

THE ALTERNATIVE ECONOMICS OF ALTERNATIVE HEALING: FAITH-BASED THERAPIES IN BRAZIL'S RELIGIOUS MARKETPLACE[☆]

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ABSTRACT

Purpose – *This chapter examines the economics of alternative healing in Brazil.*

Methodology/approach – *Two narratives are selected from extensive observations and interviews over a period of years. The presentation chronicles the accounts of people experiencing physical symptoms who sought further advice from friends and relatives after visits to conventional medical providers failed to cure them.*

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Findings – In response to a recommendation from one of those consulted, one person went to a spirit “received” by a Kardecist/Spiritist healer-medium while the other obtained treatment from an otherworldly being at an Umbanda center. The respective “therapeutic” procedures are described and analyzed in terms of the beliefs and the worldviews of each of the traditions. If satisfied with the outcome, the patient fulfills an implicit bargain with the otherworldly being(s) and its religious group by adopting their beliefs and practices. This conversion is “payment” for the healing services rendered.

Social implications – Since some treatments are successful and others are not, the implications of this exchange is that many Brazilians may change their religions several times during their lifespan. As a result of this behavior individuals circulate among the several religious groups that are always in competition with each other.

Originality/value – The analysis provides a distinctive insight into, and original way to understand, alternative health care in Brazil.

Keywords: Alternative healing; alternative economics; Kardecist/spiritism; Umbanda; Brazilian religions

INTRODUCTION

This chapter explores illness and healing in Brazil. It describes an unusual form of religious proselytizing that redeems physical well-being in addition to saving souls. Of further importance, it presents the economic arrangements that occur when Brazilians, experiencing the symptoms of illness, seek and obtain alternative – non-medical – forms of treatment.¹ Brazil has a system of conventional biomedicine with doctors, nurses, support staffs, hospitals, clinics, health posts, training programs, a pharmaceutical industry and public and private insurance. This formal health care system operates in terms of monetary fees charged by providers and paid to them in currency by the government in the case of the public system, private insurance companies for their subscribers, or out of pocket for both the insured and uninsured treated privately. These arrangements conform to the principles of market economics and are not the concern of this chapter. Many Brazilians, when they become ill, turn first to the state supported health care system. The more affluent may use private doctors and hospitals. Some prefer to go directly to alternative healers. Should those who

seek conventional medical assistance – public or private – not be satisfied with the outcome, they too have the option to consult with non-traditional providers.

Alternative therapeutic procedures are made available in Brazil by otherworldly beings that are parts of the diverse 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. In the case of Kardecist-Spiritism, sick people appeal to and are treated by spirits of deceased individuals who may or may not have been medical professionals, or health care providers from other cultural traditions in a previous lifetime. In Umbanda, members of categories of spiritual entities of historically marginalized Brazilian figures provide the treatment. The assumptions and values that motivate the parties in a transaction between an ailing party and the otherworldly healers are not the same as those between a doctor (or other medical provider) and a patient. This is *not* a market exchange in conventional economic terms. Money is neither offered nor paid to the supernatural(s) by the patient, nor directly to the religious denomination of the entity.² Payment is made, but not in ordinary money and a price is never negotiated.

The transaction between a patient and a supernatural provider in Brazil’s alternative health care system may best be understood in terms of the framework of substantive economics as introduced by Karl Polanyi. The substantive meaning of economics, Polanyi (1957, p. 243) writes, “... refers to the interchange with his natural and social environment, insofar as this results in supplying him [people] with the means of material want-satisfaction.” The means by which Brazilians satisfy their want/need for remediation from physical symptoms of illness, derives from the still vibrant exchange 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. A saint, according to the assumptions of Roman Catholicism, 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 & Cavalcante, 2005, p. 7).

