julio, the community leader whose conflict with Mission PAZ I mentioned above, was formerly the president of the Rural Worker's Union of Santarém.

the son of American missionaries in Brazil, who had just arrived in Santarém to build churches. He soon began conducting outreach to in rural areas in the region, formally establishing Mission PAZ shortly thereafter. By 2005, the mission had established 150 Igreja da Paz churches in riverine and terra firme settlements. Another was the fledgling organization Fundação Esperança (FE). Luc Tupper, a Franciscan friar from the United States, established FE in 1974 as a low-cost health clinic for the poor in Santarém in the wake of Vatican II reforms. This was at a time when the city barely possessed a public health infrastructure and rural settlements had no formal health services whatsoever, only sporadic visits by health workers from state agencies during election season (cf. Offenheiser 1986). Rural peasants had to secure their own transportation to the city, a journey by canoe or *lanche* (small motorized water craft) that could last anywhere from eight hours to over a full day in good weather. Prior to the installation of the Cuiabá–Santarém Highway, travel to the city over fragmented networks of muddy and pot-holed roads was a far more arduous affair and usually avoided at all cost.

Given such challenges, devising a community health strategy became a primary mission for FE. The organization instituted the first "hospital ship" by which a medical team could travel by navio through the region to access remote settlements in order to conduct health surveys and provide general medical and surgical services. While gaining initial success, particularly with respect to vaccinations, the program was beset by many obstacles related to poor organization, transportation, insufficient human and technical resources, and inconsistent strategies for implementing medical care. Also, the organizers soon perceived that the hospital ship had become a potent and problematic signal to riverine communities that "good health was on its way," which contributed to

a certain passivity among these populations. FE began searching for more cost-effective and sustainable programs to mobilize community participation and create greater continuity with the medical and cultural realities that existed across the landscape of the rural interior.

In 1979, FE began rolling out a new program for placing *auxiliares de saúde* (health auxiliaries) in each community. With the assistance of large grants from the Inter-American Foundation in 1985, the initiative evolved into the PACS. Projeto Saúde e Alegria began collaborating with the program after it became heavily involved in the political mobilization centered on the FLONA land conflict and revived the health boat program. By the mid–1990s, the organizations delivered the PACS to the state secretariat of health, and it was eventually transferred to the municipal secretariat. FE then re-focused its mission on establishing a vocational health training institute and a degree granting university program in Santarém. It discontinued services to settlements along the Tapajós River and neighboring areas in order to develop community health projects farther afield, in quilombos along the Trombetas River and on the reserve lands of the Mundurucu Indians.

From Hope to Healthcare

This abridged history is significant because the land conflict greatly increased the visibility of erstwhile invisible peasant communities in the Tapajós River Basin, thereby paving the way for the development of rural health initiatives that I have described above. Over the long course of mobilizing around land rights, the communities have also become politicized on the health front, acquiring greater literacy

in addressing health concerns and for asserting demands. According to several village leaders, they have come to expect consistent access to health services in Santarém and delivery of care from PSA and from evangelical missions like Project Amazonia. But rather than passively viewing these organizations as harbingers of health, as in the past, the people now see them as active partners working toward the same goals. Moreover, the ACS has become a powerful symbol of a community's capacity to proactively address its own problems instead of solely relying on the goodwill of others.

Community leaders and health workers share the view that the rural health initiatives have greatly enhanced community well-being on different fronts. They have dramatically reduced the prevalence of infectious diseases, particularly through programs on hygiene, sanitation, and water treatment. The introduction of wells and water filters has encouraged a great deal of trust in the legitimacy of health workers and also in the efficacy of low-cost technologies that bring profoundly lasting benefits to the health status of the communities. The identification and treatment of oral, ocular, and birth defects (such as club foot and clef palate), as well as injuries, have also become easier to manage. There are still many health conditions that require ongoing monitoring and care, including respiratory ailments, mosquito-borne illnesses, and diarrhea and undernourishment in children. A high incidence of snakebites also remains a significant problem. Communities lack the capacity to store anti-venom and must gamble on the lengthy transport to Santarém.

Probably the most significant negative change in health conditions has been the emergence of chronic "first world" diseases among adults, especially diabetes, obesity, hypertension, stroke, and cancers. The director of Fundação Esperança indicated to me

that this epidemiological shift from acute, infectious diseases to chronic, lifestyle diseases occurred sometime in the late–1980s. By then, vaccine and hygiene programs had begun to yield positive results. On the other hand, given the frequency of movement between the city and interior that include periods of temporary residence in Santarém, rural populations had increasingly become exposed to dietary and lifestyle norms that were emerging in the city. In his view of the present state of affairs, it was fairly meaningless to distinguish between "urban" and "rural" health conditions in the municipality.

In recent years, health agents and community leaders have collaborated with PSA and the municipal government to implement a system of communication and transportation dedicated to health needs. In this system, SEMSA now provides a mobile water ambulance, the *ambulanche*[51], which shuttles persons needing emergency or advanced care to and from their village and the city. Each community is also set up with a radio apparatus for communicating with the municipal hospital and with PSA about transportation needs and other affairs. These services, among others, are not without problems and most everyone recognizes underlying financial and political obstacles to be surmounted. Nevertheless, community councils, the workers syndicates, and PSA increasingly push the municipal government to address these barriers in a timely manner, frequently reciting a mantra derived from the Brazilian Constitution: *A saúde é o direito do povo e a obrigação do Estado* (Health is the right of the people and obligation of the State). They recognize that ultimately, SEMSA is responsible for the

[51] "Ambulanche" is a play on *ambulancia*, the Portuguese word for ambulance. A "lanche" is a small motorized watercraft commonly used throughout Amazonia.

provision of health care to rural communities and will eventually have to take the reigns of the rural health programs.

TRANSFORMATIONS IN TRADITIONAL HEALING

Pajelança: A Brief Overview

How have these developments on the community health front affected the status of traditional healing in the rural periphery? Before answering this question, I will provide some context. In caboclo societies, broadly speaking, traditional healing refers to *pajelança*, which is a form of shamanism based in popular Catholicism and encantaria, the system of belief in an extensive pantheon of enchanted spirits, animals, and deceased persons (*encantados* and *caruanas*). It is also influenced by Afro-spiritist traditions and Portuguese folklore. Encantados are thought to inhabit different supernatural dimensions of Amazonian ecology, most notably the forest (*a mata*) and the deep (*o fundo*), which refers to subterranean and subaquatic realms. A fair amount of regional variability exists in pajelança. In the Brazilian northeast, for example, aspects of pajelança are heavily syncretized with African-based practices forming a range of overlapping spiritist traditions including *Jarê*, *Catimbó-Jurema*, and *Toré* (see Prandi 2004b). Scholars have also adopted the terms "neo-shamanism," "pajelança *não indígena* (non-indigenous pajelança), and "pajelança *cabocla*" to distinguish this diverse set of practices from the indigenous pajelança of Amerindian societies (cf. Langdon 1996; Maués and Villacorta 2001).

The *pajé*, or shaman, is traditionally male and possesses intimate knowledge of natural pharmacopeia and its application in remedies (e.g. teas, baths, ointments, and

talismans).[52] It is not uncommon for the pajé to also have basic knowledge of *remédios da farmácia* (pharmaceuticals) and to prescribe and distribute them to patients. The pajé's most important skill is the capacity to interface with the spirit world through trance, by which he either "travels" to the astral dimension or incorporates spirit entities called *caruana*s. In doing so, he is able to propitiate the spirits, communicate sacred knowledge, and impart healing. In areas where pajelança has a greater affinity with Amerindian traditions, the most powerful shamans (also called *sacaca*)[53] are said to possess the capacity to visit the world of encantados without going into trance; that is, in a state of normal consciousness. As in other spiritist religions, it is understood that the pajé does not impart cures on his (or her) terms. The pajé is only a bodily medium through which encantados and caruana spirits communicate, assess, and heal patients (cf. Maués and Villacorta 2001; Reeve 2000).

Curing ceremonies are customarily, though not always, performed at night after 10 pm, sometimes lasting until dawn. Usually the pajé conducts the rites of healing in front of an audience, such as family members and acquaintances of the client. The *tauarí* (a type of cigar) is an important symbol of the pajé and an important tool for curing and inducing trance. The healer smokes it in reverse, with the lighted inside the mouth, blowing smoke forcefully onto his patients and other objects, a practice called *defumação*, which also refers to the ritual use of incense in other spiritual traditions. People often distinguish pajés from other types of healer-mediums by their use of the

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[52] Maués and Villacorta (2001) indicate that one of the most recent innovations in pajelança is the surge in numbers of female shamans who explicitly emphasize discourses of ecological protectionism and the sanctity of nature, paralleling the secular ideology of scientists, environmental activists, NGOs, and the media.

[53] Sacaca is the (indigenous) Tupi-Guaraní term for shaman.

tauarí, but this is not a hard and fast rule given the extent to which the pajé can draw on a range of practices in encantaria.

To become a pajé, a person must experience a calling (*chamada*), which arrives in the form of a personal crisis, such as a life-threatening illness or a long-term struggle with uncontrolled spirit incorporation and related symptoms (*corrente do fundo*). The individual will then enter into apprenticeship with an established pajé to learn the myths, rituals, behavioral proscriptions, and techniques for curing and cultivating his spirit mediumship. After initiation, the new pajé must maintain certain dietary and sexual taboos, regularly call or visit his spirit guides, and realize obligations to them. He is also is required to practice *caridade* (charity), which includes the curing of illness without monetary compensation and providing spiritual work for good and moral ends rather than for malevolence and sorcery.

Other categories of healer overlap with the pajé but do not hold the same degree of social prestige. Persons who have not experienced such a calling involving perturbation by spirits can still acquire expertise (*dom*) in the uses of plant medicines and other ritual healing techniques but will not gain the status of pajé. They are labeled with the more generic gloss, *curador* (feminine *curandeira*), though pajés are frequently called curador as well.[54] A similar type of specialist who does not incorporate spirits is

[54] Maues and Villacorta (2001) point out that the term pajé and pajelança are problematic. On the one hand, caboclo communities of coastal Pará where they worked, take "pajé" to be pejorative. Local shamans instead prefer the terms *curador* or *surjão da terra* (literally, surgeon of the land; "surjão" is a corruption of the Portuguese word for surgeon, *cirurgião*). In addition, local populations preferred the term *medicina invisível* (invisible medicine) to distinguished traditional healing from Western medicine. "Pajelança" had come to be viewed as term adopted by city folk and

the *benzador*/*benzadeira* (blesser). Women usually occupy this role (*benzadeira*) after developing a vocation for ritual prayers and blessings (*benções*) based in popular Catholicism and protections for persons both ill and healthy, particularly for children who are affected by the evil eye (*quebranto*). They are often skilled midwives (*parteiras*) and bonesetters. In this way, they serve an important role for assisting in childbirth and treating injuries and pain. Benzadores and benzadeiras are common throughout Brazil. As such, they do not represent a social category that is particular to caboclo society (Maués 1994). It is also important to note that self-care using *remédios caseiros* (natural home remedies) is a significant part of treatment choice. Families maintain supplies of herbal remedies, foods, and basic pharmaceutical agents, such as aspirin, at home. Their use often prefigures the options of seeking a traditional healer or a medical doctor, but not always (cf. Reeve 2000).

Pajelança distinguishes between two broad categories of illness: "normal illness" (*doenças normais*) and "non-normal illness" (*doenças não normais*) (cf. Maués and Villacorta 2001). The former, also called "illnesses sent by God" (*doenças mandada por Deus*), encompasses a wide range including infections, injuries, and physical ailments and complications – conditions that might otherwise be treated by a doctor. The latter, also called "illnesses sent by evil" (*doenças mandadas por malineza*), encompasses afflictions that have more explicitly spiritual bases including sorcery (*feitiço*), evil eye (*mau olhado, panema, quebranto*), and uncontrolled spirit attacks (*corrente do fundo*). Magical animals and forces also contribute to afflictions and

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intellectuals who rarely if ever participated in the practice. In the Middle Lower Amazon where I worked, "pajé" and "pajelança" are the accepted terms.

misfortune.[55] Some of the more prevalent and colorfully named conditions include *flechada do bicho* (arrow of the beast), *mal assombrado* (bad shadow), and *ataque do boto* (dolphin attack). There is a considerable overlap in the symptoms of non-normal illness; only the pajé can parse their etiology. For example, toothaches, headaches, fever, and weakness are generally features of normal illness rooted in parts of the body that are assumed to "go bad" (*virar-se ruim*), but they may also be caused by evil eye. Some conditions have very specific correlates. For instance, ataque do boto results in anemia as result of the dolphin sucking a victim's blood like a vampire; but it is also the source of "spontaneous" pregnancies among young caboclo woman.[56]

Pajelança in Local Context

Three pajés live in the Lower Tapajós River region. Two of them are brothers and reside in same village within the boundaries of the FLONA. The third lives in a village in the extractivist reserve zone (RESEX[57]) on the western shore of the river. All three of them are in their late forties. I had opportunities to meet one of the brothers, Dom Chagas, and the other individual, Dom Gracir. In our conversations we discussed how they came into the role of pajé, some of the techniques they use, as well as present day vitality of pajelança. Dom Chagas told me that until about ten years prior to our

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[55] Reeve (2000) provides an in depth description of prominent illness explanations in her field site. Sources of illness cited by informants include temperature and seasonal fluctuations and harmful exposure to sun, moon, wind, rain, soil, water, and certain foods.

[56] The notion of the magical dolphin (an encantado) that transforms into a dashing man and seduces young women into the river to impregnate them is one of the most quintessential tales in Amazonian folklore, not to mention an artful alibi for explaining unplanned pregnancies.

[57] Pronounced [hehz-ZEX]

meeting, the FLONA region was well known for pajelança, mainly because of his father, Aurelino. Dom Aurelino's name was famous throughout the Lower Amazon and many people sought him out for treatment from as far away as Manaus, Belém, and the neighboring state of Macapá. Indeed, before he died in the mid–nineties, he was considered the most powerful shaman that the region had seen for many years. Dom Chagas reckoned that, while both he and his brother followed in the footsteps of their father, their pajelança had not developed to same high level as his; consequently, their names were not as well know as that of Dom Aurelino, even after his passing. Dom Gracir related how, from a young age of ten, he had struggled against the spirits. His mother was a curandeira and began to instruct him in the preparation of plant medicines, but he resisted her efforts to guide him in the development of his spirit mediumship. By his later teenage years the struggles had not ceased and he went to Dom Aurelino to seek treatment and then an apprenticeship to become a pajé.

My pajé interlocutors shared the view that, in recent years, pajelança was not as "strong" as it used to be. From our discussion and my observations and interviews within community members and health agents, I gleaned several factors that have contributed to this change. In the first place, people do not seek out pajelança with the same vigor as in the past. This decline started some twenty years ago and was punctuated by the passing of Pajé Aurelino. Dom Chagas conveyed that, in his father's time, people sought out Aurelino from far and wide, but nowadays, he and his brother receive patronage from only within their immediate area of neighboring villages and from persons in the city who maintain ties with those communities. The rural health initiatives have also had a strong effect on local health beliefs and treatment-seeking

behaviors. Both Dom Chagas and Dom Gracir pointed out that now most people opt first for seeing the PACS and going to the doctor in Santarém. These days, just about everyone that they treat has already obtained some kind of medical care by the time they come to see the pajé. According to Dom Chagas, people now speak more readily about *sofrimentos de médico* (literally, suffering for doctors) than about *sofrimentos de pajé* (suffering for the pajé); these terms differentiate problems that require a doctor's aid from problems requiring the work of a pajé.

I had already observed this pattern. For example, in Chapter Four, I briefly describe Ana Maria's visit to CAPS. Ana Maria had initially gone to doctors in Belém and Santarém, and later CAPS, for treating her emotional perturbations; only after multiple medical visits did she seek out Dom Chagas, in spite of the fact that they reside in the same village in the FLONA. I also heard a similar type of account from Dona Oneide, the wife of Dom Julio who had described to me his role in the FLONA land conflict. In the past years, Dona Oneide had suffered from chronic headaches, abdominal pain, and exhaustion. She initially sought medical treatment in the city of Amapá – in the state neighboring state of Macapá where her son lives – and subsequently, in Santarém. She then saw a benzadeira in her village several times who treated her with *remédios caseiros* (home remedies). After the symptoms had abated for several months, they returned. Only a year-and-a-half later, Dona Oneide abashedly disclosed, did she seek out Dom Gracir. But by then, she had already learned that her aliments were due to *gastrite nervosa* (gastritis) and *alta pressão* (high blood pressure).

In addition, local health beliefs and healing practices have not been a focus of the health initiatives. The initial phases of Fundação Esperança's work did involve

limited outreach to traditional healers, especially benzederias, as gateways into the communities (cf. Offenheiser 1986); at present it is not uncommon for benzedeiras to play key roles in health projects, especially in the area of maternal health. I asked PSA coordinators if they had formulated any plan for collaboration with local healing specialists. They indicated to me that traditional healing had never fallen within the scope of their mission. Their philosophy on the matter became clear to me when I was told that PSA's education programs had taken significant steps to confront "cultural taboos" related to diet, childbirth, invasive procedures, and other factors that presented "barriers" to care.

I asked Dom Gracir if the PACS and other health initiatives presented a threat to pajelança. He responded that most everyone acknowledges illness and misfortune's spiritual side (*o lado spiritual*) that necessitates prayers, faith in God, and, sometimes, deeper kinds of work provided by the pajé. They will often utilize more than one strategy to deal with a problem, he said, "hitting it again" (*batendo nele de novo*) if they think it will help. However, he did not think of the initiatives in opposition to pajelança. In his view, while they had precipitated many changes, these changes had all been positive and had helped to counter many burdensome conditions with which people have lived. In fact, Dom Gracir had served as his village's ACS for about five years. Community leaders nominated him for the position about ten years ago because he already possessed relevant knowledge, such as the treatment of wounds and fractures and, as pajé, had very high regard in the community. I inquired if his position as an ACS had in any way affected his role as a pajé or changed the way he perceived the nature of illness and spiritual afflictions. In response he said, "I don't perceive any

differences, no. All of these problems come as part of our nature as human beings. The skill to cure comes only from God, you see? For this reason, my work is my obligation, my responsibility, by which I mean to say, to exalt my guides, my masters, to the extent that I can and to work in the service of all."

Mission PAZ is another factor that has diminished people's tendency to seek out pajelança. As mentioned earlier, mission teams do not focus on dispelling local beliefs and practices until after making significant inroads into communities through evangelizing and the process of church planting. As people convert and gain membership in Igreja da Paz, they are then encouraged to discard their associations with "un-Christian superstitions and taboos." Both the increased availability of health services and the support network of other crentes and a local pastor (once installed) appear to provide strong influences in keep individuals from reverting to custom.

Apart from the decline in people seeking pajelança, another significant factor affecting its status in the region is that fewer people are becoming pajés. Dom Gracir indicated that this was not due to a shortage of individuals receiving chamadas. Rather, persons facing these predicaments are more likely to pursue their spiritual paths in other traditions, most notably Umbanda, or to work between spiritual traditions. He revealed to me that one of his mestres is an Indian spirit, a caboclo named Chimbocaya, who hails from a spiritual line in Umbanda. However, he chose not to work with Umbanda because his skill (*dom*) and his obligations, he said, are for pajelança.

