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***The Alternative Economics of Alternative Healing: Faith-Based Therapies in Brazil's Religious Marketplace***<sup>\*</sup>

(Draft. Please do not quote without permission)

**INTRODUCTION**

This paper is about illness and healing in Brazil, or, more specifically, what some people in that country do about it when they get sick. Of greater importance for the purposes of this conference, the paper also is about the economic arrangements that take place when Brazilians experiencing the symptoms of illness seek and obtain what will be referred to as alternative forms of treatment. Brazil has a system of conventional biomedicine with many excellent doctors, nurses, support staffs, hospitals, clinics, health posts, medical training programs, a pharmaceutical industry and public and private insurance programs. This formal health care system operates in terms of monetary fees charged by providers for their services and paid to them in currency by those treated or their insurance companies. These arrangements conform to the principles of market economics and are not the concern of the paper. Brazilians with means generally turn to this formal system when ailments lead them to seek help. Others go directly to alternative healers. Should those who seek medical assistance not be satisfied with the results obtained, they too then turn to alternative providers.

Alternative therapeutic procedures are provided in Brazil by other worldly beings that are parts of the pantheons of a variety of competing religious denominations (see Chesnut 2003; Greenfield 2008). The religious groupings in question are referred to in the literature as "popular" to oppose them to formal Roman Catholicism, with which most Brazilians still at least nominally affiliate. In the case of Kardecist-Spiritism, for example, the first alternative healing system to be discussed, sick people appeal to and are treated by spirits of dead individuals who had been doctors, or health-care providers from other cultural traditions in a previous lifetime. In Umbanda, another healing system described, spiritual entities of historically marginalized Brazilian figures provide treatment. The transaction between the ailing party and the otherworldly service provider is not one of market exchange. Money is not offered to the supernatural by the patient. This is not to say that payment is not made. It is, but the transaction does not conform to market principles.

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What takes place between a patient and a supernatural provider in Brazil's alternative health care system incorporates elements from the still vibrant transaction between a petitioner in the pre-Reformation folk variant of Roman Catholicism brought to Brazil by its first settlers and a saint or the Virgin Mary. According to the assumptions of Roman Catholicism, a saint is a special individual who, after death, has been reborn "and elevated to everlasting life in heaven by an all-powerful creator God believed to have control over all aspects of the universe, including the destinies of those on earth...." Saints "are considered 'friends of God,' able to act as intermediaries with him on behalf of supplicants on earth" (Greenfield and Cavalcante 2005:7).

Living worshippers may invoke a saint's intervention on their behalf by making an offer of exchange (see Queiroz 1973:86). What does a poor suffering mortal have that might induce the saint to respond positively to a request? Certainly not money! What then? The answer is devotion and prayer, without which the saint would fade from living memory. Brazilian petitioners in the folk or popular Catholic tradition make *promessas*, vows in which they offer, for example, to make a pilgrimage to the saint's shrine; and while there engage in ritual practices such as going to mass, saying prayers and performing acts of public penitence such as walking the stations of the cross in the blazing sun or traversing a courtyard on their knees. When a petitioner is granted such a request, those who see the world in scientific and secular terms call it a miracle.

The completion of the petitioner's part of the exchange, the payment of his vow, is conditional and made only after he or she obtains what was asked for. Hence the millions of pilgrims (*romeiros*) at the shrines of Brazil's many saints are there because they have already been granted the miracle (*milagre*) they had petitioned and are fulfilling their part of the bargain. Most requests made to Brazilian saints are for interventions to eliminate the often-debilitating aches and pains of illness (see Hooneart 1987; Barreto n.d.; Greenfield and Cavalcante 2005). This ancient practice of sick people promising to engage (or re-engage for those who have ceased to participate) in religious rituals in exchange for supernatural intervention is the prototype that has been incorporated by other Brazilian religious groups and is the basis for the economics of alternative healing. Sick people request help from the supernatural beings of an alternative, or popular religion; in exchange for receiving it, they affiliate with the group, participate in its ritual practices and publically pay homage to the otherworldly being(s) they believe to have cured them. In brief, they "pay" for successful treatment by converting to the faith of the provider.<sup>1</sup>

In the following pages two examples of alternative therapies practiced today are presented, along with the non-market economic arrangements by means of which "payment" for them is made. Then the implications of these non-market arrangements

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<sup>1</sup> Or, in the case of "lapsed" Catholics, by returning to practice church rituals.

in the religious marketplace<sup>2</sup> will be explored and their implications for religious participation in Brazil outlined.

### **HEALING BY THE SPIRITS: KARDECIST-SPIRITISM**

I was seated one day in the airport in the city of Goiania, the capital of the Brazilian state of the Goiás, some 60 kilometers from Brasília, the national capital. I was waiting for a flight that would take me home. I had already traveled several hours on dirt roads by car from the small town of Palmelo where I had gone to observe a healer treat patients.