One reason for this mixture is the extent to which these spiritist traditions are co-extensive; each tradition draws on aspects of the overarching cultural category of encantaria, the invisible realm of spirits. Maués and Villacorta (2001) point out that,

from among the vast spiritual pantheon of "encantaria brasileira," pajelança works with particular spiritual lineages (*linhas*), namely with *espíritos do fundo* (spirits of the deep), while Umbanda work with others, namely *caboclos, pretos velhos, exus, ciganos* (gypsies), and, to some extent, the *orixás* of the African nations. Adepts from among these different traditions acknowledge each other's spirits, even if they are not directly acquainted with them. Yet there are overlapping domains as well, with caboclo spirits being the most prominent points of intersection. As inhabitants of the forest realm and as spirits of departed Indians, they have a strong symbolic resonance with pajelança. In addition, Umbanda, widely noted for ecumenism, tends to readily absorb aspects of many religious traditions, even Hindu and Egyptian mysticism (cf. Brown 1994[1986]; Hess 1995).

In these respects, caboclo spirits and other entities can play prominent roles in the spiritual orientation of would-be pajés, which encourages them to cultivate their spiritual guides in Umbanda. In turn, Umbanda accommodates the preferences of would be pajés that may not necessarily conform to normative practices. Given the frequency with which people move between rural areas and the cities, individuals readily gain exposure to Umbanda, which is generally considered to be an urban religion (Brown 1994[1986]). In their efforts to seek healing and/or spiritual orientation, they can visit terreiros, begin to deepen their knowledge of its *fundamentos* (principles and practices) under the guidance of a zeledor de santo, and ultimately gain membership into a community of adepts. Some individuals find opportunities to enter into work with *macumba* and begin to charge money for their services, practices that are contrary to the principles of pajelança. Either way, these crucial elements of social, psychological, and

monetary support found in the city are less available in the rural areas, in part because of relatively sparse distribution of experienced pajés.

An example of this tendency is Pedrinho, a pajé whom I met in Santarém at one of the terreiros that I frequented. Although no more than thirty years old and quite soft-spoken, Pedrinho is a healer and spirit medium of immense reputation from near the small city of Óbidos, a little over 100 kilometers by river to the west of Santarém. In status, he has begun fill to fill the void in the region left by Pajé Aurelino. After meeting him I realized that he was the same pajé whose name I had occasionally heard repeated during my time in Santarém. Pedrinho had recently entered into "spiritual suffering" (*sofrimento espiritual*) and realized he could only resolve them by developing in the spiritual disciplines of Candomblé. Pedrinho had come to Santarém temporarily to engage in intensive training under the guidance of the mãe de santo at the terreiro. I became curious about why a pajé of considerable notoriety would apparently put aside his fundamentos and his status as pajé to become a neophyte in another line of encantaria. I did not get the chance to interview him at length because he was about to enter a protracted period of initiation involving a vow of silence and contemplation. Before he did, he indicated to me that he was not abandoning his work as pajé. He was developing his practice and spiritual orientation. Moreover, he felt that he had little choice in the matter. “Either I answer the call of my guides,” he said, “or I continue to suffer.”

As a corollary to this trend, some individuals move to the city and continue to cultivate their spirits and work privately as curadores, offering spiritual services to clients without affiliating with a terreiro. As I pointed out in Chapter Three, this is one

of the reasons why the heads of established terreiros in Santarém do not always agree on the identities and numbers of practicing zeledores de santo in the city. Despite this ambiguity, it demonstrates how pajelança has migrated into the urban spaces of Santarém, albeit in a somewhat modified form, where practitioners can take advantage of urban density and relative anonymity.

It should be mentioned that the urban presence of pajelança in Amazonia is not a new development. A doctoral dissertation by Gabriel (1980) records evidence of it in Manaus in the late 1970s. Maúes and Villacorta (2001) acknowledge the erstwhile presence of pajelança in Belém. But they speculate that it may have dispersed altogether given the historical persecution of "curandeirismo" in cities, which was, until very recently, viewed as an illegitimate and illegal practice of medical charlatanism (Hess 1995; Maués and Villacorta 2001). Considering that Santarém's urbanization process lags behind these cities by about fifteen years (in terms of post Second World War developments), the putative emergence of pajelança in the urban sector may represent the replication of a trend once apparent in the larger neighbors. This is an empirical question that deserves further exploration in future.

COMMENTARY

In this chapter I have described the penetration of cosmopolitan health initiatives into the rural periphery of Santarém, their historical antecedents in political struggle over land rights, and the community outreach projects of Mission PAZ and Fundação Esperança. I have also examined some of the effects of these developments on the status of traditional healing in the region. It is clear that while pajelança may have not been

entirely supplanted by the health initiatives, it is no longer the default category for managing sickness, but rather exists as a therapeutic *option* alongside other modalities, especially those based in cosmopolitan medicine.

Prior studies of illness and treatment practices in caboclo societies have already noted the emerging contexts of medical pluralism in rural Amazonia, including the increased availability of pharmaceutical remedies and medical doctors, among other types of healing specialists (e.g. Maués 1994; Reeve 2000). However, most studies make little attempt to systematically examine the dynamic relations *between* different institutions that constitute the field of pluralism. Reeve (2000), for one, asserts a need for greater "articulation of biomedicine and traditional healing in plural medical systems" (96-97) given what she observes to be a persistence of the latter in caboclo communities of Ilhas de Abaetetuba near the Amazonian Estuary and its role as a salient marker of "ethnic and urban/rural contrasts" (104). Despite this nod to pluralism, her study does not specify anything about what this potential articulation between the traditional and the biomedical would entail or why it is necessary, nor does she describe what constitutes "biomedicine." Reeve writes that, "Caboclo health beliefs and practices reflect a cultural heritage from Native American, African, and European ancestors. The resulting healing tradition is a vibrant affirmation of identity for caboclos living along the Lower Amazon. As distinct as this tradition is, it nevertheless presents little conflict with the practice of biomedicine "(104). Elsewhere she asserts that, "This healing tradition is conceptually distinct from *umbanda* and *candomblé* practiced in the urban centers of the Brazilian northeast and derived from African religious traditions" (98, original italics and spelling).

The notion that traditional healing affirms ethnic identity echoes the work of Crandon-Malamud on medical pluralism in Highland Bolivia (Crandon 1986; Crandon-Malamud 1991). But aside from stating that caboclos comprise miscegenated populations of rural petty commodity producers (2000:96), Reeve provides no evidence about how her informants think about ethnicity or how traditional medicine affirms the category "caboclo." She offers only an abstract assumption that traditional medicine marks ethnicity by its putative distance from other practices. In claiming that traditional healing is unrelated to Umbanda and Candomblé, Reeve overlooks the work of Brazilian scholarship on popular religion that describes their mutual relationship (e.g. Maués 1994; Maués and Villacorta 2001; Prandi 2004b). The study does provide an eloquent description of illness explanations, treatments, and treatment preferences in the peasant community in which Reeve worked. Nevertheless, its focus on the "distinctiveness" of caboclo traditional medicine ends up portraying it as a more or less discrete cultural system, representative of rural, "traditional Amazon" (97) and separate from "Western treatment methods" (96) and other popular religions in the city.[58]

I do not refute Reeve's ethnographic evidence indicating that, in spite of the proximity of her field site to Belém, her rural communities had less exposure to cosmopolitan health institutions as compared to my communities in the Tapajós Basin. To be sure, these respective micro regions have developed along somewhat different socio-historical trajectories (cf. Browder and Godfrey 1997). However, I do take issue with Reeve's representation of medical pluralism in the region in terms of a cultural

[58] To qualify this statement, Reeve does provide evidence that basic pharmaceutical remedies such as aspirin and antibiotics do factor into the local pharmacopeia that also includes herbs, plants, and foods medicines.

chasm between the "traditional" and "modern" and the respective socio-geographic divide between "rural" and "urban." As I have described in Chapter Two, these sorts of dichotomies have been roundly criticized in Amazonian scholarship for obscuring historical and extant social formations (Browder and Godfrey 1997) and for enforcing stereotypes of primitivism and exoticism where they do not belong.

These critiques form part of an overarching narrative in contemporary anthropologies of modernity about globalization and pervasive structures of political and economic liberalism. They highlight, in part, how flows of goods, ideas, and people across assumed institutional and geographic boundaries have precipitated dynamic forms of cultural pluralism and resistance, commonly referred to as "local" or "alternative" modernities. For example, Holston (2000) describes how a popular religious cult on the outskirts of Brasília reproduces aspects of bureaucratic institutions in the federal capital through mimetic ritual performances, which, at the same time, provides critical commentary on the political marginalization of cult members. This depiction of popular religion, Holston argues, contrasts markedly from the one encapsulated in the notion of *Two Brazils*, an analytical trope through which classical modernity theorists framed popular religions as natural products of a present-day primitivism, as vestiges of backland traditions removed from the urban spaces of progress and secular modernism rather than interwoven with them.

Scholarship on medical pluralism has also critiqued the same sorts of prejudices. In earlier work, Crandon (1986) raised concern about how anthropology's fetish with conceptual binaries helped to reinforce the assumption that "modern medicine" would supplant "traditional healing" over time. More recently, Ernst (2002b) observed that,

despite the increased awareness in different academic and professional fields about thriving and re-invigorated popular healing modalities, these institutions continue to be viewed in opposition to cosmopolitan medicine. Popular modalities are associated with negative labels such as "quackery," "backwardness," "primitiveness," "inferiority," "barbarism," to name a few labels, and the latter with virtuous characteristics such as "science," "progress" "civilization," and "superiority." Additionally, traditional practices are often construed as barriers to modern medicine, and both are sometimes viewed as modalities so utterly foreign to one another, that it would be pointless to examine their points of convergence. Although nearly fifteen years separate their writings, both Crandon and Ernst argue that multiple medical traditions would be better understood, not as bounded and discrete systems situated in opposition to one another, but rather as dynamic and porous social institutions that intersect through broader socio-politics and the micro-level relations of treatment seekers and specialists.

In this respect there are multiple ways to understand the nature of medical pluralism in the rural periphery of Santarém, based on ethnographic evidence I have presented here and in previous chapters. A cursory examination of events on the ground would seem to indicate the "decline of tradition" in rural areas (viz. in pajelança), concomitant to the biomedicalization of illness and healing; this is in contrast to the flourishing of popular religions and healing in the urban sector. Notably, these developments would actually represent an inversion of the Two Brazils logic, which normally assumes that popular traditions thrive in the interior, buffered by geographic

and cultural distance from the forces of progress and secular modernity in the city.[59] On the other hand, by adopting the logic of dynamic pluralism, it is possible to situate traditional healing among the relations between different institutions and the emergent patterns of social complexity that link rural and urban environments. In Figure 6.1 below, I have provided a schematic to illustrate these relationships.

To begin with, the Lower Tapajós region is already characterized by relatively fluid migrations between city and rural peasant communities motivated by economic production and spatially extended kinship relations. In Chapter Two, I describe the history of intraregional mobility as a social practice that has contributed to a certain conceptual difficulties in locating social identities and norms within distinctive urban and rural boundaries.

Secondly, the political and legal conflict over land rights -- pitting the peasant communities and workers' syndicate against the federal government and multinational corporation -- extended the visibility and influence of rural populations far beyond the locality of Santarém. These activities were also part of a larger trend throughout Amazonia involving the contestations of various subaltern groups against expansionist strategies of the military government and agro-industrial corporations (refer to Schmink and Wood (1992) cited in Chapter Two). The struggle for land and self-determination opened up spaces for the implementation of community health initiatives, including the evolution of heath expeditions and the PACS. The subsequent acquisition of medical

[59] As I point out in the introduction of this chapter, I initially assumed this perspective at the beginning of my fieldwork.

literacy and relative political power for peasants came as part and parcel with these developments and has facilitated effective partnerships with health institutions.

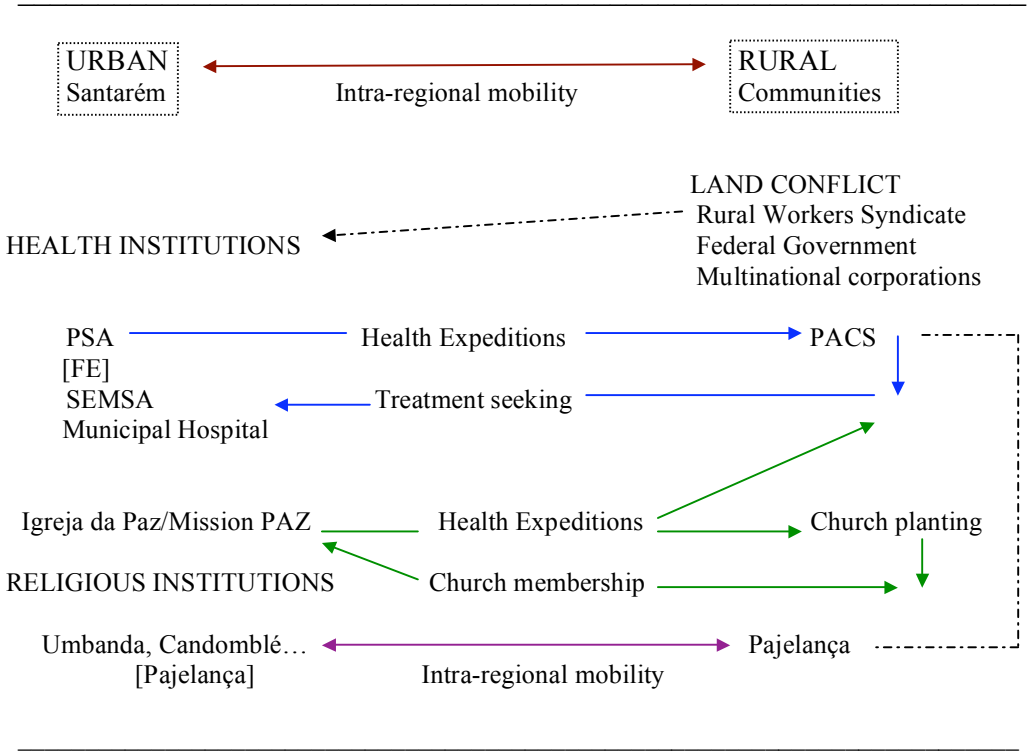

Figure 6.1. A schematic of dynamic pluralism across the "urban-rural divide"

Thirdly, the cosmopolitan health practices sponsored initially by Fundação Esperança and then Projeto Saúde e Alegria and Mission PAZ, among other evangelical groups, have all precipitated changes in how local populations think about illness and vulnerability including the overall preference for seeking biomedically-oriented care, attainable via health expeditions, health agents, or forays to the hospital in Santarém. The health expeditions of Mission Paz play dual roles, acting not only as conduits to medical services in the city (similar to PSA), but also as instruments for church

planting, through which members of rural populations gain entry into the expansive network of Igreja da Paz membership that links rural peripheries with the urban center.

Lastly, preferences for biomedical care as well as the simultaneous use of traditional medicine have, on the surface, diminished the status of pajelança. The increased social and symbolic capital of the ACS has figured into this trend as well. Unlike the pajé, the ACS is a government sanctioned (and salaried) basic health care provider who also serves as the link to medical care in the city and to the municipal health secretariat. Still, the role is also open to the pajé, among other traditional healers, given the scope of his "medical" expertise and his social capital. The instance of Pajé Gracir serving as an ACS may be a rare example of this; nevertheless, it demonstrates how the pajé has come to occupy a somewhat ambiguous role in the community (cf. Maués 1994). This ambiguity is also apparent in the way that pajés traverse the continuum between pajelança and Afro-spiritist religions in the city. Although it would seem that Umbanda, Candomblé, and sibling traditions pose a threat to the native practice given their attraction to developing spirit mediums and would-be pajés, I argue that Afro-spiritist traditions and pajelança possess a symbiotic relationship through which the former bolsters the latter, allowing the latter to flourish in the urban environment alongside other traditions of encantaria. Hence, even as the consumption of cosmopolitan medical practices seems to have loosened the social and cultural foundations of pajelança in the rural interior, pajelança remains a viable practice relatively unbounded by micro-cultural and micro-geographic borders. Rather than a throwback to rural traditionalism, pajelança is a dynamic example of local modernity,

extended across rural and urban domains and enmeshed within the plurality of medical and religious institutions in Santarém.

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Chapter 7. Medico-religious heterodoxies and discourses of "mental illness" in São Jorge

ORTHODOXY AND HETERODOXY

In the previous chapter I examined the influx of cosmopolitan health initiatives into the communities of the Lower Tapajós Basin and the resulting transformations in local practices of healing and spirituality, with emphasis on pajelança. I also argued that to view different medical traditions as discrete and opposing cultural systems tends to obscure how they are enmeshed across social, symbolic, and physical spaces through people's activities and relations. From my characterization of institutional pluralism on the rural periphery of Santarém, it might seem that cosmopolitan medicine has obtained the status of cultural hegemon, given the traction that health initiatives have gained in the region and how inhabitants have correspondingly come to think, talk, and act on problems of illness. By hegemon I am referring to the notion of a privileged and powerful social coalition that exerts and obtains ideological influence through different institutional and cultural mechanisms (Elling 1981; Gramsci 1980). It is clear, for one, that rural peasants with whom I worked have adopted the idioms of cosmopolitan medicine into their common-sense assumptions about sickness and social action. At the same time, health workers employ language that relegates the "taboos and superstitions" of local tradition to the proverbial closet of fringe cultural elements.

Indeed, such ways of erecting boundaries around ideologies and practices (however conscious or unconscious) provide a foundation for delimiting *orthodox* and *heterodox* social formations. These have been important concepts for thinking about the

nature of medical pluralism. While some scholars have depicted pluralistic systems as level playing fields for open and equal competition between different institutions and rational actors (e.g., Chesnut 2003; Stark and Bainbridge 1987), anthropologists and historians of medicine have shown instead that such systems emerge from historical processes involving tensions between relatively advantaged and disadvantaged groups (e.g. Baer 1989; Bradley 2003; Elling 1981; Frankenberg 1988; Hess 1995). Despite legal and ideological provisions for egalitarianism in democratic, free-market societies, these tensions contribute to the formation of a pluricultural marketplace characterized by asymmetric relations between dominative (orthodox) institutions and relatively marginalized (heterodox) institutions. Instead of normalizing orthodox structures, this de-centered view of orthodoxy provides a means for interrogating the often-assumed moral and political neutrality of "official" orthodox institutions and for examining the roles that "unofficial" heterodox groups have in defining the rules and boundaries within the marketplace.

While macro-level analyses tend to focus on the oppositional tension between orthodox and heterodox structures, anthropologists have also emphasized that the situated discourses of social actors can provide a richer view of the social and cultural realities underlying these tensions (e.g. Crandon 1986; Crandon-Malamud 1991; Hess 1995; Kleinman 1980b; Mattingly and Garro 2000a). Crandon and Hess, for example, have separately argued that medical and spiritual discourses are important devices through which different groups construct boundaries that mark identity and status (viz. ethnicity, class, gender) and cultural meanings attached to them. In her studies of medical pluralism in highland Bolivia Crandon found that, through the usage of

multiple nosological and etiological categories within medical dialogues, different actors attempted to monopolize meanings of sickness and misfortune in ways that defined asymmetric relations between them and simultaneously reflected broader political and economic realities in the region. Hess echoes this perspective in an essay on religious pluralism that examines the divergent discourses of Brazilian healing specialists on the efficacy of multiple religious therapies. Using a structuralist framework, he reveals how the discursive strategies used by each practitioner to validate his preferred therapeutic modality *encompasses*[60] the justifications given by other practitioners about their respective modalities, thus revealing normative patterns of social positioning and cultural hegemony in southern Brazil. These studies, among others, demonstrate that the structures of medico-religious orthodoxy and heterodoxy are not social givens; rather, they are negotiated realities that hinge, in part, on histories of institutional relations and the culturally situated practices of different actors.