Seated across the waiting room from me was a middle-aged man I had observed when he was operated on the previous day. I felt fortunate to have access to a patient so soon after his treatment. I introduced myself and told him that I had filmed his surgery. He gave me a wane smile, told me his name and introduced his brother who was his traveling companion. He took a jar from a small traveling bag. It contained the piece of tissue the healer had removed from his chest. Carlos Suzuki<sup>3</sup> appeared somewhat unsettled by his experiences and seemed relieved to relegate responses to my questions to his brother. After requesting permission to tape the answers, I asked what had brought them to Palmelo and to Antonio de Oliveira Rios, the healer-medium. Pedro replied that his brother had been suffering with a serious heart condition. He had undergone an aborted surgery a short time before in São Paulo where they lived. The medical team explained that Carlos' arteries were extremely clogged and that his body was very debilitated. Fearing for his life, the doctors decided not to complete the planned surgery. Instead, they advised him to enjoy the few months of life he had remaining as best as he was able since there was little more they could do to help him.

Depressed, but not willing to give up, the third generation Japanese-Brazilian, still in his 40s, turned to his friends and relatives with whom he shared his plight. Many Brazilians do this when faced with medical problems.<sup>4</sup> A distant cousin mentioned he

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<sup>2</sup> I am using the term marketplace in the sense Polanyi (1957:267) used it to emphasize that while an exchange is made, there is no bargaining over what may be thought of as a price. If satisfied with the alternative treatment, recovering Brazilians simply pay for it by engaging in the ritual practices of the group that provided the treatment. There are no negotiations as to an amount or degree of withdrawal from the old group or participation in the new one, as would be characteristic of a price-making market.

<sup>3</sup> Carlos Suzuki is not the name of a real person. To protect the privacy of those I observed and interviewed I use pseudonyms. Moreover, to facilitate the narrative I have taken from my field notes information from several people and combined them into one. Carlos Suzuki is the equivalent for the Japanese community in São Paulo, Brazil, of Carl Smith in the United States.

<sup>4</sup> This is consistent with the "Behavioral Immune System Hypothesis" proposed by Schaller 2011.

had heard of a Spiritist healer who performed “miraculous” surgeries and saved many people’s lives. Carlos knew very little about Spiritism. He was the product of a good formal education and, until recently, held a responsible position as a draftsman for the same manufacturing company that hired him when he graduated from college. He had not thought much about religion and the afterlife and considered himself to be a rational secularist. Faced with his impending death, he grasped at the straw and asked his cousin to find out more about the healer. When given a name and a location, Carlos decided to go to Palmelo to see if the healer could help him. His brother Pedro volunteered to accompany him.

The two men arrived in the small municipality in Brazil’s vast interior late on a Friday afternoon and went directly to the building where Antonio treated patients. After completing the registration forms they were told to return the following afternoon. When they did, Carlos was escorted into a small room in which he waited on a line with other people. When his turn came, without asking what had brought the patient to him, the healer ordered Carlos to lie down on a cot with wheels and think about God. Carlos obeyed and waited as the healer sorted patients into groups sending people into different rooms. Soft music wafted across the building from loud speakers. After several hours someone pushed the gurney with Carlos on it outside the door of the building to a porch that was sheltered from the blazing sun by an overhang. Dozens of people stood in the blistering heat waiting for Antonio to perform surgery. I walked with my camcorder poised behind the cot with the anxious patient.

I had observed and filmed other Spiritist healer-mediums previously (see Greenfield 2008) and thought I knew what to expect. I had seen people sliced into with knives and scalpels. I had witnessed pieces of flesh, said to be tumors, removed. The patients reported experiencing little if any pain when cut. The instruments were not treated with antiseptics and no visible anesthesia was given.

As Carlos lay nervously waiting, not knowing what to expect, his brother joined him. Pedro spoke words of reassurance. A few minutes later Antonio, dressed in a white coat, walked rapidly out of the building onto the porch pushing a cart laden with “surgical” instruments. Without saying a word he reached across the cart and picked up an electric saw with a serrated circular blade. Rapidly he attached the tool to an extension cord handed to him through a window from inside the building. Carlos, wide-awake, continued his conversation with Pedro and seemed to pay little attention to the approaching man with the saw in his hand. Antonio methodically turned on the tool and still not addressing or interacting with Carlos, drove the spinning blade into the left side of the patient’s chest. As it spun, the skin parted and blood spurted out. The onlookers gasped. The patient did not cry out or move, but he did continue his conversation with his brother. After withdrawing and reinserting the blade several times, Antonio removed it and, with his fingers, picked up a strip of flesh from near the patient’s heart, the same piece Carlos showed me the next day in the airport. The procedure took but a few minutes. The saw blade had not been cleaned before it was used and no effort was

made to sterilize it afterwards when the healer turned it on his next patient. Carlos did not receive any anesthesia and was wide-awake as the blade severed his flesh and the healer removed the tissue. Without uttering a word to the man whose body he had violated in this extreme manner, Antonio unplugged the saw and walked away, pushing the cart in the direction of his next patient. A few minutes later a woman, also dressed in white, holding what looked like an ordinary sewing needle and thread, closed and bandaged Carlos' wound. She then helped the patient from the cot and escorted him back into the building where he was given a glass of "specially prepared water." After drinking the liquid, he was chaperoned to yet another room where he was told to rest quietly.

In the airport I asked Carlos if he could tell me what he experienced. Perhaps still in shock, he said that he did not remember when the blade entered his flesh because he had perceived no pain. There was no distress when the wound was closed or as he rested on the bed. Even now, although the left side of his chest felt "numb," the discomfort was minimum.

I asked if he understood and could explain to me what had happened to him the previous day. He replied that he could not but added that he wanted to learn about the beliefs that informed the treatment he had received.