In this chapter, I wish to use a similar perspective to examine the development of medical orthodoxy and heterodoxy in rural Santarém. I intend to narrow the ethnographic lens to focus on discourses of mental illness in a large rural community called São Jorge. The question of "mental illness" in the rural sector is significant considering the viability of community health programs in these sites in addition to emerging public mental health services in the city. Yet, between these developments, I found that attention to mental health as a public health issue is notably absent within the rural programs. On the one hand, PSA and Mission PAZ coordinators told me that this

[60] "Encompassment" (Dumont 1980) refers to the way that social categories may function as conceptual opposites at one level (e.g., *man*/woman), but at another level, one of the conceptual alternatives stands in for the whole (e.g., the descent of *man*).

topic did not fall with the scope of their programs. On the other hand, community health agents in more than one village explicitly denied the existence of mental disorder (*transtorno mental*) although my probing revealed that no attempts had been made by these agents to actually verify prevalence among the villages in question. In spite of this lacuna, other informants, both residents and health workers, responded affirmatively to my pointed queries about mental illness by describing their personal struggles, the struggles of a family member, or their knowledge about other people in the community. However, I observed a considerable degree of ambiguity in the ways that people described these predicaments. Some informants talked about emotional and behavioral problems, some approximated a clinical idiom, and others referred to afflictions based in social and spiritual disruption. I wanted to probe these understandings further.

What follows is a case study that highlights verbal exchanges about mental illness that I had with five informants in the community of São Jorge during a PSA health expedition. These informants include the wife of the pastor of the local Assembléia de Deus congregation, a man who participated in the health clinic, a community health agent, the pastor of the local Igreja da Paz congregation, and a *macumbeira* (sorceress). I will first provide abridged descriptions of our conversations. Then I will discuss how each person conceptually framed the issue in question through their respective discourses and how these discourses comment on status relations and reveal the manner in which institutional orthodoxy and heterodoxy are developing in the region.

THE SETTING

São Jorge is situated roughly 95 kilometers south of Santarém, sandwiched between the margins of the Cuiabá – Santarém Highway to the east and the FLONA to the west. It is the largest peasant settlement in the rural planalto region, with a population of 260 families (approximately 1,250 persons).[61] A scattering of smaller villages, *sítios*, and large *fazendas* (for soy, rice, and cattle) surround the village. Given its size and location, inhabitants of São Jorge engage in multiple forms of economic production, including family and industrial-based farming, cattle-raising, small-scale retail, education, transportation, and various other unskilled and semi-skilled occupations that serve the growing community.

This visit was part of a multiple day health expedition sponsored by Projeto Saúde e Alegira (PSA) called *Dia de crianças* (Children's Day). The objective of the on-going child health initiative was to vaccinate children and provide basic health maintenance and education. On the journey by charter bus to the village, one of the PSA staff members referred to its exceptional size, noting to me almost disapprovingly that some families residing there have up to ten offspring. Staff from PSA and from the municipal health agency (SEMSA) comprised the health teams. A small school in the center of the village served as the base of operation. Constructed of crumbly concrete, brick walls, and a tin-and-plank roof, it seemed an unlikely place for a temporary clinic. The social center of São Jorge is a large clearing of beaten earth adjacent to the school. In the middle stood a small, rickety stage propped up by wood beams, reminiscent of

[61] By comparison, the average size of most peasant communities I visited in the Lower Tapajós Basin is about twenty families.

something out of a town in an American Western film. A veritable sea of villagers and their children had already amassed here by the time our bus arrived. Some of us unloaded equipment while other staff began organizing the families and reviewing their health data cards. Then the team divided into smaller groups and some of them departed on the bus to neighboring communities to set up other clinics. I remained in São Jorge. Although I had no official role in the project, health staff and community residents were aware of my intentions to observe the activities and interview participants. The clinic coordinator and community health agent, Dona Delia, introduced me to some of the village leaders. I assumed that most people associated me with the health team given that I had arrived with it and helped out with the basic set up. However, I was still able to maintain an appropriate distance and found opportunities to explore São Jorge on my own.

When I was able to break away, I ambled through the village over crisscrossing paths and large clearings of sand grass and dirt, meandering between wooden plank-and-thatch houses that lined up tidily along a broad dirt street. The sun was out and the air was hot and thick with humidity. It was a Saturday and most shops were closed but here and there I spotted small groups of people leisurely passing through the day: a group of men sitting at the local *barzinho* (little bar) sharing beer, an elderly woman cleaning vegetables on her porch, others young and old sitting in their yards chatting while children scampered about. Occasionally, my approach would distract adults and children from their activities. Their initially blank stares would quickly shift to welcoming grins accompanied by a lazy wave of the hand, as if to signal some sort of vague recognition. In an area beyond a section of houses was a large field where, on one

side, a man grazed his oxen and, on the other, a group of boys played *futebol*. Evidence of perpetual construction could be found here and there-- bricks, piles of sand and gravel, and wooden planks all waiting to be molded and assembled. In a dense area of buildings stood four churches within line of sight of each other: Igreja Católica de São Jorge, Assembléia de Deus, Congregação Cristã, and Igreja da Paz. In prior conversations I had learned that evangelical movements had made considerable in-roads in São Jorge over the last fifteen years, diminishing the Catholic Church's influence.

By the time I returned to the school, the clinic's activities were underway. On the patio area outside the office, mothers, mostly in their early 20s, waited their turn to weigh their children in a seat-scale hung from one of the rafters. In one of the classrooms, project staff supervised children coloring on pieces of paper. In another, mothers and a few fathers met with nurses and assistants to discuss their children's health records, the prescribed treatment for the day, and considerations for follow-up care. In the last room, nurses administered oral and intramuscular vaccinations. Infants and youngsters would typically howl with terror while receiving their doses, but most of the young mothers seemed fairly unconcerned by the calls of distress. They would calmly reposition the squirming child on their lap. Occasionally, a tense child would flee the room and have to be pursued. Fathers were mostly absent from these activities. Those who came to the clinic milled about outside the school building, taking little or no part in the process. A few men were present throughout the entire consultation and acted as the primary broker of his children's care. Once the clinic had settled into a rhythm, I set about talking informally with participants and then had more extensive one-on-one conversations with a number of people in the village. Here I would like

focus on the interviews I had with five individuals: Dona Francisca, Dom Octávio, Dona Delia, Dom Raimundo, and Dilane.

INTERVIEWS

Dona Francisca

Dona Francisca, a woman in her late fifties, is the wife of the local pastor of the Assembly of God church. She agreed to an interview, which we carried out in a small room off to the side of the school office adjacent to the health clinic. She was initially suspicious of my intentions after I spoke about my involvement with Afro-spiritist groups in Santarém. She also was curious, if not slightly baffled about my claim to be simultaneously from the United States and of East Indian heritage. Before I could ask her any questions, she interrogated me about Hinduism, and if it was true that India had many gods. I responded that it depended on what religion one was talking about since India, like Brazil, is a country of many religions. Sensing some disapproval in her persistent probing, I finally conceded that India was most certainly a land of many gods. However, upon reminding her about my work with Igreja da Paz in Santarém, Dona Francisca's demeanor became considerably more cordial.

Our initial discussion focused on her involvement in the Assembléia de Deus church. She and her husband had lived in São Jorge for about ten years. Prior to this time they lived in Santarém and had been active in organizing mission work to rural communities in the FLONA. The couple was instrumental in establishing the church in São Jorge. She estimated the current number of members in the community to be around two hundred to two hundred and fifty. Given her contact with many people in

São Jorge through spiritual work, I wanted to know if she also confronted cases of illnesses. She observed that the most typical problems she knew of were infections, fever, poor nutrition, diarrhea, as well as the need for education on maternal and child health, adding that these were the types of problems that the clinics like Dia de Crianças addressed. I also inquired about her awareness of mental illness, to which she replied that one of the most frequent activities in the church involved home visits and prayer sessions with persons in the community "afflicted by emotions," by which she meant day-to-day concerns and intense worrying (*preoccupação*) about finances, health and sickness, family relations, and sin. She added that prayer is a powerful remedy for souls in need of solace and strength, and for those lacking in faith. I asked if these "afflictions" included *transtornos mentais* (mental disorders) of a clinical nature, whether because of severity or duration of distress and associated behaviors or because of how members of the community view them. Dona Francisca responded that in São Jorge, the most common problems affecting emotions were spiritual illnesses (*doenças espirituais*) related to sorcery (*macumba*).

Dona Francisca then elaborated on macumba. In her estimation Dona Francisca, several factors incited this "problem." Firstly, there are those people who perform sorcery in relative secrecy, providing services to members of the community and for doing evil deeds (*mal*). By doing the "Devil's work," these people ruin individual lives and bring harm to the community. Secondly, people who do not know Jesus or who are weak in faith sometimes procure the services of a *macumbeiro* because they do not know where to turn to cope with their difficulties. Lastly, those that get involved with sorcery, either as a practitioner or client, become more vulnerable to emotional crises

and to demon attacks (*ataques de demônio*). The church frequently dealt with this problem. Dona Francisca explained that a person could usually tell the difference between normal illness and a demon because, with the latter, a person's character changes altogether. It is usually macumba that renders people vulnerable to becoming demonized (*virar-se endemonhado*).

To illustrate, Don Francisca related some events that transpired in the previous year with a girl in the community. Clarice was fifteen years old at the time and had been hearing voices and was depressed and suicidal. Her parents also found it quite difficult to deal with her outbursts of anger and tendency to rebel against their wishes. As members of the local Assembléia de Deus congregation, they beseeched Dona Francisca, her husband, and other church members to work with their daughter. When, as a small group, they met Clarice, they almost immediately sensed that she was demonized. They began fasting in accordance to scriptures and, over the course of two weeks, attempted to develop rapport with the girl. This proved to be an arduous process. When they were finally able to engage Clarice in conversation they found that her demeanor would shift abruptly from being open to being difficult and argumentative and then completely disengaged.

I asked Dona Francisca how typical this behavior was of adolescents in São Jorge, wondering if her mood swings and diminished sociability might be related to relatively normal conflicts experienced by a girl her age. Dona Francisca adamantly replied that her behavior clearly indicated the presence of a demon, because demons act precisely in this way-- not wanting to talk when addressed, acting obstinate, as well controlling their victim with malicious messages and thoughts of suicide. Several times

when Clarice had contemplated suicide, she visited a large waterfall in the proximity of the village. There she would ruminate about throwing herself from the top. On one occasion when at the waterfall, she began to cut her wrists with a knife, but then returned home. Upon seeing her, Clarice's parents were understandably horrified and resolved to take her to the hospital in Santarém straightaway. In Santarém the doctor prescribed Clarice a tranquilizer (*anxiolítico*), which, in her parents' estimation, made their daughter even more withdrawn and less cooperative.

Dona Francisca surmised that Clarice could not follow through with the deed because a group of people had been praying for her protection at the time. When Dona Francisca and others were finally able to sit with her again, Clarice opened up and revealed that her acting out stemmed from feelings of anger and rebellion against her mother, but she was unable to specify what had prompted them. Dona Francisca clarified to me that it was the macumba done against her that opened the doors for demonization, and because of the demon that Clarice had fallen into depression and a state of rebellion. I asked how she knew that macumba was at work against Clarice. Dona Francisca replied that there are people in São Jorge who "deal in that sort of trickery" (*meixer nesse tipo de sacanagem*).

With repeated visits and prayers, they were finally able to enact a deliverance (*libertação*). During a particularly intense session of prayer and laying-on-of- hands, Clarice had become quite angry and began to shout at members of the interceding group. They remained firm in their intervention, demanding that the demon depart from her. Clarice began to cry uncontrollably and after a few minutes abruptly stopped, the expression on her face becoming relaxed. Dona Francisca said that it was at this point

she could see the demon let go, referring to the event as a "tangible release" (*libertação tangível*). Following the deliverance, Dona Francisca's husband led Clarice in a confessional prayer, using passages from Romans 10:10: "with the mouth we will confess unto salvation." Demons are said to flee upon hearing it. Afterward, Clarice got up and said, "I feel so much lighter." She slept very well that night and gradually was able to cease taking her tranquilizer. Her relations with her parents improved substantially, and, for the most part, her having aggressive emotions and suicidal tendencies have abated. Dona Francisca added that her husband, as pastor, had worked with many more cases of demonization and deliverance than she had and could provide more accounts. Unfortunately, he was traveling so I did not get to meet him.

Dom Octavio

After leaving Dona Francisca, I returned to the clinic. An older-looking man holding one of his granddaughters in his arms approached me. He introduced himself as Octavio and pleasantly inquired where I was from and about the nature of my work. I described some of the details and added that I had just finished asking Dona Francisca about mental illness. He began nodding and then remarked that mental disorders were indeed prevalent in São Jorge and elsewhere. He said that he was from a village at the northern end of the FLONA. For all of his adult life he had been a fisherman and tilled crops in his family's *roça* (small agricultural plot). His wife had passed away two years earlier from a heart attack, after which time he retired and moved to São Jorge where two of his daughters reside with their families. His wife was in her early sixties when she died. For around ten years prior to her passing she had suffered from diabetes,

hypertension, and a heart condition. They used to travel frequently to the hospital in Santarém for care. From their village the journey by *lanche* was relatively short compared to most villages in the FLONA. She had also received care from her cousin, a *benzadeira* living in the same village.

A few years prior to her death she had developed what Dom Octavio described as "a deep depression" (*uma depressão profunda*). At that time, she stopped her normal work activities and socializing, choosing to remain in her hammock for long periods and tending to small chores around the house. She complained of pain in her stomach, palpations in her chest, nervousness (*nervosismo*) and stopped eating regularly. Her attending internist in Santarém, who diagnosed the depression, prescribed an antidepressant to take along with her insulin for diabetes and medications for hypertension. Dom Octavio recalled that the medication did help improve her mood but came with side affects. Not long before she died, she visited her cousin regularly for herbal treatments and blessings. These also elevated her mood and sense of well-being.

Dom Octavio told me that he was aware of problems with children in some families in São Jorge, including excessive anger and rebellion, withdrawing from interaction, and refusing to study and perform chores, and some who saw ghosts. He had also heard about a woman who was said to have become haunted (*mal assombrada*) apparently while washing her clothes in the river at a dangerous time of day.[4] She began to have episodes of dizziness, nervousness, fatigue, and confusion. On one occasion, she lost her memory and wandered away from home into the forest. She came to shortly

[4] A common caboclo belief is that noontime and the full moon are specific periods when people should avoid the river's edge or entering the river.

thereafter and found herself about a mile from her house. Dom Octavio qualified that he had only heard about these other cases so could not confirm their absolute truth. In his opinion, the woman probably had a stroke (*derrame*), though he could not be sure. Still, he acknowledged that, as a Catholic, he believed that spiritual problems did affect may people, including problems with *feiticeiria* (feitiço)[62], problems that could not really be solved by medical care. He commented that one of the ladies who had visited the clinic with her child earlier that morning was a *feiticeira* (sorcerer). Then, Dom Octavio smiled and excused himself as one of the clinic's nurses summoned him for his grandchild's turn at the weighing scale.

Dona Delia

Inside the school-cum-clinic, Dona Delia, a stocky and determined woman in her late 40s, busied herself with organizing mothers and their children, reviewing their health records and directing them to various rooms for consultations. As the clinic coordinator and resident health agent, she sternly directed team members to tend to new families, to bring her various supplies when needed, and to run errands here and there. My conversation with her occurred in multiple segments, since she was frequently distracted to manage the needs of the clinic, but she insisted on conversing with me then. Each time she returned she settled back into the discussion as if she had only been absent for a minute.

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[62] As I have mentioned previously, these terms are used interchangeably. Grammatically, "feiticeiria" properly refers to the categorical practice of sorcery, similar to *bruxaria* (witchcraft). "Feitiço" refers to an instance or object of sorcery (e.g., a hex or a despacho).

Dona Delia had lived in São Jorge for 15 years and worked as a community health agent for 8 years. She previously lived in the small town of Belterra, situated between São Jorge and Santarém. She was also a member of the local Catholic parish. I told her that I had gained fairly good insight about the objectives of the Dia de Crianças, including the salient health concerns that it addressed, and that I wanted to get her perspective on mental health in the community. I added that, through previous observations, I had come to see that mental illness *per se* went largely unaddressed in these community health initiatives and that even in talking with people that day, I had already received some mixed views about this issue. To my surprise, she expressed deep concern about the prevalence of mental health problems in the São Jorge and, in particular, the lack of resources for dealing with them.

The first major problem she specified was that in for the rural region no specialists existed to provide consultations, diagnoses, treatment, and follow-up. People from communities such as São Jorge were forced to seek medical services in Santarém, in Belterra, or even Belém if they had the means. In Santarém, mental health services were limited to private clinics and moreover, insurance for basic mental health services was not even available through SUS (*Sistema Única da Saúde*), the government-sponsored health reimbursement program.[63] Another type of federal health and life insurance program provided limited coverage for conditions such as epilepsy, stroke, head trauma, and clinical depression, but persons suspected of having one of these conditions needed to obtain an official diagnosis before accessing benefits. Yet, people

[63] At the time of this interview, the public mental health clinic in the city, CAPS, had only been in operation for four or five months.

in need of care typically resorted to consultations with primary care doctors who were not equipped to render specific diagnoses, offer targeted courses of treatment, or make appropriate medical referrals. Secondly, the typical lack of financial resources in the rural population exacerbated the problem. Most people were unable to pay for private consultation and care, let alone transportation back and forth between the city and the rural villages. To illustrate her point she indicated that an *electrotomógrafia* (an EEG exam) in Santarém cost about R$300, equivalent to the minimum monthly salary. Also, most doctors typically prescribed a general *calmante* (sedative) that may or may not have short-term ameliorative effects on symptoms. Lastly, the problems underlying these predicaments were as much due to a lack of education and awareness of mental illness in the pubic health system and the general population as a tendency toward stigmatizing persons with mental disorders and other behavioral problems.

Then I asked Dona Delia to name specific conditions in São Jorge of which she was aware. She pondered my query for a long moment and then admitted that she did not know specifically how to categorize them. Instead, she offered general terms, namely *doido* (craziness/insanity)*, agitação* (agitation)*,* and *depressão* (depression). She described six people she knew in São Jorge with relevant conditions. One was a man in his mid-forties, whose name she could not recall. He lived alone and frequently claimed to hear voices. He also had "strange" attacks of rage (*raiva*) and nerves (*nervos*) in which he would stand in the street shouting and beating on himself. Such fits usually occurred after he consumed a sufficient quantity of booze, but not exclusively. He was generally quite gregarious, but when taken by such episodes people became very frightened and avoided him altogether. Most people in São Jorge thought he was insane

and were afraid that he wanted to provoke fights with all his shouting and self-directed aggression. Dona Delia ruminated further that he was a good worker, although he labored in the hot sun all day, and so the effect of the sun probably had something to do with his behavior, along with his drinking. Or maybe, she added, shrugging her shoulders, it was "all just something in his head" (*tudo que vira na cabeza dele*).

I asked Dona Delia if, as a health agent, she could characterize his behavior as some type of clinical condition (I was thinking back to Dona Francisca's account of Clarice, who also heard voices and expressed agitation, aggression, and sadness). She expressed uncertainty about this, but admitted that the man suffered from "a very heavy problem" (*um problema muito pesado*) that would likely benefit from the attention of a specialist, such as a psychiatrist.

Dona Delia also described two young people in São Jorge (male, 16 years and female, 21 years) who have epilepsy. Both of them had seen doctors in Santarém; the girl received a positive diagnosis, but the boy initially did not because he had apparently not been in crisis during his consultation. After subsequent visits and EEG exams he received a positive diagnosis. I asked if people in the community viewed epilepsy as a mental disorder and if it could be compared to the sort of condition that afflicted the man she had just described. She responded that epilepsy had greater acceptance because it is rather easily identified by doctors and can be readily treated through medication. Although the symptoms are frightening to witness for most people, there is a shared recognition that they stem from an underlying brain problem, a medical issue, whereas there was a fair amount of ambivalence about the source of the man's raving.

Don Delia gave two final examples: a forty-eight year old woman named Xica and another woman about the same age, Cleide, whom she did not know well. Both women had epilepsy and were affected by *neurasthenia*, involving bodily pain, especially in the head and stomach and fatigue. Additionally, Xica was prone to nervous fits of raging, similar to the man she had describe, but she took some type of pharmaceutical remedy for this which she had acquired from a doctor in Santarém. Dona Delia did not know the name of the specific medication, and Xica was generally reluctant to publicize her circumstances to others. Both women lived alone and tended to remain isolated from contact, but they had talked to Dona Delia about respective situations, including feelings of sadness and tiredness. Dona Delia felt that depression was also part of their problem and had considered arranging for medical consultations in Santarém for both Xica and Cleide. She had not yet initiated a plan because she was concerned about the protecting the women's privacy. However, she told me that, in light of our conversation, she felt that it would be worth following through. Then, Dona Delia was called to manage a situation in the clinic.

On returning to the interview Dona Delia remarked that it is difficult to make sense of these conditions, adding that many people in São Jorge talk of spiritual illness and vulnerability to spiritual attacks, including demons (*demônios*), macumba, and evil eye (*mau olhado*). Then, as if seeking confirmation of her perspective, she turned to some of her female colleagues from the health team who happen to be in the room and repeated the point to them. This precipitated an animated interchange between the women. Several of them expressed doubts about the putative spiritual basis of behavioral and emotional problems and other illnesses, while others defended their

verity. Dona Delia was caught somewhere in between. She commented that indeed people suffer some very grave problems which do not respond to medical attention, and some people seem to obtain positive results from prayer and healing in the church, including deliverance. I asked if she thought that the behavior problems she mentioned above – the nerves, hearing voices, depression, and the epilepsy – would benefit from the work of the Holy Spirit, as some people believed, or even from something like pajelança. She seemed taken aback that I had just brought up pajelança and asked for clarification, "You mean that business with the curador?" Shaking her head she replied in a somewhat disappoving tone that there was none of this in San Jorge, except for individuals here and there that fooled around with macumba. In her view, macumba would almost certainly be more harmful than helpful. On the other hand, as a Catholic she acknowledged that prayers, blessings and faith are always positive strategies and can definitely be of aid. At least they could not hurt. Some of the other women chimed in with more skeptical and jocular perspectives. They maintained that many people in the rural communities were superstitious and continued to talk about the encantados and conditions such as *mau olhado de bicho*, *corrente de fundo*, and so on. "In reality," one lady asserted, "sometimes people just become insane" (*conseguir virar doido*).

Pastor Raimundo

Later in the day, I ventured to the other side of village and had a brief visit with the pastor of Igreja da Paz at his home. He was about to head out of São Jorge on an errand, but graciously invited me to sit with him on the large patio behind his house a join him in a glass of juice. Pastor Raimundo was in his fifties, originally from the town

of Belterra, and had lived in São Jorge for 33 years and worked as a pastor for twenty of those years. He revealed that, over this time, he had brought many people to the church where they had come to know Jesus. Igreja da Paz was the first evangelical church in São Jorge. In Pastor Raimundo's estimation, the congregation had now grown to about around four hundred members from the community. When I asked about relations with other evangelical churches he replied that they were amicable. "We each have our own styles when it comes to questions of worship, meetings, and organization. But in the end, we all share the same goal, to follow God's will and to bring the Gospel to the people."

With respect to my query about salient problems in the lives of community members, he affirmed that sickness was an everyday reality in the community. Infections and fevers, flu, coughs, body pains, headaches, gastritis, and diarrhea were common in people of all ages. As with other informants, I then focused in on mental illness to which Pastor Raimundo responded that there were lots of stresses and strains of life that produced low morale (*baixo moral*) including health problems, financial worries, and family issues. But the most significant problem influencing all of these was sin (*pecados*). He then proclaimed, "People who stray from God's teaching and toward a life without valor are destined to suffer." In his view, a sinful heart and ignorance of God's teaching are what create problems in marital and domestic affairs, such as husbands abandoning their wives, and what drive people to vices like drinking, violence, prostitution, and macumba. Moreover, sin opens people up to the influence of demons and *encosto*.

Pastor Raimundo used the term encosto to describe the detrimental influence of demons on vulnerable souls. I was a bit puzzled since practitioners of Umbanda and Candomblé typically use encosto to refer to troublesome attachments to various spiritual entities, such as encantados, caboclos and *egún* (the Yoruban term for malevolent ghosts). He chuckled and replied that I must be referring to encantaria. "This is something that mainly Catholics believe in," he quipped. "They are always worrying about the effects of encantados." So what was the difference, I wanted to know? By encosto, he meant *true* attacks by demons, not these other superstitions. He emphasized that, as a pastor, he had dealt with demons a fair amount and had witnessed the havoc they wreak in people's lives until they encountered the force of the Holy Spirit. For other serious conditions like epilepsy, strokes, cancer, heart problems, and so on, he counsels people to see a doctor. I wondered out loud if these conditions did not also have spiritual sources that could be managed through prayer and healing in the church. Pastor Raimundo nodded hard and then shifted to the edge of his chair and gazed at me forcefully. As if suddenly inspired, he announced,

> The wages of sin is death, and when the body is left behind and the soul must be prepared go to heaven. In any aspect of life, people need to follow God and see that God has the power to bring illness and hardship, to teach people and to test people, and sometimes punish people. If one is right with God, then it does not matter what happens to the body when one considers the promise of eternal life.

Dilane

The last conversation I will highlight is one that I had with a young woman in her mid-twenties named Dilane. Many people in São Jorge agreed that Dilane was a macumbeira. In fact, several people suggested as much to me earlier that day, including

Dona Delia. It was she who facilitated my meeting with Dilane in order to accommodate the goals of my research. She instructed one of the young girls helping out in the clinic to escort me to Dilane's house on the other side of the village. The girl happened to be one of Pastor Raimundo's daughters. She complied with Dona Delia's request, though I could sense some hesitation. As we departed from the clinic on foot, she admitted coyly that she did not know Dilane personally but was, nonetheless, intimidated after hearing about the kind of work she performed. Dilane's house was actually not far past Pastor Raimundo's house. When we arrived at the back her home, where I had sat earlier with her father, she stopped and timidly waved me toward the direction of Dilane's house. As I walked off, I teased her playfully for not wanting to take me there directly. She giggled in response but wouldn't budge further.

By the time I reached what I thought was Dilane's place I had become a bit disoriented. Then I heard a voice calling to me. I turned to see a young women sitting with an older women and couple of young children no more than three years of age who were playing with toys in the yard. The younger woman was short with broad shoulders. She had straight black hair that fell past her shoulders and a face with strong Amerindian features. She introduced herself as Dilane when I announced for whom I was searching. Upon hearing about how I had come to find her and about my desire to ask her some personal questions, her slightly suspicious demeanor increased. She agreed to talk with me nonetheless, although her initial responses to my questions were rather terse. However, once I described my involvement with the terreiros in Santarém, her chilliness began to melt away and she became more talkative.

She then related that mediumship was the basis of her spiritual work and listed off some of her spiritual guides (*guias*), which included spirits of the forest (*povo da mata*), Indian spirits (*caboclos*), and a cowbody spirit (*boiadeiro*). She also mentioned various *exús* (trickster spirits), namely the entities know as Jurema, Zé Raimundo, Tranca Rua, and Evantina. The deliberate manner in which she rattled of these names suggested that she assumed my familiarity with the pantheon of encantaria. I advertised my understanding that all of her guides are cultivated in Umbanda and then queried whether she was a practicing umbandista. Dilane qualified that she did not "beat the drum" (*bate tambor*), a euphemism for practicing Afro-spiritism, nor did she participate in a terreiro. Rather, she conducted her spiritual work alone in São Jorge. In fact, Dilane had difficulty labeling her practice within any particular category. She puzzled through a few options, half to herself, half to me: "Sorcery? No. Macumba? No. I don't know, like spiritism perhaps." I wondered if her practice could in any way be considered pajelança, to which she replied, "sort of like that."

As we talked, Dilane beckoned me to follow her into a small side room of her house that contained a small altar. The altar housed small icons of Catholic saints, caboclos, and pretos velhos as well as framed picture of the Virgin adorned with a *terço* (Rosary beads). It also held a few lit candles, flowers, and several other small objects. Dilane continued describing how she began incorporating spirits voluntarily through mediumistic trance only in the last three years, primarily as means to develop her own person and manage the spiritual afflictions that had commenced nine years before, when she was still a teenager living in Santarém with her aunt. She referred to the earlier experiences as perturbations in her head and her body, including strange thoughts and

voices, images of beings, bodily pains, and feelings of anguish and nervousness, all resulting from *encosto*. Dilane had initially sought medical attention in the city and experimented with different pharmaceutical and home remedies, but obtained no positive results. With the support of her aunt, she consulted a *mãe-de-santo* at a terreiro in Santarém, although she did not recall her name. The mae-de-santo performed a series of ritual cleansings (*limpezas*) and played her shells (*jogou búzios*) to divine the nature of her suffering. She perceived that Dilane had an uncultivated talent (*dom*) for mediumship and recommended she cultivate this dom in the terreiro as a *filha-de-santo*. Over several months she continued to provide treatments, which, according to Dilane, decreased the intrusions and her emotional agitation.

Dilane did not act on the mãe-de-santo's advice to enter into training. She admitted that, at the time, she did not possess much knowledge about encantaria and that she had not been very mature about such issues. Family circumstances also prevented her from following through. During this period in Santarém, she assisted her aunt with child-care. Her aunt subsequently decided to move to São Jorge, where she had relatives, and Dilane moved with her because she did not have other immediate family in Santarém. In recent years, Dilane bore children of her own in São Jorge but did not marry. Her aunt became a reciprocal resource for child-care and other social support (her aunt was the older woman present during our conversation).

São Jorge turned out to be a somewhat hostile environment for Dilane. Some members of the community, especially from evangelical churches, disliked her spiritual practice, and a few of them openly called her an agent of the Devil. I asked her for examples of the prejudice she had faced but she did not want to volunteer any, except to

say that people levied accusations at her when problems and misfortunes occurred and they tended to avoid interactions with her. I inquired if she had thought of any other options that would help improve her status and wellbeing. She responded that it was a difficult situation because she could not move from São Jorge because her family was there. Her mother had died when she was young and she had lived with her aunt for many years; but she was obliged to continue her spiritual work, otherwise face harm to her being and the return of the encosto. Dilane had previously considered registering as a *zelador-de-santo* with the Umbanda Federation in Belém but was unable to obtain certification because of her limited financial means. Additionally, she did not oversee a community of filhos-de-santo and, even if she could, she felt that it would be practically impossible to do so in São Jorge with the present degree of stigmatization.

In speaking of her family, Dilane revealed that she was related to several pajés who resided in the FLONA. After probing further I was pleasantly surprised to find that she was the granddaughter of Pajé Aurelino (see previous chapter). Her uncle is Pajé Chagas and her father is his brother, the pajé whom I had not met. However, Dilane did not grow up with them because her mother had moved away from the village with her and gone to Santarém. Thus, she never really knew her father or her uncle and, despite her legacy, never had the opportunity to apprentice to become a pajé under their tutelage. Nonetheless, in the context of her spiritual work in São Jorge, she had an obligation to perform charity (*caridade*) for others, as would a pajé. As a self-styled curandeira, she was honing her skills in helping clients with vulnerability to illness, feitiçeiria, and misfortune. Despite the vocal criticism against her in the community, she had also established a sizeable client base of persons who paid her to "work against

others" with sorcery. Some people were frequent patrons; others only occasionally sought out her services, though most all clients took care not to publicize their relationship with her. This, she acknowledged, helped to sustain her spiritual practice and provide financial income. She knew several other individuals in the community who practiced as she did, but they were not on the best of terms, partly because of an atmosphere of competition.

I asked Dilane to talk about the types of treatments she provided. She claimed only sparse knowledge about the use of ritual cleansings, teas, herbs, oils, and other substances, explaining that knowledge about specific techniques was the privileged domain of her guides and that, as a mere medium, even she did not really know the details. It was her guias who performed the curing, not her. Dilane did not treat physical injuries but did treat problems ranging from respiratory infections and fevers to bodily pain and malaise. She treated people of suspected evil eye (mau olhado and quebranto in the case of children), *espanto* (a malady involving nervousness and anxiety caused by sudden fright, also called *susto*) and encosto. She added that crentes in the community talked about many such problems in terms of demons and used a lot of prayer. She felt that in some cases they failed to realize a person's spiritual call (*chamada*) and the need to develop their mediumship skills (*dom de mediunidade*) and to help others. I informed Dilane about my conversations with others in São Jorge about problems related to mental illness and that I wanted to know her impressions. She admitted not really having a perspective on this question. She had heard others talk about people in the community who had gone insane, but she had never dealt with anyone in this state. Dilane figured that insanity, nevertheless, was a serious problem that was best treated in

a hospital by doctors, but that it was also important to look for spiritual problems that might be affecting a person.

COMMENTARY

Before offering analysis of this material, a few points deserve mention. Firstly, the conversations I describe above were culled from a broader set of interactions I had in São Jorge. In selecting them, I do not assume that these perspectives are in any sense modal for the groups they represent (viz. *crentes*, Catholics, health workers, and spiritists); that is, they do not necessarily represent the "crente view" or the "clinical view" (etc.) of mental health as a whole. Rather, I use these examples to illustrate representative *differences* that exist in perspectives about mental illness in São Jorge. Furthermore, I do not view them as merely idiosyncratic rationalizations but rather as culturally inflected discourses that reflect actors' relative positioning within a large social structure (cf.. Hess 1995).

Secondly, although São Jorge is a fairly expansive rural community in terms of its population and physical boundaries, it was apparent to me that the Dia de Crianças health expedition had a considerable presence. Most of residents throughout the village knew about the health clinic underway, even if they did not participate in it. Given the orientation of this visit as well as my association with the visiting health team, I felt it appropriate to engage people with questions about mental illness. Most likely, it would have been awkward to interrupt individuals from their affairs and initiate pointed questions about spiritual crises even though these topics did enter into the discussions.

Lastly, in focusing on "mental illness" as an object of inquiry I was already aware of the concept's loaded meanings. Generally speaking, this concept carries implications of ego- and-centric locus of distress and dysfunction (White and Marsella 1982). On the other hand, the exchanges represented here depict multiple interpretations. For some, the concept of mental disorder (transtorno mental) signifies insanity and acute psychological breakdown, conjuring stereotypical images of "street crazies" (*malucos da rua*) or the asylum (*manicômio*); phenomena often thought to be of a different nature than day-to-day disruptions of emotion and temperament that may often be viewed as social and moral problems. For others, both insanity and persistent disruptions of mood and behavior fall under the broader rubric of mental disorder. Still others overlap these categories with concepts of spiritual affliction, sorcery, and moral crisis. On the whole, most everyone readily distinguished mental disorders from physical maladies, despite some points of convergence in concepts like "nervosismo'"and "neurasthenia." While acknowledging this variability, the decision to frame my query as I did was somewhat strategic on my part. I wanted to investigate how people would respond to pointed questions amount mental illness, given the broader context in which community health projects operate in the region and the emerging public mental health infrastructure in the city.

It came as no surprise to encounter this degree of polysemy in the category of mental illness, especially considering the lack of mental health services in São Jorge or mental health education that might have otherwise shaped a more coherent cultural model. A more compelling issue for me concerns how my informants conceptually frame the issue in their respective explanatory discourses. I observed that in their

responses each informant rhetorically encompasses the other positions of other informants. Below, I will attempt to show how their different strategies of encompassment reveal something about the status of their respective institutions in São Jorge (See Figure 7.1).

Explanatory Discourses and Encompassment

Dona Francisca and Pastor Raimundo are crentes. They both have longevity and privileged status as church leaders in São Jorge, where evangelical movements have gained prominence. Both initially responded to my question about mental illness in terms of the emotional struggles that people face about day-to-day struggles with family, finances, and health. However, they elaborate on these struggles as moral and spiritual problems rooted in sorcery, sin, insufficient faith, and demonic intrusions (endemonhado and encosto). In this way, both informants also distinguished "spiritual illness" from physical maladies, a distinction that parallels the *non-normal* and *normal* illness dichotomy in pajelança (see Chapter Six). Treating these spiritual illnesses requires strong faith in God, knowledge of divine will, as well as interventions in the form of deliverance (*libertação*).

Here we find examples of encompassment. Dona Francisca and Pastor Raimundo favored the term "macumba" – a term that typically refers to practices associated with Afro-spiritists and terreiros in the city – as the referent for sorcery and malevolence in rural São Jorge (where, incidentally, no terreiros exist). They also preferred macumba to "feiticeiria" and "malineza," the less ethnically pejorative glosses for sorcery and malevolence that are traditionally used in Amazonian peasant

communities (cf. Maués 2004). In this way, they validated the potency of macumba while at the same time rhetorically diminishing its status (and, by extension, the status of Afro-spiritism). Thus, they used macumba as a foil for elevating evangelical principles and practices as tools to combat evil and sickness in the community. Similarly, Pastor Raimundo validated the Afro-spiritist term "encosto" as the veridical form of supernatural intrusion – in this case by demons – only to denigrate encosto as a type of evil, requiring intervention in the form of deliverance.[64] However, he treated "encantaria" as a baseless Catholic superstition, thereby subsuming its referent, spirit enchantment, into his version of encosto.