I asked if I might telephone to learn about Carlos' progress. Pedro gave me his card and offered to provide me with reports. I called several months later and was told that Carlos had gone to a nearby Kardecist-Spiritist center the day after he returned home. He said he was feeling better and stronger and walked the six short blocks to the center. Intrigued by what he learned, he returned frequently; and, after attending several lectures and beginning a class on the basic beliefs, he explained to Pedro that it had not been Antonio who had operated on him. Antonio, the bricklayer with a first grade education, was a medium whose body at the time of the surgery was inhabited by a spirit, the spirit of a Dr. Ricardo Stans, a German national who received his medical education in Italy during the 19<sup>th</sup> century. Sometime after his death he is reported to have returned to "our world" to treat living patients using the bodies of mediums like Antonio. When operating, Carlos informed his brother, Dr. Stans was assisted by a number of other spirits who had been trained in various aspects of medicine, or in other healing traditions, in previous lives. He was told that they brought with them "advanced" medical techniques from the spirit world. It was these spirits who had cleaned the instruments and provided the anesthesia for Carlos and the other patients.

The unconventional surgeries, Carlos had learned, were but one of several treatment forms provided, without monetary cost, by Kardecist healer-mediums as charity. All the therapies derive from the teachings of a French intellectual named Léon Dénizarth Hyppolyte Rivail who lived in Paris in the early and middle years of the 19<sup>th</sup> century. Rivail, a schoolteacher, wrote about Spiritism using the pen name Allan Kardec. In what he claimed was a new, or third "revelation," he proposed to explain, elaborate

and expand on the prophecies brought to humanity by Moses and Christ. Kardec taught that when God created the universe he made not one world but two, the material one -- with which we are familiar -- and a second world invisible to us and inhabited by spirits (see Kardec n.d. Book I, Chapter III). According to his revised view of Judeo-Christian teaching, spirits were the vital force that animated both planes of reality. When God created spirits -- prior to creating humans -- each one was provided with an everlasting astral body that enabled it to live in the ethereal, low-density spirit world. When it entered the denser material domain of the earth, it attached itself to the body (actually fetus) selected for the given incarnation by means of a semi-material, bioplasmic substance called the perispirit (Kardec n.d.:92). Kardec and his followers believe that human beings are spirits incarnated in material bodies (Kardec n.d.).

God, referred to by Kardec as the Supreme Intelligence, placed all spirits on a transcendental trajectory whose end goal was to reach a state of spiritual perfection (Kardec n.d.: Book II, Chapter II). They accomplished this by coming to the material world for the purpose of learning moral lessons. Each time a spirit returned to the material plane (reincarnated) it did so to master one or more moral objectives. The (re)incarnations continued until all necessary tasks were mastered. At the end of each lifetime the spirit discarded the material body used while temporarily on earth and returned to the spirit world. There it was counseled by enlightened souls as to the next set of lessons to be undertaken when it returned again to the material world. Since spirits were attributed free will, they need not master, nor even undertake the task(s) selected for a given lifetime. If a being while on the other plane has chosen to acquire the value of temperance it may experience such pleasure drinking, taking drugs or engaging in other excesses that it may chose to disregard what it has come back to accomplish. Spirits are not punished if they do not complete what they selected to accomplish in a given incarnation. They do not fall back along their developmental path but they must repeat the lesson(s) until they are learned (Kardec n.d.:123). As a result, spirits on earth, and those on the other plane are highly diverse in their respective degree of advancement along their path to perfection (Kardec n.d.:92ff). The balance between positive and negative moral choices made over multiple lifetimes was conceptualized by Kardec with the Sanskrit term Karma, or fate.

The Codifier, as Kardec's followers in Brazil refer to him, taught that communication is possible between the living and the spirits on the other plane. The French immigrants and Brazilian elites who brought his writings and thinking to Brazil in the second half of the 19<sup>th</sup> century communicated with spirits at meetings called séances. Some used Ouija boards, spelling out the questions asked of those on the other side. A leader served as intermediary between those on this plane and those on the other. At most Brazilian séances loved ones sent and received messages from recently departed kinsfolk and friends. At a few sessions, participants posed questions about their own health or that of a friend or relative. They described the physical symptoms being experienced and the leader passed this information on to unspecified beings in the other world. When replies were received that contained suggestions for treatments

and prescriptions for medications, the leaders of these séances became known as healer-mediums.

People who felt better after undertaking the treatments, or using the medicines, sought out Kardecist centers to learn about the mysterious means by which they were cured. Like Carlos, they joined the group, participated in its learning sessions and joined in its charitable undertakings. The converts spoke enthusiastically about their positive experiences to others. Soon the numbers seeking help from the spirits with health related problems burgeoned, adding to the ranks of those attracted to the teachings of the French intellectual for other reasons. Towards the end of the 19<sup>th</sup> and beginning of the 20<sup>th</sup> centuries followers of Kardec's European derived belief system in Brazil came in contact with practitioners of religions of African provenience.

Worshippers of belief systems of European origin communicate and interact with their vision of the supernatural primarily through words. They pray to God, or for Roman Catholic's, they may petition the saints or the Virgin. In West Africa, where so many of those brought to Brazil as slaves had come, their deities, when invoked, "come down" to earth and, for short periods of time, occupy the bodies of specially trained humans. This permits the spirit beings to interact with their devotees.

After emancipation in 1888, *terreiros*, or places where the freed men and women practiced their African derived rituals, were established in cities like Rio de Janeiro and Salvador. Frequently they were located in proximity to where the adherents of Kardec's thinking opened their centers. Soon some Kardecists were experimenting with spirit possession, invoking not African gods but enlightened spirits of the dead. In addition to beseeching these spirits to send messages, they invited them to come to this plane and participate in what, for the Codifier, was the highest moral value he distilled from the teachings of Christ: doing charity. "Without charity," according to Kardec's interpretation of the Christian Gospel, "there is no salvation" (Kardec 1987). By the early years of the 20<sup>th</sup> century spirits who in previous lifetimes had been trained and practiced as physicians or as healers in other traditions, were reported coming to earth and treating patients while incorporated in the bodies of mediums. But why should a spirit already apprised of the lessons it would need to master in a forthcoming incarnation remain on the spirit plane to periodically help sick and suffering humans rather than proceeding with its own higher mission? The answer relates to the way Karma is conceptualized in Kardecist thought.

If the countless decisions and choices each spirit made as it passed through its multiple lifetimes (on both planes) were judged as morally good or bad, the positive or negative balance at any point in time would be its Karma. A spirit may reduce a negative balance by mastering valued unlearned lessons in future incarnations. African derived spirit possession made it possible for those with abilities such as helping the sick to reduce negative balances, or increase positive ones, by doing charity using the incarnate body of a cooperating medium. By the early years of the 20<sup>th</sup> century spirits of doctors

were reported to be healing patients through a number of different mediums. As Brazil urbanized and its population multiplied in the second half of the last century, the absolute number of sick people proliferated. As those in need outstripped the abilities of society to provide for them, and the medical system to treat them, many turned to Spiritist healer-mediums and their otherworldly guides for help. Those who “recovered,” in addition to joining Kardecist groups, told friends and relatives who further increased the numbers turning to this foreign belief system and its alternative forms of therapy.

Kardec’s followers meanwhile developed another form of therapy specifically for those suffering from “illnesses” just beginning to be diagnosed by the medical profession in its unfolding field of psychiatry. The Codifier taught that low level (little advanced) spirits in the other world, who were malevolent, could influence and, at times, control the behaviors of little-evolved human beings incarnate on this plane (Kardec 1975:Chapter XXIII). The Codifier called this influence by spirits on the behavior of the living “obsession;” psychiatry, meanwhile, referred to the same behavioral manifestations as “insanity.” In a treatment that came to be known as “disobsession,” the spirit responsible for the deviant behavior of the patient is contacted and engaged in conversation by one or more mediums. During what has become a ritually patterned exchange, the offending spirit is gradually brought around and convinced, through perseverant reason and persistent effort, to cease what it is doing, leave the object of its enmity alone and apply itself to preparing for its next incarnation. When patients improved and ceased behaving in ways considered at the time to be “mad,” Kardec’s followers institutionalized the treatment and regularly perform disobsessions on people that medical practitioners and psychiatrists designate as mentally ill (Greenfield 2006). Like those treated for physical symptoms, recipients of disobsession therapy reciprocate successful intervention by telling others, participation in rituals and doing charity.

I maintained contact with the Suzuki brothers for several years. Pedro informed me that Carlos’ energy had returned in the months after his surgery. In addition to pursuing his studies of Kardecism at the neighborhood center, he began to practice the belief system’s most important activity of doing charity. He volunteered to teach children in a nearby *favela* (slum) and assisted those who served lunches to them provided by the municipal administration. Thankful for the gift he had received Carlos wanted to complete his payment, not just by participating in Kardecist ritual activities, but also by performing their most highly valued practice of doing charity.

### **HEALING BY THE SPIRITS: UMBANDA**

Celestina de Araujo Santos,<sup>5</sup> is a young woman my wife Eleanor met a few years after my encounter with the Suzuki brothers. We were in Rio de Janeiro to visit our godson, with whom we had spent a previous summer when he had been initiated as a *zelador*,

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<sup>5</sup> Celestina de Araujo Santos also is not the name of a real person. As I did with Carlos Suzuki, I have combined information from many people I observed and interviewed at Umbanda centers throughout Brazil into a single individual to facilitate the narrative.

or caretaker of the deities in Umbanda.<sup>6</sup> Celestina, at the time was an employee at the hair-styling salon Eleanor patronized. One day Celestina appeared to be in obvious pain. When asked what was wrong, she replied that she was experiencing excruciating pains in her back that was making it difficult for her to work. She was worried that she might be fired from the position she had only recently obtained. The hairdresser reported that she had been to the public health clinic near her home, been examined and given a prescription for medications. After taking the pills as prescribed for more than a week she felt no better. Before Eleanor could respond, Celestina blurted out, more to herself than as part of their conversation, that she had made up her mind. She would take her cousin's advice and go to the Umbanda center to seek help there rather than return to the doctor. When Eleanor briefly explained our studies, Celestina agreed to meet with us to discuss her situation. During the interview she invited us to accompany her when she went to the Casa de Vovô Maria.