Role	Status	Explanatory Discourses of Mental Illness
Church leader (DF, PR) [Evangelical]	High	Spiritual illnesses: emotional stresses, social conflicts, vices *Cause*: sin, macumba, demons (encosto, demonization) *Treatment/Protection*: deliverance, prayer, faith, moral development
Retired farmer (DO) Health agent (DD) [Catholic]	Middle	Mental disorders: depression, epilepsy, insanity, behavior symptoms *Cause*: Unknown psychological and/or organic factors encantaria, macumba, demons *Treatment/Protection*: doctor care (psychiatrist), pharmaceuticals public health interventions benzadeira (natural remedies, ritual blessings) personal prayer and faith, deliverance
"Macumbeira" (D) [Spiritist/Catholic]	Low	Spiritual affliction: psychological and somatic disturbances, insanity *Cause*: spiritual calling (chamada), encantaria, demons *Treatment*: cultivate mediumship, moral development, curing deliverance (for demons), doctor care (for insanity)

Figure 7.1. Explanatory discourses of mental illness. DF= Dona Francisca, PR= Pastor Raimundo, DO= Dom Octavia, DD= Dona Delia, D= Dilane

[64] Practitioners of Afro-spiritism do not consider encosto to be evil *per se*, or necessarily the outcome of sorcery. Rather, encosto falls into the category of involuntary and potentially harmful spirit intrusion into an individual's life that may require ritual treatments in the forms of baths, herbs, and exorcism. Encosto can also indicate a latent capacity for mediumship that requires cultivation on the part of the afflicted.

Dona Francisca and Pastor Raimundo also responded to my question about mental health problems without recourse to the clinical nosology. Dona Francisca asserted that mental disorders do not exist in São Jorge. On the other hand she employed the term "depression" to describe the troublesome mood of the girl Clarice, but locates the sources in an afflicting demon. This is another example of encompassment in which the quasi-clinical language of mental disorder is discursively reframed to shed light on an underlying spiritual crisis, thereby validating the evangelical narrative over the biomedical one.

This evangelical discourse of mental illness *qua* "spiritual illness" reflects a hierarchical tension between crente morality and the threat of sin and macumba that is also prominent in urban Santarém. Despite the lack of institutionalized Afro-spiritism in the rural communities, church leaders have imported the same rhetoric into the rural context through church planting activities. Here, emotional distress, social conflict, and behavioral disruptions are reframed in terms of immorality, which then justifies the need for spiritual interventions. Although other concepts of evil exist in São Jorge having to do with feiticeiria, encantaria, and malineza (cf. Maués 2004), evangelical rhetoric absorbs these meanings into the category of macumba, thereby transforming Afro-spiritism into the scapegoat for spiritual illness. I would argue that the capacity to monopolize meanings of affliction in this way has helped to elevate the status of evangelical doctrine in São Jorge over other ideologies.

Dilane's narrative presented another case of encompassment. Dilane is a young, single mother who is highly stigmatized by many residents of in São Jorge because of her perceived association with macumba. She has not been able to improve her situation

by obtaining official registration for her spiritual practices; nor has she profited in either prestige or practical expertise from direct kinship with Pajé Aurelino, who even in death remains the most respected curador in the region. Yet, she does play an important role for people in the community who covertly patronize her for sorcery. Dilane does not explicitly self-identify as a macumbeira (understandably so, given the prejudice directed at her), but she acknowledged that her activities fall somewhat within the valences of Afro-spiritism and pajelança. Similar to Dona Francisca and Pastor Raimundo, Dilane described problems of emotional and somatic disturbance in terms of their spiritual etiology and even acknowledges the plausibility of demon attacks corresponding to crente theories. However, by inverting their rhetoric, she posited that crentes misunderstand cases of spiritual crisis, which in reality are encostos that signal an afflicted person's latent capacity for spirit mediumship. Here, she used spiritist discourse to encompass crente discourse, thereby debunking evangelical theories within her explanatory framing. This encompassment was also bolstered by Dilane's attempt to legitimize her own practices by describing them to me as personal obligations, as sources of psycho-spiritual protection and well-being, and as modes of service for people in need of them. Additionally, she recounted her own experiences of spiritual crisis that have led her to develop her mediumship and curing practice on her own. Despite her relative unfamiliarity with the prevalence of mental illness in São Jorge, she affirmed that people do indeed go crazy and that they would benefit from both medical and spiritual forms of treatment.

Dom Octavio and Dona Delia fall somewhere in between the extremes of the previous informants. Both are Catholics and relatively recent transplants to São Jorge.

Dom Octavio is retired and does not hold any particularly high position in the community. Dona Delia does occupy a higher status role as the community health agent, although her social position is not as elevated as that of Don Francisca and Pastor Raimundo. Dom Octavio and Dona Delia responded to my query by disclosing their perceptions about the prevalence of mental illness in São Jorge. Although neither informant possesses an elaborated lexicon of psychiatric nosology, both employed a quasi-clinical idiom to frame the issue. Dom Octavio related his personal encounter with depression (and other clinical conditions) in his late wife's suffering and treatment seeking as well as his knowledge of other cases of emotional and behavioral disturbance in the community. Dona Delia pointedly described cases of psychological disturbance she has encountered and the desperate need for mental health services and education. She employed terms such as depression, nervosismo, neurasthenia, and epilepsy. Both informants also described symptomatic events such as bodily pain, fatigue, anger/aggression, and social withdrawal. It seems clear that their respective narration of problems in these terms reflects their proximity to a cosmopolitan health infrastructure; namely, Dona Delia's job as a community health agent and Dom Octavio's many years of effort managing drug treatment and medical consultations in Santarém in respect to his wife's ailing health.

Dom Octavio and Dona Delia accepted that spiritual forces may underlie psychological disorders but, in contrast to the certainty of previous informants, they expressed ambivalence about their degree of influence. For example, Dom Octavio prefered to view an apparent case of spiritual haunting (mal assombrado) as stroke (derrame); he accepted that others prefer the former label and even qualified that his

perspective was based only on hearsay and does not know enough to make a firm judgment. Dona Delia prefered more psychologically oriented explanations as well and she seems conflicted about how to understand their supernatural dimensions. As a Catholic, she believed that prayer and faith could be important tools for healing. Notwithstanding the skepticism of her health worker colleagues, she acknowledged the role of encantaria and sorcery and also accepted the evangelical belief in the demonic influence on illness.

Taken together, the discourses of these two informants conceptually frame mental illness principally in terms of psychological disturbances that fall within the scope of medical care. Their rhetoric also encompasses spiritual explanations, giving leeway to evangelical, popular Catholic, and spiritist perspectives, but subtly downplaying their viability relative to psychologically oriented explanations. Dona Delia and Dom Octavio together embrace a perspective on mental illness that is considerably more ecumenical and egalitarian than the restrictive crente view. In some sense they also convey a more empirical outlook, neither of them fully rejecting outright nor whole-heartedly embracing other theories about mental illness, but more cautiously deducing what seems like plausible explanations from ones that do not. Dom Octavio even takes care to avoid snap judgments about people's conditions having only partial information. Thus, their own theories of mental illness encompass a broader constellation of explanations including ideas about illness and treatment efficacy, including process they, admittedly, do not fully understand.

I believe that this apparent openness and flexibility stems from several conditions. Firstly, cosmopolitan mental health care has yet to penetrate rural

communities in any significant way. Hence, even though both informants possess a certain degree of expertise with other aspects of cosmopolitan medicine, the domain of mental illness is still open to interpretation using a number of other popular theories. Secondly, the hegemony of the Catholic Church in São Jorge has retracted over the past few decades with the insertion of multiple evangelical denominations. In this pluralistic environment the Church no longer commands the same degree of ecclesiastical control, thus, allowing popular Catholicism and other customs to retain their footing. Thirdly, and related to the second point, *popular* Catholicism in Brazil has absorbed the beliefs and practices of multiple traditions including Amazonian encantaria, pajelança, and Afro-spiritism. In this respect is has functioned as an arena of pluralism and relative religious tolerance in contrast to Pentecostalism.

The Shadow of Heterodoxy

To conclude, I would like return to the theoretical issues raised earlier. At beginning of this chapter I asserted that the structural relationships between orthodox and heterodox institutions are not givens but rather involve negotiation between different actors and social coalitions. I emphasized that actors' discourses provide lenses for examining these process and the tensions therein. Given the prominence of rural health initiatives, which I discussed in Chapter Six, I also raised a question about whether cosmopolitan medicine has come to function as cultural hegemon, in other words, as rural Santarém's medical orthodoxy. The material I have presented in this chapter suggests that this is patently not the case. Despite the prominence of health projects sponsored by Projeto Saúde e Alegria and the municipal government, and

despite the nascent public mental health apparatus in Santarém, mental illness in the rural sector is barely on the radar as a target of public health practice. Thus, from a more holistic vantage that considers this obvious gap as well as from the diversity of concerns about mental illness among São Jorge residents, I find it difficult to envision cosmopolitan medicine as the dominant institution. Instead, São Jorge is characterized by considerable institutional pluralism that incorporates diverse explanatory theories about mental illness with no strongly determinative ideology and set of practices.

The topography of the medical and religious pluralism in Sao Jorge (the largest peasant community in the region) is in some sense a microcosm of urban Santarém with multiple heterodoxies jostling together within particular structural arrangements. In this chapter I have shown how actors from different social positions differentially frame understandings about mental illness; some discursive strategies of encompassment are more rigid, pitting one theory against another in manner of hierarchical tension, while others are more egalitarian, pluralistic, and indeterminate. In this respect, their perspectives reflect structural features within São Jorge in addition to informants' personal status. Evangelical churches hold positions of authority in the community. I argue that this authority is maintained in part through discourses that monopolize meanings of illness-related affliction and subsumes them into doctrinal concerns about morality and evil. Still, crente ideologies have not attained hegemonic status. "Native" medico-religious beliefs occupy a middle region in terms of status due to the persistence of popular institutions involving traditional healers, encantaria and the waning influence of official Catholicism. Cosmopolitan medicine also occupies this space, given the rapid growth of programs in the rural sector, the relative high status of health agents who

promote medical ideologies and practices, and varying degrees of engagement some residents have with the medical infrastructure in the city. I found that proponents of these ideologies tended to be more ecumenical in their outlook, considering multiple, apparently diverging theories about mental illness. Afro-spiritism occupies the lowest status position. Although this institution has a relatively minimal presence in São Jorge (and rural Santarém at large), clearly certain elements involving sorcery and spirit mediumship exist but are highly stigmatized, primarily by crentes who occupy higher status positions. This type of crente antagonism toward spiritism replicates a pattern found throughout Brazil (cg. Chesnut 1997).

This "jostling" between different actors and their discourses implicates no authoritative, medical, or religious orthodoxy constraining different heterodox institutions. Rather, the erstwhile Catholic orthodoxy has receded over the years with the penetrations of evangelical churches and cosmopolitan medicine, but a new orthodoxy has yet to emerge onto the playing field. To the extent that it does in the future, I argue that it will be defined as an outcome of relations *between* heterodoxies, not on separate terms. Orthodoxy, to quote a medical historian, emerges from the "shadow of heterodoxy" (Bradley 2003). The view of medico-religious pluralism I have presented here is only snapshot of circumstances I encountered in São Jorge. These are circumstances that will undoubtedly shift and rearrange over time in response to broader political and economic imperatives in the region and the pragmatic needs and activities of individuals and communities. Whether and how medical and religious orthodoxies emerge from current heterodox relations remains to be seen; this is a question that could motivate future investigations.

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Chapter 8. Medical pluralism and flexible selfhood: A case study of psychiatric and spiritual affliction

REVISITING THE WORK OF CULTURE

In the preceding chapters I have shown that in Santarém's medically plural landscapes, actors do not merely swap one cultural explanation of their misery for another in any straightforward and utilitarian way. Rather they become caught up in "epistemic entanglements" as they navigate diverse networks of meanings, treatment institutions, and social relationships. In this chapter I wish to explore in more detail how, in the context of such entanglements, a person can internalize multiple explanations and simultaneously hold them in consonance with each other. In doing so I hope to contribute understanding about the interrelationship of medical pluralism and individual experience.

I will examine this issue through the case study of a young man named Paulinho. He was twenty-four years old when we met in the city of Santarém. Paulinho suffers from epilepsy and episodic psychosis and he participates in psychotherapy programs at CAPS. He has been involved in intermittent psychiatric treatment for half of his life. He has also been a student of Spiritism and spirit mediumship for about five years and claims to have been perturbed by spirits since childhood. I wish to discuss how his coming to terms with affliction has culminated in an explanatory model of illness (Kleinman 1980b) that references *both* biomedical and spiritual knowledge and therapies. I will argue that Paulinho's capacity to internalize seemingly incongruent cultural interpretations of his affliction hinges on the relation of their meanings to life-

course themes and associated emotions and personal motivations that together, forms a sense of agency and identity called *flexible selfhood* (cf. Johannessen 2006). Paulinho also interprets troubling emotional, behavioral, and sensorial experiences as symptoms of his psychosis or epilepsy and others as communications with spirits. I will also argue that this polysemic orientation is grounded in mode of sensory attunement that implicates the embodied nature of flexible selfhood.

The question posed above lies at the theoretical convergence of medical and psychological anthropologies, for it concerns epistemic orientations toward illness and pathways to care inasmuch as the relation between culturally shared knowledge and the culturally constituted self. Allopathic and religious treatment modalities can encompass widely divergent explanations of affliction and healing that differentially inform individual health perceptions and coping. These are complex issues, in light of the social and cultural realities of medical pluralism that I have explored in this study and that prior scholarship has examined. For instance, in a special edition of *Social Science and Medicine* entitled "Medical Pluralism in World Perspective," Charles Leslie (1980) argues that actors in most, if not all complex and pluralistic societies are usually highly pragmatic in their care-seeking behaviors. They find nothing inconsistent or illogical about sampling from diverse treatment modalities or simultaneously investing in different forms of therapeutic techniques and relationships, given relatively unrestricted access to them. Although a somewhat novel assertion at the time, such observations are fairly commonplace in contemporary medical ethnographies (cf. Nichter and Lock 2002), not to mention this one.

In characterizing treatment seeking, critical theorists in medical anthropology, highlight systemic factors that constrain and compel actors in their care-seeking practices, including institutional hegemony and power relations, agency and resistance, and inequitable socio-economic structures that extend from the community to the global levels. This perspective has indeed been illuminating and in previous chapters I have attempted to elaborate how these processes play out in urban and rural Santarém. Psychocultural factors also deserve attention within the purview of medical anthropology, particularly the manner in which different cultural models (i.e., illness nosologies, explanations, treatment regimes, and associated notions of personhood) resonate with individual life-course themes, emotions and personal goals orientations and drive trajectories of treatment seeking.

The notion of the *work of culture* (Obeyesekere 1981; 1990) captures these psychodynamic processes in the context of coping with distress and illness. It asserts that culturally valorized *public* symbols (meanings or models), when adopted into personal repertoire, can provide coherence to erstwhile inchoate and debilitating experiences. Once internalized as *personal* symbols, they become vehicles for expressing deep conflicts and sentiments that may otherwise contribute further to distress, poor psychosocial functioning, and impaired health. Central to the work of culture is the idea of a progressive transformation of personal symbols from more "regressive" meanings and motivations toward more mature and "progressive" ones that help alleviate suffering and psychopathological symptoms, and create psychosocially integrated selves (1990). For example, in *Medusa's Hair*, his case studies from Sri

Lanka, Obeyesekere describes how young women suffering from dissociative and affective symptoms of trauma enter into training as ecstatic priestess. By encountering new meanings in this process, they are able to cognitively reframe emotional conflicts and behavioral symptoms as valorized encounters with spiritual entities. These transformations then facilitate psychosocial well-being and integration as women attain status roles in the community as priestesses.

I will employ the work of culture as a lens for analyzing Paulinho's case history; however, I believe that Paulinho's story can, in turn, augment this concept. Although Obeyesekere indicates that actors engage with complex webs of symbols, his case studies of ecstatic priestesses focus on a normative religion in Sri Lanka, that includes relatively cohesive Sinhala Hindu-Buddhist beliefs and practices centered on ecstatic spirit possession. As such, his psychocultural analysis does not explicitly address contexts of medical and religious pluralism in which social actors live at the confluence of multiple, seemingly incongruous moral worlds.

A recent study by Chapin (2008) attempts to refine Obeyesekere's *work of culture* construct in this direction. It is based on ethnographic fieldwork with ecstatic priestess at the same ritual site in Sri Lanka. In it, Chapin posits a processual analogy between ostensibly distinct therapeutic pathways – possession/priestess-hood and psychotherapy[65] – both motivated by troubling dissociative, sensorial and emotional symptoms rooted in past traumas (See Figure 8.1). Chapin's aim here is to offer a corrective to Spiro's (1997) well-known psychoanalytic critique of Obeyesekere's

[65] This analogical pairing of religious healing and psychotherapy has deep roots in anthropological analysis, most notably in the influential work of Jerome Frank (1973)

notion of symbolic transformation in spirit possession trances. Spiro maintains that these dissociative possessions and sensorial distortions are themselves pathological symptoms. As such, they cannot resolve intrapsychic traumas in the manner of intensive psychotherapy. Following Obeyesekere, and more recent analyses of this debate (Budden 2003a; Throop 2003), Chapin maintains that the therapeutic efficacy of the work of culture is present in *both* care-seeking pathways despite their seemingly different ontological orientations.

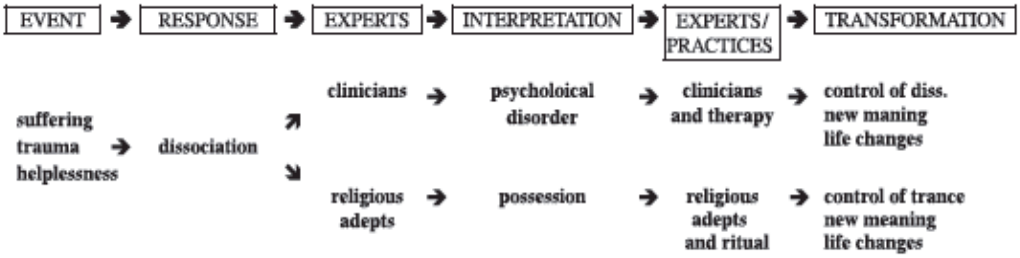

Figure 8.1. Chapin's analogy of religious healing and psychotherapy (ibid: 237)

Arguably, Chapin's model comes closer to an account of a care seeking in medically and religiously plural environments. Nevertheless, it has limitations. For one, Chapin proposes the model in the abstract with only partial reference to ethnographic context (i.e., spirit possession in Sri Lanka). Moreover, the model construes these therapeutic options to be relatively discrete and divergent pathways through which a person ostensibly becomes involved in *either* psychotherapy *or* spirit possession practices. This orientation resembles Obeyesekere's premise that his informants interpret the behavioral sequelae of trauma as either illness symptoms or symbols of

divine beneficence. Hence, we return to the question posed at the beginning of this chapter of how a person, by virtue of inhabiting a strongly pluricultural environment, can come to consolidate multiple interpretations of the same condition or sets of symptoms. Instead of a problem of either/or, I am essentially shifting the focus to a problem of *both/and*.

Through Paulinho's case study, I will examine how different explanatory idioms can converge on a range of problematic psychological, somatic, and behavioral conditions to mutually inform an individual's perception of personal suffering, embodied experience, and agency in social context. The broader theoretical aim of this case study is two-fold. Firstly, I want to develop the work of culture concept to better account for the internalization and usage of multiple frames of knowing and cultivation of flexible selfhood that underpins coping with spiritual and psychiatric impairment. Secondly, I want to open a space within which theories of medical pluralism, treatment seeking, and illness interpretation from medical anthropology can more forcefully engage psychocultural theories of self and lived experience that address emotion and embodiment. Person-centered ethnography is an essential vehicle for this synthesis.