A few nights later we attended a session at the center that was open to the public. Our trip from the hair styling salon on the bus during the evening rush had taken more than an hour. The plans were for Celestina, Eleanor and me to meet Neda, Celestina's cousin, outside the center and enter together before the ritual commenced promptly at 7:30 PM. We did not see Neda as she waited in the shadows outside what looked like the other dwellings on the street. But suddenly Neda darted out of the darkness, grabbed Celestina by the arm, and hurriedly led us into the building that was the religious center at which Mãe Edna received her spirits and administered to her followers.

We entered at the back of a room filled with people sitting on benches. A short, dark haired, heavysset woman dressed in a white blouse and white fluffed skirt supported by a heavily starched cotton pettiskirt was singing, dancing and clapping her hands in a cleared area at the front. As her body gyrated in a counterclockwise direction to a rhythm provided by three men playing drums at the side of the room, some 15 men and women, also dressed in white, joined her in the *gira*, or dance. Approximately 100 people of all ages and racial mixtures were seated behind a railing that divided the overcrowded room.

After a brief pause, prayers and chants were sung to invoke African *orixás*, Roman Catholic saints, Kardecist spirits of light, Our Lady and finally God. A Catholic blessing and a passage from Allan Kardec's *The Spirit's Book* were read. A *ponto* was sung invoking the African god Xangô to "come down" and be with his devotees. Xangô is believed by some to be the counterpart of the Roman Catholic St. Jerome. Suddenly one of the dancers began to spin rapidly and his body shook in violent spasms. The dark haired woman and one of the men came to his side and removed his wristwatch and

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<sup>6</sup> Umbanda, is a uniquely Brazilian mixture of Kardecism, "popular" Catholicism and Afro-Brazilian traditions that go by names such as Candomblé, Xangô, Batuque, Tambor de Minas, etc. in different parts of the country (see Brown 1994).

other jewelry as he spun deeper into trance. When he jerked backwards those in the room understood that Xangô/St. Jerome had manifest in his “horse” and was in their presence. One at a time other mediums danced until they too entered into trance and received their deities. As each supernatural descended, they were greeted with a special verbal cry. Once incorporated each dancer showed deference and respect to the *mãe-de-santo* (literally mother in sainthood), her assistant and then everyone else in the front part of the room.

The rhythmic and patterned bodily movements continued until the greetings were completed. After some 20 minutes the medium to first receive Xangô/St. Jerome tumultuously jerked backwards indicating that the deity had departed. The other spirits gradually left their hosts with a similar convulsive motion only to be replaced by other spirits to incorporate in new mediums to join in the vibrant dance. After several hours the music came to an end. The dancers drifted to the side of the room. Mãe Edna and her male assistant could no longer be seen. The second phase of the ritual, the one Celestina and most of those seated behind the divide had come for, was about to begin.<sup>7</sup>

Volunteers had greeted the visitors there to seek the aid of the deities on their arrival at the center. When asked what her “problem” was, Celestina described the pains in her back. She added the difficulties she was having with her boyfriend – about which she told neither us, nor the doctor at the clinic. Without a reply the person who had welcomed her handed the beautician a *ficha*, a colored plastic coin with a number on it. The color indicated the spirit and its medium she would see and the number the order in which she would be received. Celestina had been assigned to Pai Joaquim, a *preto velho* or spirit of a wise, loyal old slave. She described her experience to us when we left the center at about midnight.

The person who organized and assisted the visitors had escorted Celestina to a small, dimly lit alcove at the side of the larger room. The tall athletic man who had been dancing and gyrating for several hours earlier in the evening suddenly appeared to Celestina as old and frail. She was startled by the remarkable physical transformation. As she approached him he seemed to shrink and age before her eyes. His limber frame had become bent and curved. His left foot dragged and seemed wooden. He sat on a stool behind statutes and a burning candle, and later when he stood, he used a cane. Pai

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<sup>7</sup> Umbanda theology teaches that the orixás/saints are protectors for their devotees. Each human, in a carryover from the Yoruba, takes on such spirits at birth. A devotee learns who his/her protectors are by a reading of the cowry shells in a form of divination also of African provenience. Umbanda has added supernatural beings of its own to those it shares with other African derived traditions. When these spirits incorporate in mediums they are the ones that implement the religion’s mission of helping those in need.

Joaquim, the aged preto velho, had incorporated in the medium whose body had been transformed. He now faced the nervous young beautician.

Another assistant struck a match as the now elderly figure picked up a pipe and raised it to his mouth. The aid filled a glass with *cachaça*, a variety of raw rum. Celestina informed us that the incorporated medium consumed several liters of the alcohol and an eight-ounce pouch of tobacco during the time she was with him.

After taking a few puffs on the pipe and downing half a glass of the beverage the spirit being asked Celestina how he could help her. His heavily accented words came out slowly and deliberately. The young woman did not understand many of the words he used, as they were not part of the Portuguese currently spoken in Brazil. The assistant translated for the anxious young woman. She told the entity about her back pains and problems with her boyfriend. After promising that she would be helped, the incorporated medium told the beautician that she would have to return to the center at a later date for a private session and bring with her live chickens, a goat, fruits, flowers and other items that he enumerated. The materials to be sacrificed at the follow-up session -- that were available for purchase in the local market -- would cost the young beautician more money than she earned in a month.

As we waited for the bus in the early hours of the morning Celestina confided that she was not sure she could do what Pai Joaquim had proposed. Later she told us that at the prodding of cousin Neda, she did purchase the items and brought them to the center on the date the medium had specified.

When she arrived, the medium, already possessed by Pai Joaquim, explained that Celestina's "paths were closed" and that the "work" would help to open them, leading to her recovery. He took the animals and, in cooperation with the other mediums, sacrificed them by ritually slitting their throats with a special knife. Selected parts were combined with the other items brought by the beautician to prepare the favorite foods of the specific spirit beings that would resolve Celestina's problems. The preto velho then informed the young woman that she had mediumship ability that she would have to develop if she wished to recover completely.

Although she did not arrive home until the early hours of the morning on the night of the session, Celestina was at the hair-styling parlor before it opened the next morning. She reported that she felt more energetic than she had for some time. Over the next several days her back pains gradually subsided. A week later she enrolled in the mediumship-training program at the Casa de Vovô Maria. When we spoke with her the following year she informed us that she had broken up with her boyfriend and had become an adept at the Umbanda center. She was beginning initiation training and hoped in time, *se deu quizer*, (god willing), to become a *mãe-de-santo* with a center where she could receive and care for her own spirits and, with their collaboration, help

others as she, Neda and the new friends she was meeting at the center had been aided. Celestina had become an Umbandista.

## DISCUSSION

Two important points about religion and healing in Brazil are to be taken from these stories. First, while Brazil has a fully functioning system of conventional Western medicine, “popular” religions, through the otherworldly entities in their respective cosmological pantheons, also offer therapeutic procedures to treat the sick. Their beliefs and practices constitute a viable system of alternative healing not usually included in discussions of national health care.

Individuals may be attracted to, affiliate with and be impacted by religious groups for many reasons and in many ways,<sup>8</sup> but in Brazil the ability of these groups to offer healing is arguably the most important source of motivation for joining and belonging (see Chesnut 2003). People usually make their first visit to a ritual session of a religious group other than the one in which they were raised after hearing about them from friends or relatives. Brazilians regularly discuss their aches, pains and other distressing symptoms with friends and relatives who share their own experiences, or those of others they have spoken with, in finding relief. These conversations include radiant references to the names of the party to whom the “cure” has been attributed. It may be a doctor, clinic, medical group or hospital. It also may be a *pai* or *mãe-de-santo*, a Kardecist healer-medium, an Evangelical pastor (who receives the Holy Spirit), a saint or the Virgin Mary. Celestina, for example, confided to her cousin, telling her about the pains in her back and problems with her boyfriend. Neda, in turn, had learned about Mãe Edna and her spirits from those she had told of her own problems. The glowing reports of positive experiences led Celestina to the Casa de Vovô Maria. Carlos discussed his heart condition with his brother and other relatives. A comment about miraculous cures by a cousin who knew someone who had been helped by Antonio and Dr. Stams led to his trip to Palmelo.

Prior to seeing the medium and/or spirit that offers the therapy, ill and suffering people like Carlos and Celestina make the equivalent of a vow, not unlike that made to a saint by someone from the folk Catholic tradition. If they recover, and only then, the implicitly understood offer is that the patient will join the group and engage in its religious rituals and practices. There has been a significant change in the context in which exchanges with saints were made historically and what is happening in Brazil’s religious marketplace today. Until the republic was established at the end of the 19<sup>th</sup> century, Roman Catholicism was the only legally permitted religion. Once the door was opened and other belief systems were permitted to enter, religious groups from all over appeared on Brazilian soil contesting for converts (see Chesnut 2003). The first targets were disenchanting Catholics. Today’s religious marketplace contains a variety of

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<sup>8</sup> See Leege and Kellstedt (1993) for the three classic ways of measuring the impact of religion: believing, belonging and behaving.

providers competing for the affiliation of a greatly increased national population. And while these alternative or popular religions offer a broad variety of religious goods, the most important one that gains most converts is the therapies provided by their otherworldly supernatural beings (Chesnut 2003).

Carlos joined a Kardecist group, went to their meetings and engaged in the valued charitable act of working with the children in the favela. Celestina became an initiate in the Umbanda center where the spirits had “cured” her back pains. She learned to receive spirits of her own who, through her, would aid others. Writ large, the sizeable numbers of people that see themselves as being healed by leaders of religious groups and their other worldly beings, results in substantial numbers of Brazilians changing from the religious group into which they were raised from childhood, or had affiliated with previously, to different ones over the course of their lifetimes. Brazilians tend to convert to new religions quite regularly after a member of its supernatural pantheon has helped them to recover from symptoms of illness or other problems.<sup>8</sup>

Changing one’s religious affiliation is not a one-time event. All treatments, by religious leaders or doctors, do not result in the patient feeling satisfactorily recovered. Not everyone treated by an Umbanda medium shares the positive experiences of Celestina and Neda, nor do all those operated on by Antonio do as well as Carlos. Similarly not everyone who makes a vow to a saint feels sufficiently better and disposed to fulfill their part of the exchange. What happens when a ritual treatment does not eliminate or reduce the pains and discomfort of the patient? What would Celestina, Carlos or any of the others do should they not feel better after their alternative treatment? They might return to the conventional medical system and, therefore, feel no need to modify their religious practices. Had Celestina not felt better, she might, at the suggestion of another listener to her story, have turned to the deities of a more traditional African-derived religious group. Or, had she spoken with someone who had been helped by a Kardecist healer-medium, she might have turned that individual. Maybe she would have proposed an exchange with an Evangelical preacher or made a vow to a saint. And if one choice did not result in satisfaction the quest would continue until it did. Only after her symptoms were no longer a concern would she be obliged to fulfill her part of any bargain made.