MAKING CONTACT

I first met Paulinho at a *centro espírita* that I frequented in Santarém. One weekday evening, after a group study and discussion of the *Evangelho Segundo Espiritismo* (The Gospel According to Spiritism), a lanky and rather gregarious young man wearing a tattered baseball cap, baggy shorts, and a wide, mischievous-looking grin approached me and casually asked me about my studies. Word had already spread

through the center that there was an American researcher lurking about. Paulinho was curious about my interests in the links between illness and spirituality and how people enter into Spiritist community. Without my prompting, he launched into a general description of his own history of psychological health problems and his attempts to resolve them through study of the Spiritist doctrine and psychotherapy. I recall being caught slightly off-guard by the zeal with which he unleashed a torrent of details about his personal story upon me in this, our first conversation. He also spoke in a very rapid and disorganized manner, as if his sentences were the cars of a speeding train suddenly piling up on each other and tumbling over the tracks. Scrambling to keep up in note taking, I finally suggested we arrange some structured time to talk.

I simultaneously became acquainted with Paulinho through the recommendation a Nazaré, a psychiatric nurse at CAPS (who is in her fifties) and a long-time Spiritist practitioner at the same centro espírita. Prior to meeting Paulinho, Nazaré had suggested that I talk to one of her patients whom she had attended for ten year prior to CAPS who was also training as a spirit medium. That person turned out to be Paulinho. Nazaré has been a significant influence in bringing Paulinho to the centro espírita and in working with him as an *orientadora* during mediumship sessions. I had already witnessed his participation in mediumship sessions and his struggles within the practice (see section entitled "At a centro espírita" in Chapter 4).

Paulinho's case study draws on roughly ten hours of person-centered interviews, opportunistic conversations, and observations of a more informal nature. We held the interviews in several locations: my home, at the centro espírita during off hours, and at CAPS. Nazaré participated in one interview session at CAPS and offered observations

from her relationship and work with Paulinho at both venues. As a staff person, Nazaré tried to facilitate access to his medical records for me, following Paulinho's suggestion, but she was unable to appropriate clearance. Nevertheless, from our interviews I was able to construct a detailed life history. Below, I highlight key themes of this history and then I will provide an analysis.

LIFE THEMES OVERVIEW

Neuropsychiatric Disorders

At one-an-half years of age, Paulinho was diagnosed with epilepsy. At birth he began having seizures and developed a heart arrhythmia. Despite various courses of anti-epileptic medications, his seizures persisted until about six years of age. During this time it was not uncommon for Paulinho to have several attacks within an hour. His worst episode was six in an hour, which put him in hospital. His seizures could be quite violent, beginning with tremors in the hands and legs and then erupting into full body convulsions that would throw him on the floor and cause him to black out. Since childhood, he has also experienced chronic headaches. The most severe ones preceded seizures, beginning like hammers pounding inside his head, or as if his entire cranium was about to explode. On one occasion, in the middle of the day, he was struck with a seizure while playing in a tree that caused him to fall about ten feet to the ground and break his arm. Another time he collapsed on a busy street and had to be taken to the emergency. His parents took him for several psychological consultations, but Paulinho was very young and has little recollection of those instances. Between the ages of six

and nine the convulsive symptoms almost disappeared after his doctor put him on Phenobarbital. However they returned around ten years of age.

As a teenager and young adult, Paulinho experienced much greater control over epileptic symptoms. Mild to moderate seizures come along once in while in stressful circumstances, but he has acute headaches on an almost daily basis. He has grown accustomed to the headaches, although they still caused a good deal of agony.

In his early teens Paulinho had intensive psychotherapy to address a range of problematic experiences including sensory distortions, dissociations, disorganized thinking, paranoia, social withdrawal, and violent outbursts (I will elaborate on these below). A psychiatrist in Manaus diagnosed him with paranoid schizophrenia with depressive symptoms associated with his neurological disorder. He took Paulinho off Phenobarbital and put him on Tegretol and also prescribed the anti-psychotic medications *Carbolite* and Risperdal. With this cocktail of medications, Paulinho's seizures and florid visions and voices have abated, but have not disappeared altogether. Several months before we met, his neurologist evaluated Paulinho and reduced his diagnosis from schizophrenia to episodic psychosis.

Psychosocial Impairment

The medical and behavioral issues described above posed a number of difficulties for Paulinho throughout most of his childhood and adolescence. As a youngster, he was extremely anti-social and withdrawn. His extended family members (aunt, uncles, and cousins) were a constant presence in his family's household; however Paulinho usually kept to himself. He had a tenuous relationship with his brother, who is

three years younger than him. They did not play together very much when they were young and they occasionally fought, as brothers close in age tend to do. Paulinho harbored ambivalent feeling about his brother. He felt jealous that his brother was a "normal kid" and did not have to suffer from the same kinds of health problems. However, at eight years of age, Paulinho's spite gave way to intense feelings of remorse when his little brother almost died from an amoebic infection.

In school, intense headaches, tremors in extremities, and occasional full body seizures impaired Paulinho's classroom participation, studying, and daily interactions. He recalls that his mind was difficult to control because it was always "running really fast" and "filled with multiple disorganized thoughts." He would often act impulsively, utter inappropriately things, and behave in ways that would put off those around him, although at the time he was not altogether cognizant of their discomfort. He became a victim of persistent verbal and physical abuse from his classmates who started calling him "retarded" and "crazy," talked behind his back, and ostracized him from their activities. Paulinho began to feel humiliated and demoralized because of this treatment. Sometimes he would break down crying or force himself to hold the tears back. But he also became vindictive and spiteful in both speech and action and began seeking ways to get back at his tormentors. He would launch into verbal assault, which would then erupt into physical fights, in which Paulinho took most of the beating. He also frequently tattled on his peers to his teacher, which only inflamed his tormentors' contempt of him. His teacher did not approve of his apparent trouble-making and scolded Paulinho on different occasions in front of others for being "egocentric,"

"arrogant," two-faced," "sly," "dishonest" and "prepotent"[66]. His peers then took to chiding him with these same labels.

Overtime, Paulinho's schoolwork faltered and is grades fell precipitously. He says that he became very lazy and had no interest in doing work or anything else. Finally, his teacher advised his parents that they could not keep their "retarded child" enrolled in the school. Taken aback, they re-enrolled him in a private school the following academic year more out a need to protect their son from such a hostile and prejudicial school environment. At that new school he received a warmer reception, but he continued to keep to himself.

During this period, Paulinho's mother and grandmother offered a lot of encouragement and support for dealing with people's insults, but he had a much less intimate relationship with his father. It seemed that his father was very affected by his son's condition. He spent a lot of time away from home at work, but he also drank a lot, particularly during periods when Paulinho's epileptic attacks increased. He often wandered around the streets, jolly and inebriated, and acting gregarious with other people. Sometimes he would give presents to other children in the neighborhood and then they would come and show Paulinho what his father had bestowed on them. This made him popular with other kids but aroused Paulinho's jealousy. "In this way, he often exchanged me for the bottle," he tells me. For the most part, Paulinho looked up to his father and yearned to spend time with him and hear stories about his father's life

[66] The Portuguese term *prepotente* that Paulinho used is a term that implies a kind of shameless narcissism.

growing up on the *sítio* and hunting in the forest; but more often than not, his father was absent.

After the age of ten, Paulinho became more socially engaged. In particular, he stared playing more with his with his cousins and, by early teens, started to participate in neighborhood soccer matches. He admits to me that he was not very good at soccer, not as good as his brother, but he liked to play with vigor. It helped him work off his frustration and frenetic energy. His mother worried a lot about his ball playing especially with older and bigger boys who might hurt him (at twelve years of age Paulinho weighed a mere 60 pounds). Her sentiments were not unwarranted because frequently, Paulinho's over-zealous play would erupt into violent fits in which he would begin to strike other players. These unpredictable eruptions incited hostile retaliation from others. His violent outbursts also manifested off the soccer pitch as well, usually after considerable brooding. Suddenly, Paulinho would begin to curse and criticize himself and then be overcome with intense rage.

> **Paulinho**: I would pick fights with guys twice my size, knowing full well that it would be suicide to go up against them. I never desired to be violent, but in these moments it was as if I was loosing control of my force, and discharging a lot of negative energy onto others. Sometimes in the confusion, anger, and rejection that I felt, it seemed as if I were transforming into another person.
>
> **Ashwin**: Can you tell me more about that?
>
> **Paulinho:** It was strange, so strange – very hard to understand, even up till today, it is hard to understand all that was happening, although I have come to understand some, at least a little. At the time, I had no idea, and I did not know how to look for answers. All I did was act, just follow whatever entered into my head. I provoked a lot of things. I'd be thinking, who I am I really, in truth? Many times I would be acting in a – (long pensive pause) – in a very radical way. Everything would be fine

> and then I would explode into a rage at someone. Many people who did not deserve this had to deal with me.

Some ancillary factors influenced Paulinho's desire to fight and his relative lack of concern at being injured in retaliation. When violent thoughts entered his mind Paulinho perceived a significant increased in strength, beyond what he normally had. Also he reports having diminished sensitivity to pain, even on occasions of injury. In one instance when he was older and working temporarily as *pedreiro* (bricklayer), he sustained a large gash on his leg but was not initially aware of it. He went about his work oblivious to it or to any pain, only noticing a while later a sensation of wetness on his leg a then saw that it was covered with blood.

Paulinho's wanton hostility carried on through most of his adolescence. He notes, "Other people have their own vices, like smoking and drinking. I just liked to fight. That was my vice." His comportment changed in other ways too. Apart from his violent outbursts he would sometimes break into fits of interminable laughter, without knowing what he was laughing about. Other times he would become very quiet and withdrawn. When a bit older in his teen years, Paulinho considered that he might have bipolar disorder, because two of his friends who also had extreme oscillations in moods and behaviors were diagnosed with this condition. He also began to have masochistic and suicidal ideations. When he was 13 and 17 years of age he ingested rat poison and both times was rushed to the emergency for detoxification. He would frequently contemplate inciting other person's rage just so that they would kill him. One day, he ran his bike at high speed into a tree "just to see what would happen." He sustained cuts and bruises but escaped serious injury. At eighteen, Paulinho was involved in an intense

fight with another some in the neighborhood, which put the other person in the hospital. Afterward, Paulinho was overcome by a deep sense of guilt after contemplating the injuries he caused. He then ceased his acts of physical aggression.

Spiritual Affliction

From the time of his childhood Paulinho encountered a rich world of spiritual entities that populated both his dreams and waking consciousness. He suspects that because he was so socially isolated, he became more attuned to spiritual beings around him. Some of his strongest memories of that period include being frequently tormented various "anthropomórficos" (human-like beings). Some appeared as monsters and vampires, others as half human-half animal beings and shadowy figures dressed in black or white. The figures in black proved to be a particular nuisance for Paulinho. They would tug at his limbs or try to suffocate him when he was sleeping. Sometimes they played tricks such as making objects disappear only to be found again later. Sometimes they would speak to him in tormenting voices, trying to convince him that he was worthless and that his family members would abandon him. The entities offered their protection if Paulinho would run away from his family. “I did not believe these messages,” Paulinho tells me. “But they confused me and really damaged by self-esteem.” In response, Paulinho would often fly into a rage and begin shouting at the spirits; his parents would rush into to find him alone, screaming at the top of his lungs. In contrast, the figures that were dressed in white would come to provide consolation and comfort. Paulinho described some of these beings to his family and one of his

younger cousins claimed he could see entities too. Paulinho would accuse him of lying even though, in private, he believed that his cousin could perceive them too.

His grandmother was the first person to explain to Paulinho that these uncanny experiences were the result of spirits, and that he had a gift (*dom*) for spirit mediumship. Paulinho describes his grandmother as an *espiritualista* and a *benzadeira*. When was he was young she used to organize family prayers for Paulinho and administered *benzações* (blessings and protection) to protect him from *encosto* and *mau olhado* (evil eye). He recalls an instance around nine years of age, growing terribly afraid during a ferocious rainstorm. Above the thunder and lighting he began to hear voices calling to him. His grandmother consoled him and helped him try to talk to the spirits, which calmed him. She repeatedly suggested to Paulinho's mother (her daughter) that, in time, Paulinho should enter into apprenticeship with a spirit medium, a *macumbeira* (in Paulinho's words), in order to cultivate his mediumship. An acquaintaces of her's worked with spririts; however, Paulinho's father wanted nothing to do with this. He did not believe in spirits or spiritual explanations about illness or misfortune outside of what was proclaimed in Catholic doctrine. Nevertheless, until she passed away when Paulinho was fourteen, she continued to counsel her grandson about mediumship.

Between his youth and early teens the disturbing voices, visions, and sensations persisted. Paulinho described some of them to me, but could only recount general details. For instance, at his grandmother's house he would see a small child standing in the front yard whom he believed to have been murdered there in the past. He would also see headless men sitting on top of horses. He would often feel "presences" that aroused fear and bodily chills (*arepio*). Sometimes Paulinho would be overcome with the

sensation of paralysis and the inability to speak. The spirits continued to harass him while he slept, attempting to suffocate him and push him out of bed. Paulinho qualifies that only the malevolent spirits would evoke these feelings when they approached him. Several times, when standing on the street corner, he felt an entity push him into on-coming traffic and narrowly averted being hit. Paulinho continued to engage in "shouting battles" with the perturbing entities and started kicking and hitting his head on the walls of his room. At night when this would happen, it was not uncommon to wake others in the household who would then attempt to stabilize him. Several times the spirits tried to enter his body when he was sleeping.

> **Paulinho:** One night, a shadowy old figure was speaking to me in my room and said 'brother you must let me in, its time for you to work.' All of a sudden I felt something enter me and everything was dark. I wanted to scream but I couldn't speak, and I couldn't move. I felt intense agony, like a pain in my chest and paralysis, and began to think about God. I kept thinking about God, and after a while, he let me go.

I wanted to know what was happening to Paulinho before spirits would start perturbing him. He said, "Usually it was when I felt depressed, like nothing was going right, or when I was angry and dejected. Then the spirits would come and push me lower." On one occasion, after having a bad fight at school, Paulinho wandered into the forest. He recalls that a *caboclo,* or Indian spirit, guided him away into the forest. He was only conscious of the *caboclo* talking to him, persuading him to follow. Suddenly he became aware of his surroundings but had no idea of his location or how he had arrived there. He soon found a familiar landmark and was able to walk home, astonished to find that about three hours had passed since he last remembered being at

school. As a teenager, Paulinho found ways to secure the aid of certain spirits while playing pranks on others. For example, one time he went over to his relatives house to knock on the doors and windows in order to startle his cousins. Some spirits colluded with him and when he knocked from the outside, he could hear the spirits knocking simultaneously on other parts of the house. He could also see them: three dark-skinned male figures missing facial features except for mouths.

Paulinho explains that a number of people in his family are mediums, having themselves had interactions with *entidades*. His great-grandmother was an *Umbandista*. His brother seemed to have mediumship at an older age, but chose to avoid it and not really discuss it. When Paulinho was thirteen, an older cousin who was into the occult gave him a copy of *O Livro dos Mediuns* (*The Medium's Book*), one of the canonical texts of Spiritism. Paulinho attempted to read parts of it but, at the time, found it very difficult to comprehend.

Care Seeking

As described earlier, Paulinho early life involved the struggle with epilepsy and the attempts to control symptoms with medication. As a young adult, he continues to have occasional seizures although his symptoms are largely under control. Given his recurrent cognitive and sensory distortions, relational difficulties, and the emergence of violent behavior, Paulinho's parents enrolled him in a seven-month intensive mental health treatment program in Manaus. He was thirteen at the time. The program included psychiatric evaluation, personal psychotherapy, group discussion, as well as structured social and recreational activities. Paulinho was diagnosed with paranoid schizophrenia.

and associated sub-clinical depressive symptoms. The psychiatrist put him on antipsychotic medications in additional to his anti-epileptic medication and told his parents that he was at risk for more serious psychological problems. When Paulinho returned to Santarém he continued to have behavioral consultations at a community health clinic that had several psychiatrically trained nurses on staff.[67] There, he met Nazaré, one of the nurses. In her recollection, it was initially quite difficult to communicate with Paulinho; he was generally very guarded, withdrawn, and defensive. He became easily disengaged during conversations, as if something would suddenly grab his attention. She also noticed that he would walk about looking very paranoid, as if he was about to have to defend himself against attack. During this period in Manaus and Santarém, Paulinho's violent behaviors subsided; but several months afterward, they began again.

Since Paulino's maternal grandmother had often proposed that he consult a spiritist healer, I wondered if he had followed up on her recommendation. Paulinho says that he does not recall if, at that time, he went to see a macumbeiro because his mind was "all in disorder" at the time. Nazaré acknowledged that his mother did, in fact, take him to an Umbanda terreiro several times but then stopped. Nazaré is unsure of transpired there; but it did not seem as though Paulinho benefited from the experience.

Within the context of mental health consultations, Nazaré perceived aspects of Paulinho's behavior that convinced her that Paulinho was suffering spiritual obsession

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[67] The clinic Unidade Referência Especializada (URES) opened in 1993 after a small group of health workers from the health post Unidade Saúde Básica (UBÃ) completed an 80-hour mental health-training program in Belém and then had set up consulting services in Santarém.

(*obsessão*) beyond his neurobehavioral disorders. As a devout Spiritist, she has observed a lot obsession before in the context of psychiatric illness, and feels that many of her health worker colleagues are ignorant about this phenomenon because they had not studied Spiritist doctrine. Early on in their relationship, Nazaré had asked Paulinho if he heard voices and saw images of entities, but he denied it. However, his mother confirmed that Paulinho had many such episodes since childhood. Nazaré never divulged her hypothesis about spirit obsession to Paulinho's parents until about two years later, after they had developed more rapport and had a better sense of Paulinho's medical condition.

Nazaré described to them how the Spiritist doctrine distinguished the *mundo incarnado* (world of incarnated spirits) and the *mundo desincarnado* (world of disincarnate spirits) and defined the interconnections between them. Humans are spirits incarnate and have the capacity to have daily interacts with disincarnate spirits including *espíritos de luz* (spirits of light) and less evolved and troublesome entities. According to doctrine, all spirits are bound to by their *karma* (the law of cause and effect) to a process reincarnation over many lifetimes.[68] Each person's karma, accumulated in past and the present lives determines the manner in which he or she can relate to disincarnate spirits. Evolved spirits can bring healing, protection, and moral

[68] The Spiritist notion of karma and its link to reincarnation derives from the moral philosophy of Asian religious (viz., Hinduism and Buddhism). In the latter, karma binds an individual to the cycle of reincarnation (*samasara*). The person can return as lesser or greater beings depending on their karmic debt. In Spiritism, reincarnation is a *linear* process of evolution along which spirits move. Having attained the evolutionary status of human, a spirit cannot be demoted to a lesser for no matter what the karmic debt (i.e., a human cannot reincarnate as a worm). Rather, the spirit maintains the same status over successive reincarnations until it has the opportunity to become enlightened.

guidance and can be channeled by persons who are morally and spiritually developed. If individuals are weak, either because of physical illness and emotional turmoil, social conflicts, bad judgments, criminality, or spiritual immaturity, then spirits of similar constitution can disrupt that person's life. In these ways, incarnate and disincarnate spirits share different degrees of *sintonia* (resonance). Spiritist techniques of fluid-therapy and mediumship, regulate this vital link of subtle energies. Spiritists distinguish their mediumship from other "lower" forms, such as Umbanda. In their view, the former emphasizes moral and spiritual evolution, whereas the latter tradition is organized around the pantheon of less evolved spirits of encantaria and focuses on dancing, trickery and games, and vices like drinking and smoking in their rituals. At its core, Spiritist mediumship is a skill for controlling the influence of spirits inasmuch as it is a technique for cultivating of *amor* (love) and *caridade* (charity). As Nazaré explained to me, "Mediumship is an act of service. Between all of us, we have to work with respect, discipline, love, caring, responsibility, and fraternity; all of this to get to charity."