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<sup>8</sup> This does not necessarily mean that they cease all contact and identity with the groups with which they previously affiliated. With the exception of Pentecostals, some of whom “exorcize” any remnants of previous beliefs in new converts (Greenfield 2008:141-21), those who switch to African derived and Spiritists groups continue to see themselves as being Christians, especially when answering questions posed by government officials, census takers and inquisitive researchers. Consequently, census reports and similar sources of information tend to under-report the numbers actually participating in the wide variety of African derived and Spiritist religions that are neither Roman Catholic nor Evangelical Protestant.

Should Celestina or Neda develop another set of symptoms or personal problems that have a debilitating effect with somatic manifestations after those mentioned above have been resolved they quite probably would return to the Casa de Vovô Maria and its mediums. Carlos and his brother probably would return to Palmelo or seek another Spiritist healer-medium. For each additional symptom set they would repeat the offer of exchanging continuing affiliation and religious worship conditional on the same outcome as obtained before. But what would happen if, after treatment by the spirits at their centers, the new symptoms did not abate? The petitioner would not be bound to fulfill his/her part of the bargain and free to turn elsewhere. They might seek medical help as each previously had or, alternatively, they would summon the advice of their network of friends and kinfolk. From one of them they might learn of another healer, perhaps from some other religious group, who had helped others with symptoms such as those now being experienced. The sick party would enter into another promise of exchange and offer that, if cured of these symptoms, s/he would follow the faith of the group whose supernaturals resolved this problem, participate in its rituals and honor its spiritual beings. And should the pains and problems abate after that treatment the beneficiary would reduce and perhaps end participation in the activities of the previous religious group and devote him/herself to those of the new one. In this way many Brazilians, especially those who find themselves continuously confronting problems, tend to affiliate over their lifetimes with multiple religions. At the societal level this might be thought of as a rotation and circulation of people, over time, through a marketplace made up of the multiple religious groups each of which is competing for membership by offering healing and other forms of practical assistance (Greenfield 2001:64, 2008:Ch 13). A census of membership in Brazilian religions would tend to differ from time to time, and the specific people in each group would not be constant.

Spiritism, set forth in the 19<sup>th</sup> century by Allan Kardec in France, was brought to Brazil (and elsewhere in the tropical New World) where it syncretized with and assimilated elements from earlier religious traditions. Umbanda was created in the early 20<sup>th</sup> century as a spin-off of Kardecism that incorporated aspects of the earlier mixture of folk Catholic and African-derived religious elements (Brown 1994; St. Clair 1971; Trinidad 1989). Pentecostalism was an early 20<sup>th</sup> century variant of North American Protestantism brought to Brazil shortly after its inception (Chesnut 1997). These and other religious traditions took hold quietly at first and grew slowly. The big jump in their respective number of followers occurred in the second half of the 20<sup>th</sup> century when Brazil industrialized and the national population urbanized and increased significantly.

In 1940, for example, only 26 percent, or slightly less than 11 of the 41 million Brazilians lived in cities. By the end of the 20<sup>st</sup> century the national population was 180 million, ten times what it had been at the beginning of the century. Moreover, there were over 100 million more Brazilians living in cities than there had been at mid-century (Santos 1993).

The vast majority of these urban dwellers were internal emigrants from the rural areas and their descendants. Brazil's cities were unprepared for this influx and subsequent growth. In spite of industrializing, the formal economy was unable to provide employment for vast numbers of the newcomers. Without incomes or resources, they tended to squat, establishing shantytowns called *favelas* where they continue to suffer from high rates of un- or underemployment. Most survive in the vagaries of what economists refer to as the informal sector. The favela residents regularly faced shortages of water and sewage facilities, electricity and inadequate transportation. Endemic diseases such as cholera, dengue fever, meningitis and viral and bacterial infections abounded. Alcoholism, drugs, prostitution, gambling, gangs and gang warfare further complicated their plight.

Federal, state and local authorities tried in various ways to remediate the situation, but it was the previously small and marginal religious groups that filled the void by offering aid to those in need. When their social and economic frustrations and stress combined with other illness to manifest in physical symptoms, many slum-dwellers willingly offered the exchange so pervasive in Brazilian culture. Those that obtained successful treatment joined the group whose supernatural entities came to their rescue. The membership rolls of the once small religious congregations grew substantially, not only in the cities, but nation-wide. Overall, the increase in those participating in Brazil's popular religions is the result of an expanding demographic of poor and disadvantaged turning to the alternative healing system and its alternative exchange economy.

## **SUMMARY AND CONCLUSIONS**

In the classificatory terms of conventional, modern thought, much of what has been presented in this paper would be placed in the category of religion. Hence the healings described are not ordinarily included in discussions of health care; they would be referred to as "faith healing." The point to be stressed here is that they are *not* thought of in terms of economics. The ontological framework of Brazil's alternative (or traditional) culture is different from that of its modern counterpart; it contains its own frames for thinking about and classifying social behaviors. The substantive approach proposed by Polanyi (1957) makes it possible to conceptualize the behaviors reported in the paper as a way to institute the production and distribution of resources (through the religious marketplace) that satisfy certain kinds of human needs and wants. When participating in these alternative worlds individuals are said to enter into altered states of consciousness (ASCs). An ASC is defined as a way of thinking, feeling and behaving that differs from awareness when participating in the world of ordinary, daily activities: the dominant culture. Elsewhere (Greenfield 2008) I have argued that being in an ASC is part of the process that leads to the success of the treatments provided in the Brazilian religious marketplace.

When making an offer of exchange with a supernatural, the petitioner invariably has already entered an ASC. This happens with each additional illness episode when a

new exchange is contracted. If satisfied with the results, the patient fulfills the agreement by joining and participating in the ritual practices of the healing agent's group. Should the otherworldly entity not provide satisfactory results the petitioner is not obligated to continue affiliation with the group of the provider. If the symptoms persist, negotiation with the entities of other groups can begin. Satisfaction obtained from any one of them will lead to joining its group, something that may happen multiple times over the lifetime of the average individual.

Today Brazil's formal economy is growing and unemployment and extreme poverty are on the decline. Conditional cash transfer programs such as the *Bolsa Familia* (family stipend), instituted and elaborated by the workers party administration of the former president and his successor, has put money and purchasing power in the hands of many of the most needy. Brazil's population has stabilized; but endemic diseases related to bad sanitation, shortages of water, insufficient electricity and poor quality foods remain as challenges to good health, especially of those living in disadvantaged communities. As a result, Brazilians continue their quest for healing and the popular religions and their otherworldly entities provide that service. As members of the society seek assistance and healing for their illnesses and other unresolved problems by making bargains of exchange in the religious marketplace, they will continue to change their religious participation and affiliations. This rotation and circulation of individuals from one group to the next will persist as these religions intensify their competition for converts within a finite population.

### ***References Cited***

Barreto, Adalberto de P. n.d. Ex-Votos: Os Milagres dos Santos. Unpublished Manuscript.

Brown, Diana DeG. 1994 [1986] *Umbanda: Religion and Politics in Urban Brazil*. New York: Columbia University Press.

Chesnut, R. Andrew. 1997 *Born Again in Brazil*. New Brunswick, NJ: Rutgers University Press.

Chesnut, R. Andrew. 2003 *Competitive Spirits: Latin America's New Religious Economy*. New York: Oxford University Press.

Greenfield, Sidney M. 2001 "Population Growth, Industrialization and the Proliferation of Syncretized Religions in Brazil," In Sidney M. Greenfield and Andre Droogers (eds.) *Reinventing Religions: Syncretism and Transformation in Africa and the Americas*. Lanham, MD: Roman and Littlefield Publishers, Inc., pp.55-70.

- Greenfield, Sidney M. 2006 "Treating the Sick with a Morality Play: The Kardecist-Spiritist Disobsession in Brazil." *Social Analysis* Vol. 48, No. 2, pp. 174-94.
- Greenfield, Sidney M. 2008 *Spirits with Scalpels: The Culturalbiology of Spirit Healing in Brazil*. Walnut Creek, CA: Left Cost Press.
- Greenfield, Sidney M. 2014 "The Flow of Goods and Services in Hierarchically Ordered Rural Societies: Patronage, Clientage and the *Livro de Virtuoso Bemfeituria* of the Infante Dom Pedro of Portugal." In Volume 34 of *Research in Economic Anthropology*. London: Emerald Group Publishing Ltd., pp. 375-408.
- Greenfield, Sidney M and Antonio Mourão Cavalcante. 2005 "Pilgrimage Healing in Northeast Brazil: A Culturalbiological Explanation. In Jill Dubisch and Michael Winkelman (Eds.), *Pilgrimage and Healing*. Tucson, AZ: University of Arizona Press, pp. 3-24.
- Hooneart, E. 1987 *A Teologia das Romarias*. Diário do Nordeste. October 11.
- Kardec, Allan. n.d. [1857] *The Spirits' Book*. Anna Blackwell, trans. São Paulo: Lake – Livraria Allan Kardec Editora Ltda.
- Kardec, Allan. 1975 [1861] *The Mediums' Book*. Anna Blackwell, trans. São Paulo: Lake – Livraria Allan Kardec Editora Ltda.
- Kardec, Allan. 1987 [1864]. *The Gospel According to Spiritism*. J. Duncan, trans. English translation from the 3<sup>rd</sup> edition of the original French, published in 1866. London: Headquarters Publishing Co. Ltd.
- Leege, David C. and Lyman A. Kellstedt, 1993 *Rediscovering the Religious Factor in American Politics*. Armonk, NY: M. E. Sharpe.
- Polanyi, Karl. 1957 "The Economy as Instituted Process." In Karl Polanyi, Conrad M. Arensberg and Harry W. Pearson (eds). *Trade and Market in the Early Empires: Economics in History and Anthropology*. Glencoe, IL: The Free Press.
- Santos, Milton. 1993 *A Urbanização Brasileira*. São Paulo: Editora HUCITEC.
- Schaller, Mark 2011. "The Behavioral Immune System and the Psychology of Human Sociability." *Philosophical Transactions of the Royal Society B: Biological Sciences* 366 (1583): 3418-3426.
- St. Clair, David. 1971 *Drum and Candle*. Garden City, NY: Doubleday.
- Trinidade, D.F. 1989 *Iniciação à Umbanda*. 2<sup>nd</sup> Edition. São Paulo: Triade Editora, Ltda.,