Paulinho became very interested in the tenets of Spiritist doctrine. They resonated with his burgeoning interest in spirituality, the paranormal, and the occult. Paulinho would occupy his time with books, magazines, and television on these topics, often ignoring his homework. He was very curious about the history of the Masons, and also about *psi* phenomena (e.g., clairvoyance, ESP, and telekinesis). He found books by Spiritist authors on the topic of psi as well.[69] In his late teens Paulinho also developed a curiosity about charismatic Christianity and visited different Evangelical churches, in

[69] In Brazil, there is a strong tradition of Spiritist lay and pseudo-scientific writing on the paranormal and parapsychological phenomena (Hess 1995). I have met a number of Spiritist paranormal scholars during my visits to Brazil.

Santarém, such as IURD, Assembléia de Deus, and Igreja da Paz. He witnessed the popularity of *curas* (faith healing) and *libertação* (deliverance/exorcism), but found that he was somewhat repulsed by the practices.

> **Paulinho:** In the services the pastor would go on and on and people would repeat everything, 'A-lle-lu-ia brother, I don't know what brother, lift your hands, God save us!' and things like that. And they would shout really loudly, particularly at one church that did lots of exorcism: 'Demon!! Leave this body! In the name of Jesus!'
>
> **Ashwin:** You had also learned about Spiritism and that they also work with spirits, right? I mean, not with demons, but they communicate with different types of spirits. How does this compare?
>
> **Paulinho:** I don't really know. In the church it all seems like brainwashing. When I went there one time, everything was a big confusion and I felt very disoriented, like a heavy feeling in my head. I was very dizzy and became afraid that I would have a seizure.
>
> **Ashwin:** That is interesting. Do you think that this reaction had something to do with your epilepsy?
>
> **Paulinho:** I don't know. It is hard to say. But it was very disturbing.

As his interests in different forms of spirituality grew, Paulinho became disillusioned with Catholicism, the faith in which he was raised. While he has always believed in God and the Church's teachings, Paulinho began to perceive "there was just a lot of talk about God and living properly, but no real practice of charity in day-to-day life." He abandoned his catechism altogether, but continued to attend mass with his family once in a while.

When Paulinho was nineteen, some members from a centro espírita (which he now attends) gave a presentation at his school on the doctrine of Spiritism. Paulinho recalls that many of his peers were confused by the ideas about communication between

incarnate spirits and disincarnate spirits and notions of reincarnation, karma, and moral evolution. Paulinho helped to clarify some of these ideas for them using the knowledge he had accumulated Nazaré was one of the presenters. The presentation sparked a strong desire to attend study sessions at the centro espírita. He obtained his mother's permission on the condition that they could attend meetings together.

Paulinho and his mother started frequenting the Monday night studies of the Evangelho (the Spiritist Gospel). After each session they would receive *passes*. Nazaré informed other key members about Paulinho's past and his nascent mediumship. After about six or seven months of orientation they invited Paulinho to join the mediumship group. Their study of mediumship centered on *O Livro dos Mediuns.* Paulinho had attempted to read it when he was younger. It was easier to comprehend now, but mediumship practice was very difficult for him. After several months, he ceased his mediumship participation because he would become very perturbed during practice. He only returned to the group and relatively consistent practice about two years prior to our meeting, after letting year lapse. He continues to struggle with it today. I was curious about this, because I had observed his discomfort during several mediumship sessions and asked him to characterize what he experienced.

> **Paulinho**: I feel violence and a revolt in my body
>
> **Ashwin**: Can you describe that?
>
> **Paulinho:** Yes, but it's confusing because I feel different things when they [spirits] appear, sometimes that they are hungry or angry, or vengeful. There can be more than one at the same time and sometimes I think I have one but then there is another, more and more come. They exchange. It's difficult to describe. They come to perturb me, to destabilize me. They feel very heavy when they come next to me.

I ask Paulinho to clarify, but he has a hard time articulating what he means. Nazaré jumps in:

> **Nazaré:** It's like a force trying to take a hold of your body?
>
> **Paulinho:** Yes, it's a force that comes near me and weakens me. Sometimes, it is – I get frightened by them or they come to play tricks. Sometimes I have difficult emotions. They make me cry and I feel sad, because it is difficult to deal with all these things, including anger, and playfulness.
>
> **Ashwin:** So, this heavy feeling is a question of emotions too?
>
> **Paulinho:** Something like that. I see it like that.

I wondered if his epilepsy contributed to his inability to tolerate the induction of trance state during mediumship. Neither of them could say for sure but both agreed that the effect was due in large part to Paulinho's lack of experience with mediumship.

> **Nazaré**: What happens with Paulinho is that he brings various 'brothers' who are troubled. They are troubled spirits who curse, who abuse, and who treat others poorly because of their sintonia… During the work they try to manipulate, but they don't come without reason. It depends on what the spirit wants from you. They come with needs and problems of their own. But they are permitted to come. They are invited to come. We have an organization during our meetings that protects and tries to harmonize with them. It is a question of their re-education and a process of evolution – for both sides.

EXPLANATORY MODEL

Over the course of our interactions, it became apparent to me that Paulinho has adopted both clinically and spiritually oriented understandings of his afflictions. He

discussed his symptoms of epilepsy and schizophrenia at length, acknowledging that they have an organic basis in his brain, although he is uncertain of about the particular mechanisms. He is resigned to the belief that there is likely no cure for either condition, only symptom control. I believe that this recognition stems in part from tangible cues from psychophysiological exams (EEG) that pinpoint neuropathology with respect to epilepsy as well as the relative efficacy of his drug therapy for both epilepsy and schizophrenia. Moreover, the extent to which he has accepted his diagnoses, in spite of his belief in spirit interactions, stems partly from his life-long involvement in clinical care and his activities at CAPS.

Through his interactions with Nazaré and his on-going affiliation with the centro espírita, Paulinho has also learned more about his uncultivated mediumship, which has rendered him vulnerable to spirit attacks and obsession. Entities lacking in their own moral development have tormented him psychologically since childhood. Their own afflictions resonate with and exacerbate Paulinho's illness symptoms, and, at the same time, these spirits have manipulated him toward obsessive, violent behavior.

Soon after joining the Spiritist center Paulinho began having vivid and recurrent dreams of his life as a ruthless conman (*malandro*) in the distant past that took advantage of anyone, especially in financial and sexual situations. In these dreams his actions eventually led to the death of several people. Paulinho has come regard the content of his dreams as episodes of a past life.

> **Paulinho:** This knowledge came to me in dreams – a lot of dreams, with lots of details, names, dates, like that. I don't remember everything but I wrote a lot of it in my notebook. But I have lost the notebook. I

> considered that these might a hallucinations but no. The same regressions kept coming – the same things – over and over.

Paulinho adds that these "regressions" were so recurrent and the details so easy to perceive, he was certain they had really taken place in a past life. For example, he remembers being able to speak in an older form of Portuguese, which he had never learned, but found he could write it when recalling his dreams in a waking state. The most important factor in his attachment to this narrative is the intense sense of remorse Paulinho feels about his 'past' maliciousness and greed that caused several people their lives. As we spoke, I could sense that he carries these sentiments like a heavy weight around his neck, but I began to see how they have shaped his explanatory model of illness.

> **Paulinho**: One of the explanations from here, and I believe in this explanation, that in another life, this past life, I used my intellect for evil, for doing evil things, for deceiving people, and for this reason I came to have epilepsy. And for this reason I have other mental problems too. I am a schizophrenic. And I remember that I, that those things I did in my other life, were not good. They did not say very good things about me (chuckles abruptly in disgust). I am telling you this. It's not a great subject to talk about. I was a liar. I deceived many people.
>
> **Ashwin**: So you are saying you brought problems from other lives, past lives, to this life, which caused your medical condition?
>
> **Paulinho:** Yes, yes, these problems function like brakes –
>
> **Ashwin:** Brakes?
>
> **Paulinho:** Yeah, because – probably for stopping, for me to stop, for me to not continue to do the same things.
>
> **Ashwin:** But why epilepsy and schizophrenia and not something else?

Paulinho: Because I took advantage of everything and everyone then, I was really sharp then – really materialistic and greedy. I talked rubbish, and took advantage of people. And I *was* arrogant. I *was* prepotent, prideful and conceited – I was all of those things my teacher and everyone said.

Paulinho grows silent and buries his face in hands with elbows propped on his lap.

When he looks up, I see that his eyes and cheeks are wet. A few moments I continue:

Ashwin: Do you think that in any way it is unjust that, well, that you don't deserve these problems, I mean to say, the epilepsy and the schizophrenia?

Paulinho: That I don't deserve it?

Ashwin: Yeah, because what about other people in the world who –

Paulinho: Who were, who were crueler than me?

Ashwin: Exactly, and they seem to be pretty well off considering, without illness, without –

Paulinho: Well I used to think about this a lot. I was resistant to this idea. What was it I did? Why this? I couldn't find a way to, to, to use (mumbles unintelligibly) –

Ashwin: You couldn't find way to use what?

Paulinho: Well there are so many things I couldn't do because I felt guilt and remorse – and fear that this life now would continue in the same way in the next life, or become worse. Because some of those things from before, I live with today. But then I thought, goodness! I can change, and I can get better, maybe in another life, and probably without mental problems. I will get better. Now I believe in this. This gives me…(mumbles unintelligibly)

Ashwin: This gives you –?

Paulinho: It gives me courage and enthusiasm. It gives me-- it gives me (long pause) hope. Yes! That's the word. Hope.

It is clear from this narrative that Paulinho interprets his past and present suffering as not just a part of his spiritual vulnerability, but also as the consequences of a detestable and immoral previous life. In this respect, he believes that his mistreatment and his hostile, vindictive, and arrogant behavior in this life are the "karmic residue" of his past life, which he has yet to discharge. The notion of "brakes" is a compelling metaphor that further emphasizes the punitive nature of his neuropsychiatric disorders and also the capacity for personal change.

FLEXIBLE SELFHOOD AND THE WORK OF CULTURE

At this beginning of this chapter, I raised the question about how actors can adopt multiple cultural interpretations of their distress and illness. In my view, Paulinho has been able to accept both explanatory frames – one emphasizing psychobiological dysfunction, the other emphasizing comprised psychospiritual relations – because they cohere in a concept of selfhood and a mode of sensory attunement. Below, I will elaborate on these relationships and how they hinge on a trajectory of life experiences.

Firstly, over the course of his life, Paulinho's epilepsy has negatively impacted his health, his cognitive acuity and his psychosocial wellbeing. Notably, he experienced frequent stigmatization, rejection and abuse because of his character that inflicted deep sense of humiliation, jealousy, and damage to his self-esteem. These injuries came on multiple fronts: from his poor relations in his family and feelings of isolation and neglect; from harassment, prejudice, and intense conflicts at school; and from a protracted period of violent behavior. Arguably, his poor social attachments and behavioral abnormalities compelled Paulinho's turn inward to the formation of

relationships with a cast of "spiritual entities" that inhabited his perceptual environment. These imaginary relations offered some modicum of support, but they were also the source of tremendous suffering for Paulinho. Social withdrawal, resentment, and aggression became a persistent pattern in his life. This is a typical set of responses to social rejection, humiliation, and damaged self-esteem noted by clinical and developmental theorist (e.g. Kohut 1978; Lewis 1987). Paulinho was also overcome with feelings of mistrust and paranoia in social situations as well as self-contempt that provoked the desire for self-annihilation. He captures all of these sentiments and behaviors in a telling metaphor, that of *losing control of his force*. I interpret this metaphor as an organizing theme of Paulinho's earlier life, in which his internal chaos came spilling out in uncontrollable fits of blind rage and aggression, depersonalization, and even suicidality.

Secondly, this pattern of behavior was only broken after Paulinho was overcome with profound guilt after injuring someone in a fight when he was older. This powerful realization came just at the time that he committed himself to study of the Spiritist doctrine, and the same moment in which he started to have intense dreams about his moral failings from a past life as a conman. These experiences produced a tectonic shift in Paulinho's sense of himself, especially in terms of his moral culpability, his spiritual immaturity, and the need to gain control over the negative influence that spirits had on his mind and his behaviors. He felt impotent under their control, especially when they tormented him and compelled him toward violence.

> **Paulinho**: I also know that I cannot blame spirits for how they influence me, because they – some of them are in need too. But I know that I can

> make decisions about my own behavior. The responsibility and the guilt are mine. I accept that it was *I* who wanted these things. I can't pretend I am innocent. This does not exist. I see this as an exchange between me and them [sic.]. And from the point that they begin to dominate me, I know I don't want this. So this compels me to be aware of my behavior and to control it. I can try to turn to the other side. There is a lot of cost in being dominated, you see? I did not want spirits controlling me. This is *my* life, *my* soul.
>
> **Ashwin:** Then what is it do you want from them [spirits]?
>
> **Paulinho:** To give me strength and knowledge and not to take advantage of me**.** It's an exchange. I need to be able to find balance. But it was later on that I saw that these things, like fighting, were also my problem. I was doing wrong things. It was not only the fault of the other person that they did not like me with out reason. I know I was not a saint. I know I was not innocent. I started to think about things I was doing and knew that there were even retarded people who didn't act like I did. This was during my adolescence. I came to see that many things people said about me were right, about my behavior and tendencies. They were just like my past life. Psychologists have told me the same thing: that I need to accept who I am so that other people can accept me as well.

From the theme of *losing control*, Paulinho has reoriented himself to a process of *gaining control of self*. This has become the keystone theme in his later life, which is clearly reflected in this last narrative excerpt. Over time, Paulinho has developed an awareness of himself– what I call flexible selfhood – that is heavily influenced by the respective values of clinical therapy and Spiritist doctrine. Both are underpinned by a similar ethos that directs Paulinho to take charge of his personal and social development. In therapy, Paulinho has learned about self-care, positive self-perception, taking responsibility for his behavior, and forming healthy social relationships. Spiritist teachings embed these same values in a belief that all persons are spirits set in a linear process of moral evolution that transects their multiple life times through the process of reincarnation. In this process, he must take responsibility for thoughts and actions, and

this involves the ability to cultivate harmonious relations with people and disincarnate spirits and, at the same time, manage their influence on his thinking and his actions.

Although Paulinho feels that there may be no cure for his neuropsychological disorders in this life, he believes that on-going treatment and moral development holds the key for a full cure in a future life. Beyond psychotherapy, his medication has helped to control his problematic psychological and behavioral symptoms. His spiritual treatment strategies involve stabilization of his subtle body with energetic therapies, learning to control the spirits through mediumship, and acquiring better self-awareness by studying Spiritist doctrine. Additionally, Paulinho has begun participating in community outreach programs, one through CAPS and another through the Spiritist center. Through them, Paulinho performs community service work and educates others about clinical and spiritual problems and how to manage them. Both programs have been opportunities to practice key Spiritist values of love and charity. Like his therapies, they also provide spaces in which to cultivate his social identity – as a practitioner of Spiritism and a more confident individual with psychiatric conditions – in a positive light and for the benefit of others. In these ways, medication and psychotherapy, spirit mediumship and spiritual study, and community outreach all serve as vehicles for attaining forms of self-control and self-understanding that ultimately depend on adaptability, indeed flexibility, in Paulinho's sense of personhood.

Here, in these subjective processes, we see the *work of culture* in effect. Both clinical and Spiritist idioms and techniques provide symbolic resources through which Paulinho can articulate the emotions of his past and present experiences – most notably shame, anger, guilt, and hope – around a coherent and multifaceted sense of moral

identity and set of life goals. It is that sense of coherence that allows for different understandings of affliction to congeal within self-consciousness. Paulinho's emotional articulacy is not only apparent in the ways in which he verbalizes his sentiments to me. It is also deeply embedded in his behavioral expressions of impaired and repaired social attachments that have shifted from social withdrawal/isolation, aggression, and suicidality to self-care, sociability, and spirit mediumship. These movements mirror the salutogenic progression characterized by Obeyesekere.

Understanding the progressive emotional/motivational cycle of shame-anger-guilt-as product of care-seeking and component of personal change also shifts theoretical emphasis from a static sense of one's emotional states that occupies a good deal of anthropological scholarship on this topic – what has elsewhere been called the "nouniness of emotions" that privileges lexicons and corresponding inner states (Vitebsky 2008) – to the sense of emotional fluidity and the mutability of interpersonal relations. In this respect, the "work" accomplished through the internalization of different cultural interpretations acts as more than a cognitive reframing of affliction. It is a re-orientation of emotional tone and a transformation of being-and-action within the social world. For Paulinho, it is flexible selfhood, *in practice*.

FLEXIBLE SELFHOOD AND EMBODIMENT

The cultivation of flexible selfhood also interpenetrates the level of embodied experience. As Paulinho's polysemic explanatory model became more evident to me in our discussions, I became curious about how he reconciled his psychological and

behavioral symptoms at the level of momentary sensory awareness. What follows here is a lengthier transcript of our discussion on this topic:

> **Ashwin:** Do you perceive that the spirit obsession and some of and your other symptoms, of epilepsy and schizophrenia, act in the same way or are they separate?
>
> **Paulinho:** They are separate. But it's complicated because [you] need to know if is this a problem in my mind or spiritual. When it is spiritual, really something with spirits, I perceive that it comes suddenly, like suddenly I will change, and my new ideas appear. I mean I have many confusing ideas normally, but in this case it is – a radical change, and almost always these thoughts aren't mine.
>
> **Ashwin:** Whose are they? The thoughts, I mean.
>
> **Paulinho:** They are from the spirits. When they are mine I am prepared, I expect it, it's like I like thinking on the problem for a while, like I would have already been thinking on it for a while. Even with the schizophrenia, its like I am thinking for a while on that thought. But I might not understand what it is, what it means because the thoughts are very confusing. When it's a spirit, it a really rapid thing at the moment… Sometimes these thoughts would come and it was the sprits that would take advantage of this, of these thoughts.
>
> **Ashwin:** Can you give me an example?
>
> **Paulinho:** Well, one time I ran, I just ran my bike into a tree, just to see what would happen (laughs).
>
> **Ashwin:** That was because of the spirits?
>
> **Paulinho:** Exactly. They come like that, spontaneously.
>
> **Ashwin:** Other things?
>
> **Paulinho:** Remember I told you about the spirit who looked at me and gave me chills?
>
> **Ashwin:** I remember—
>
> **Paulinho:** That's it. They cause me to get the chills.

Ashwin: You mean like when your skin, er, your hair stands up?

Paulinho: Yes, it is like a symptom of when they come close to you, like pins, and like, and sometimes you shake like this… (He mimics bodily tremors in his shoulders and arms). But when I come next to a good spirit I don't get chills.

Ashwin: That's interesting. I talked to a number of Umbanda mediums that get the chills when their [spirit] guides come next to them.

Paulinho: Oh yeah, that happens.

Ashwin: Do you have strange sensations, kind of like this when you can tell – when you perceive that it is not a spirit?

Paulinho: When I hear voices I know they are spirits, but sometimes I hear something, somebody talking and, and that enters into my mind. But I think that this is my own mind, probably the schizophrenia.

Ashwin: But you said spirits talk to you too.

Paulinho: Ah, ok, there is something different here, because when the spirits come near me or when they talk, I see, or I feel a presence, that is situated a little distance from me, a little. It is next to me or over there, see? [He gestures to a few feet away]. Me and it [He points first to himself and then a few feet away]. But when these thoughts or voices come and they are part of me or I feel them inside me, in my mind, like that (pause) as if there were no difference, then I know it is not a spirit.

Ashwin: So the voices that seem to come from let's say, the outside, are spirits? And those that feel closer or let's inside of you, are yours, but they could still be like a symptom of schizophrenia?

Paulinho: That's it. I see it this way.

Ashwin: Is that the same with other sensations?

Paulinho: Sometimes – sometimes I am questioning what I am feeling at the moment, and its confusing, because there can be many things, when they appear.

Ashwin: What do you mean? When does this happen?

Paulinho: During the mediumship meeting – I always feel them when they come. It's like a really strong presence. They are, they are heavy, when they come next to me.

Ashwin: Heavy? Can you describe?

Paulinho: Heavy – I feel my body, heavy (mumbles for a second), like (long pause) a force taking over my body but from next to me, or a pain. It comes and weakens me, because we are exchanging energies, because I am one of them. Sometimes I am afraid of them, but other times no. Sometimes I converse with them. They play sometimes, but sometimes I have difficulty with the emotions. They make me cry, I feel sad. It's difficult to cope with these things.

Ashwin: Do they speak to you at these times?

Paulinho: Well it was difficult to tell in the beginning. They try to come as if in my mind. But I see that they are not. Maybe I think in a form similar to them. But I know this is a difficult question of what I am feeling.

Ashwin: And these things happen both inside and outside of the mediumship work too?

Paulinho: Yes, sometimes. That is what I am talking about. They used to all the time, but less now. I sometimes feel spines in my arm and legs. But these are not what I feel when spirits come. They are things that come with my mental problems, like my headaches, like Dr. "Santos" said. I always have headaches but they are mine from the epilepsy. But sometimes during the work, they come, a spirit comes suffering from pains, and I begin to feel that pain, but it is like a feeling of heaviness and emotion. I know that it is the spirits because we are in the room calling them.

It is evident from this transcript that Paulinho differentiates cognitions and sensory experiences that are, on the one hand intrusions by external spiritual entities and, on the other, internal psychological processes related to his psychiatric conditions. His oscillating perspective is striking given the reference to the same set of sensations that might otherwise be labeled in their entirety as psychotic hallucinations or spirit

intrusions, but not both. In his narrative, Paulinho articulates these distinctions through a series of metaphors that describe his embodied awareness in terms of *temporal*, *spatial*, *tactile,* and *emotional* qualities. In the first part of the transcript, he describes the emergence of ideations in terms of temporal differences: those influenced by spirits have qualities of spontaneity and rapidity while his own ideas, however disorganized and confusing they may seem, have a protracted and ruminative quality. In the middle part of the transcript he describes the voices and presences in spatial terms of interiority and exteriority. In other words, Paulinho perceives voices from his own cognitions to be *inside* himself, whereas voices and presences of spirits have quality of alterity, located *outside* of him, which he can sense *at a distance*. Toward the end of the transcript, Paulinho refers to sensations that are "his own" such as sharpness in his extremities (spines) and headaches. On the other hand, when he channels spirits during mediumship sessions tactile sensibility instantiates as force and weight, heaviness and a kind of pain that seems seem to have an affective charges that resonate with other entities.

Through these descriptive metaphors we can see how Paulinho identifies the sources of his experiences through a flexible mode of sensory attunement to the details of somatic and psychological activity that map onto his polysemic explanatory model. In other words the sensory experiences voices may be hallucinations, but they may also be the spirits talking. Confusing and disorganized thoughts may fall within the realm of psychotic paranoia, but the also may instantiate the urges and cognitions of sprits. Hence, Paulinho is able to register the symptoms of his clinical conditions and his permeability to spirits as phenomenologically distinct, yet hold them in continuity with his concept of self. Furthermore, Paulinho has been able to cultivate a keen acuity to

troubling sensory and emotional disruptions to such an extent over a (relatively short) lifetime of managing clinical illness and perceived spirit intrusions. Since childhood he has embodied a sick role and struggled with symptoms, treatments, and related stigmatization. And since childhood, he has been enveloped in rich spirit world. With the progressive support of his grandmother, his mother, Nazaré, and the Spiritist community, he has learned to negotiate this world and the spiritual relations within it.

Paulinho's perceptual orientations are theoretically significant, given the typical disjuncture between symptoms variously explained as *internal* psychopathology (within the clinical purview) and e*xternal* spiritual forces and beings (within the purview of psychotics and spiritualists). This ambiguity is not merely a semantic turn. It inheres within the constitution of self, and the self's anchoring in perceptual indeterminacy. The "indeterminate" nature of self is a central theme in anthropological theories of embodiment, most notably cultural phenomenology (Csordas 1990; 1994b). Drawing on the phenomenological theory of Merleau-Ponty (2002) and the proto-phenomenology of Hallowell (1955), Csordas asserts that, "Self is neither substance nor entity, but an indeterminate capacity to engage or become oriented in the world, characterized by effort and reflexivity. In this sense, self occurs as a *conjugation* of prereflective bodily experience, culturally constituted world or milieu, and situationally specific habitus[70]," (1994: 5, my italics). Correspondingly, illness and suffering upend the coherence of self and magnify this subjunctive condition of the sensorial body (cf. Good, et al. 2002). The

[70] The notion of habitus conforms to the meanings elaborated in social theory by Mauss, as "techniques of the body" and Bourdieu, as a "set of behavioral dispositions and tastes" (see Csordas 1994: 9-10, 284).

incoherent body/self then reaches toward cultural objects (Hallowell 1955) in the attempt for re-signification.

From this theoretical vantage, it is possible to account for Paulinho's sensory attunement as an aspect of the self, "in all its richness and indeterminacy" (Csordas 1994: 7); a *flexible* self constituted, in part, by "situationally specific habitus" set within the semantic environment of spirits *and* psychiatric symptoms. The elaboration of flexible selfhood depends at once on the indeterminate condition of his embodied subjectivity and the internalization of cultural meanings derived from the different institutional and idioms and practices of a pluralistic social milieu.

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Chapter 9. Epilogue

In the introduction to this study, I asserted that medical pluralism has often been theoretically construed as the empirical fact of multiple medical systems or even as the earnest and eclectic tendencies of treatment seekers and consumers (cf. Sharma 1992). However, in thinking about nature of medical pluralism, as evidenced from the material in the preceding chapters, I find that it is a category that extends beyond these domains. Medical pluralism is not merely a set of institutions in proximate social space that go "bump’"against one another or a set of medical decisions and behaviors. Rather it is comprised of movements, confluences, fluctuations, intentions, and perceptions of actors and institutions. It is a complex social ecology built on relations of ambiguity, heterogeneity, interpenetration, and contradiction in which actors grapple with the paradoxes of suffering, sociality, and meaning making. Within these spaces, treatment seeking weaves together instrumental concerns of health and healing with moral and emotional imperatives, allowing actors to establish interpersonal bonds and conceptions of selfhood that can constantly be transformed in pursuit of new therapeutic goals.

This perspective echoes recent theorizing about medical pluralism (Johannessen 2006;). Johannessen employs the term *elective affinity*, which refers to the dialectic of internal relations between multiple organizing levels of a system and their connections with certain forms of knowledge and praxis (7-8). Here, I will quote her at length:

> With elective affinity in the internal relations between organizing principles, different actors – in the broadest sense of the word – link up and form collective bodies or networks. These networks are not closed, in that each actor belongs to only this particular network. Rather they emerge momentarily and more or less forcefully in the praxis of individuals. The theoretical concepts of patterns-that-connect [citing Bateson (1988)] and actor-networks [citing Latour (1993)] provide a conceptual order in medical pluralism without a return to a rigid conceptualization of the coexistence of separate and independent sociocultural systems of medicine. Indeed…there are no such separate and individual medical systems definable by clear-cut boundaries between one system and the other…Rather, the existing medical pluralism can be conceptualized as open networks based on elective affinity in organizing principles that come into existence through praxis…The starting point for any analysis of networks in medical pluralism is thus to observe what people do and say, and this gives the anthropological approach…a superior position for investigation in the field (9).

The chapters in this study have explored medical pluralism at different levels and within different contexts in Santarém and have exposed some of the networks of affinity that exist. These range from care giving institutions in the urban and rural sectors to personal relationships that play out in the course of illness episodes and treatment seeking, and from therapeutic practices and shared beliefs about the nature of illness, distress, and healing to the substrates of bodily experience and selfhood. Each of these contexts could be the focus of a separate study; hence, this work has not attempted an exhaustive treatment of anyone of them.

In broadest scope, I have situated medical pluralism within the "haphazard experiment in modernity" that is the Brazilian Amazon, built on cycles of global socioeconomic expansion and retreat and inter-regional networks of people, goods, and ideas. This historical pattern has contributed to the disenfranchisement and exploitation

of certain sectors of the population and to massive benefit and profit for others in the regions, and it has opened up spaces for urbanization and pluralism in Santarém, involving a multiplicity of social identities and institutions within medical and religious landscapes. I have attempted to show that these institutions do not merely co-exist as static players in the field of pluralism. They compete, they coordinate efforts, and they sometimes compliment one other in practice (cf. Csordas 2006) forming a dynamic pattern of relations that transects institutional, cultural, and geographic boundaries.

These structural relations, however, are not social givens but negotiated realities that also emerge, at a middle ground, from the cognitive and behavioral orientations of social actors. I have shown, for instance, that situated discourses of illness as well as patterns of care seeking and illness beliefs reveal no singular dominative therapeutic system, particularly with respect the treatment of psychosocial impairment and spiritual affliction. Rather they reveal topographies of heterodox relations characterized by both diversity within institutions and similarity between institutions as well as the reverse. Discourses about mental health and spiritual affliction also point to the overlaps and tensions of actors jockeying for social status. It should be noted that these observations reflect a particular moment in time, in which public mental health services have just emerged in Santarém where clinical and popular forms of healing are prominent. Future investigations could shed light on how the further development and promotion of these services in Santarém impact the cultural viability of popular treatment modalities for santarenos.

I have also characterized medical pluralism as an open system, a system that emerges from the unruliness of treatment seeking and the epistemic entanglements in

which santarenos find themselves. Here, therapeutic quests unfold within inchoate disruptions of body, mind, and spirit and the demoralization and defeat that stems from unmet needs or the inability to foster shared understanding with caregivers. They play out within the tenuous contexts of significant life events and interpersonal relations that can, on the one hand, facilitate medical decision-making, but, on the other, further incite social disruption and emotional distress. I have aimed to show that that social praxis is elemental to these therapeutic trajectories. It is the vehicle by which actors interface with different institutional modalities of care. It is also the mode through which different cultural practices and forms of knowing converge within the subjunctive condition of the self that is already tuned to embody multiplicities of its behavioral environment. In this respect, medical pluralism bootstraps the qualities of cultural selves in all their versatility, virtuosity, and flexibility as they navigate the realities of the their pluricultural environment and identify the solutions to their suffering.

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Appendix

PORTUGUESE PRONOUNCIATION GUIDE

Phoneme	*Portuguese*	*English approximation*
a… stressed	**a**gua (water)	**ah**
a….unstressed	agu**a**	**a**bout
e…stressed	s**e**te (seven)	s**e**nd
e…unstressed	set**e**	manat**ee**
i	v**i**da (alive)	manat**ee**
o…stressed	p**o**vo (people)	m**o**dern
o…unstressed	pov**o**	sham**u**
ô	h**ô**mem (man)	p**o**pe
ei	s**ei**s (six)	h**ay**
ã	maç**ã** (apple)	sopr**an**o
ãe	m**ãe** (mother)	t**ie**
ão	c**ão** (dog)	t**ow**n
am	T**AM** (airline)	**an**swer (British accent)
em	Santar**ém**	t**yin**g (e.g., SantarhENg)
om	s**om** (sound)	**on**to
im	ass**im** (like this)	s**een**
ç	ma**ç**ã (apple)	**s**nake
çao	cora**ção**	**soun**d
çoi	len**çoi**s (sheets)	n**oi**se
ch	ro**ch**a (rock)	**sh**ake
co, cu	**co**m (with)	**co**d
	curador (healer)	**cu**neiform
ce, ci	**ce**nto (hundred)	**ce**nt
	cigano (gypsy)	**C**incinnati
ga, go, gu	g**a**star (to spend)	G**a**ndhi
ge	**ge**lo (ice)	plea**s**ure
j	**j**oven (young)	plea**s**ure
l (end of word)	possíve**l** (possible)	[**ehw**] [possívehw]
lh	mi**lh**ares (millions)	mi**lli**on
nh	tama**nh**o (size)	ca**ny**on
que (qui)	**que**nte	**k**ite
qua (quo)	**qua**nto	**qu**ality
r	Santa**r**ém	ca**r**a (slight rolled r)
r (begin word)	**r**a**ç**a (race)	**h**a (or more guttural)
rr	bo**rr**acha (rubber)	**h**a (or more guttural)
x	pei**x**e (fish)	**sh**eep
	pró**x**imo	**s**afe
	e**x**ame	la**z**y
	tá**x**i	ta**x**i (English)
de (di)	carida**de** (charity)	**jee**p (regional dialect)
te (ti)	cor**te** (short)	**chea**p (regional dialect)

MAP OF BRAZIL

(Excerpted from http://www.bing.com/maps)

MAP OF LOWER AMAZON REGION

(Excerpted from http://www.bing.com/maps)

QUESTIONNAIRE ITEMS FROM CHAPTER 5

Please indicate your sex **[ ]** Male **[ ]** Female

What is your age in years?

[ ] 10-19 **[ ]** 20-29 **[ ]** 30-39 **[ ]** 40-49 **[ ]** 50-59 **[ ]** 60-69

[ ] +70

You consider yourself to be which of the following?:

[ ] Negro **[ ]** Moreno **[ ]** Pardo **[ ]** Branco

[ ] I don't know **[ ]** Other

How many years of schooling have you completed?

[ ] under 4 years (Primary level incomplete)

[ ] 4 to under 8 years (Primary level incomplete)

[ ] 8 years (Primary level completed)

[ ] 9 to under 11 years (Secondary level incomplete)

[ ] 11 years (Secondary level completed)

[ ] 11 to under 15 years (Superior level incomplete)

[ ] 15 years (Superior level completed)

[ ] Over 15 years

Please estimate the <u>combined</u> household income, that is, the sum total income of <u>all</u> earning people in the household including yourself. <u>Will be kept confidential</u>.

[ ] less than one minimum salary (less than R$ 300 monthly)

[ ] one minimum salary (R$ 300 monthly)

[ ] more than one to 2 minimum salaries (R$300 to less than R$600 monthly)

[ ] more than 2 to 3 minimum salaries (R$600 to less than R$900 monthly)

[ ] more than 3 to 5 minimum salaries (R$900 to less than R$1500 monthly)

[ ] more than 5 to 10 minimum salaries (R$1500 to less than 3000 monthly)

[ ] more than 10 to 20 minimum salaries (R$3000 to less than R$6000 monthly)

[ ] more than 20 or more minimum salaries (R$6000 or more monthly)

What <u>initially</u> stimulated you to come to this center/church?

[ ] Curiosity

[ ] Family members were already involved

[ ] Regarding a problem in the family

[ ] I was involved in founding the center

[ ] To learn more about the doctrine

[ ] Assisting with activities

[ ] Made a donation

[ ] Volunteering or temporary job

[ ] To resolve a problem with job or finances

[ ] To resolve problem with personal health and well-being

[ ] To develop a “dom” of mediumship

[ ] Protection against sorcery

[ ] I don't remember

[ ] Other

With what means have you found positive results (that is, partial improvement or total cure) for any past or present serious health or emotional problems? <u>Please indicate all that apply</u>.

[ ] Taking pharmaceuticals

[ ] Taking home remedies

[ ] Medical consult/Treatment

[ ] Psychotherapy (with psychiatrist or psychologist)

[ ] Professional alternative therapy (including chiropractic, massage, yoga, acupuncture)

[ ] Talking to family member or friend

[ ] Talking to a religious specialist from a church or spiritist center

[ ] Ingestion of herbs (in food or teas) prepared by a healer

[ ] Ritual purification (using baths, defumations, oils, herbs)

[ ] Special diet (food and drink)

[ ] Prayer/meditation

[ ] Using protective object such as clothing, amulets, talismans

[ ] Blessings

[ ] Laying on of hands/Fluidtherapy

[ ] Deliverance/Exorcism

[ ] Spiritual vows/offerings

[ ] Fortune-telling (using cards, shells, etc.)

[ ] Developing spirit mediumship

[ ] Other (please specify

This question asks about possible causes of <u>physical illness</u> (i.e., disease, infection). Please indicate the extent to which you agree or disagree with the following 6 statements:

God causes physical illness.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Spiritual beings (such as spirits, saints, demons, ghosts) cause physical illness.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Unseen forces/energies cause physical illness.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Physical elements (such as viruses, germs, and organic reactions) cause physical illness.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Spiritual inheritance (passed down from family or past lives) causes physical illness.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Personal choices cause physical illness.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

This question asks about possible causes of <u>emotional and interpersonal relation problems</u>. Please indicate the extent to which you agree or disagree with the following 6 statements:

God causes <u>emotional and interpersonal relation problems</u>..

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Spiritual beings (such as spirits, saints, demons, ghosts) cause <u>emotional and interpersonal relation problems</u>.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Unseen forces/energies cause <u>emotional and interpersonal relation problems</u>.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Physical elements (such as viruses, germs, and body processes) cause <u>emotional and interpersonal relation problems</u>.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Spiritual inheritance (passed down from family or past lives) causes <u>emotional and interpersonal relation problems</u>.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Personal choices cause <u>emotional and interpersonal relation problems</u>.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

This question asks about possible causes of <u>mental disorders and insanity</u>. Please indicate the extent to which you agree or disagree with the following 6 statements:

God causes <u>mental disorders and insanity</u>.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Spiritual beings (such as spirits, saints, demons, ghosts) cause <u>mental disorders and insanity</u>.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Unseen forces/energies cause mental disorders and insanity.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Physical elements (such as viruses, germs, body processes) cause mental disorders and insanity.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Spiritual inheritance (passed down from family or past lives) causes mental disorders and insanity.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree

Personal choices cause mental disorders and insanity.

[ ] Strongly agree **[ ]** Agree **[ ]** Disagree **[ ]** Strongly Disagree