Living worshippers may invoke a saint’s intervention about either material or spiritual problems by making an offer of exchange (see Queiroz, 1973, p. 86).³ What does a poor suffering mortal possess that might induce

a saint to respond positively to a request? An answer is devotion and prayer, without which the saint would fade from living memory. Brazilian petitioners in the folk or popular Catholic tradition make vows (*promessas*) in which they offer to go on a pilgrimage to the saint's shrine; and while there engage in such ritual practices as going to mass, saying prayers and performing acts of public penitence. Pilgrims may walk the Stations of the Cross in the blazing sun or traverse a courtyard on their knees. The completion of the petitioner's part of the exchange, the payment of his vow, is always conditional. It is made only after what was asked for has been granted by the supernatural and consequently obtained by the petitioner. Hence the millions of pilgrims (*romeiros*) at the shrines of Brazil's numerous 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 — physical, mental or emotional (see Barreto, n.d.; Greenfield & Cavalcante, 2005; Hooneart, 1987). This ancient practice of the ill promising to engage⁴ 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. These religions make no separations between actors in this world and those in any other. Moreover, the patient invariably experiences a sense of trust and security while negotiating what is an implicit promise of exchange. Those feelings facilitate their entering an altered state of consciousness (ASC) that contribute to their recovery (see Greenfield, 2008). Merely seeking the aid of the otherworldly being morally binds the party in search of help and the entity to the understanding that if the request is satisfied the human will make the *payment of religious affiliation and devotion* to the religious group of the supernatural entity. In exchange for and after receiving the assistance, the recipient joins with others in the group of the entity, participates in its ritual practices and publicly pays homage to the being(s) they believe to have cured them. In brief, they "pay" for successful treatment by converting to and participating in the faith of the provider.

Two examples of alternative therapies practiced today will be presented. The non-market, substantive economic arrangements by means of which "payment" is made for them, will be explained. The term marketplace is used here for the space — physical and conceptual — in which the exchange dynamic occurs. This is consistent with Polanyi's (1957, p. 267) use to emphasize that while a transaction is made, there is not necessarily the bargaining over what may be thought of as a monetary "price" as would

happen in a conventional market.⁵ If satisfied with the alternative treatment, recovering Brazilians pay the fee, not with money, but 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 what Polanyi calls a price-making market. The consequences of these non-market arrangements 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 many 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. After giving me a wane smile and telling me his name, he introduced his brother who was his traveling companion. I was shown a small jar that he took from a brown traveling bag. The jar contained the piece of tissue the healer had removed from his chest. Carlos Suzuki⁶ 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 as 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 forties, turned to his friends and relatives with whom he shared his plight.⁷ A distant cousin mentioned he 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 asked his cousin to find out more about the healer. When given a name and a location, Carlos decided to go to Palmelo and his brother Pedro volunteered to accompany him.

The two men arrived in the small municipality in Brazil's vast interior late on a Friday and went directly to the building where Antonio treated patients. Carlos completed the registration forms and was told to return the next day. The following afternoon he was escorted into a small room in which he waited on a line with other patients. When his turn came, without asking him any questions, the healer ordered Carlos to lie down on a narrow cot with wheels and think about God. Carlos obeyed and waited as the healer sorted people into groups sending them into different rooms. Soft music wafted across the building from loud speakers. After several hours someone pushed Carlos' gurney outside the door of the building onto a porch that was sheltered from the blazing sun by an overhang. A small mob of onlookers stood by 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 many Spiritist healer-mediums (see Greenfield, 2008) and thought I knew what to expect. I had seen men and women cut with knives and scalpels. I had witnessed pieces of flesh, said to be tumors, removed. The patients reported experiencing little if any pain. The instruments were not treated with antisepsis and no visible anesthesia was provided.

As Carlos lay nervously waiting, his brother, Pedro, joined him and 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 chatting 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 had received no 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 him from the cot and escorted him 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 probed Carlos to tell me what he experienced. He said that he did not remember when the blade entered his flesh because he had not perceived any 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 further asked if he understood or could explain to me what had happened to him the previous day. He replied that he had complete faith in the healer and wanted to learn about the beliefs that informed the treatment he had received.

I inquired 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 19th 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 Dénizart Hyppolyte Rivail who lived in Paris in the early and middle years of the 19th 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 1, chapter 3). 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.](#), p. 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 2, chapter 2). 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 rejoined 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 our domain. Since spirits were attributed free will, they need not master, nor even undertake the task(s) selected for a given lifetime. If a spirit while on the other plane has chosen to acquire the value of temperance, for example, it may experience such pleasure drinking, taking drugs, or engaging in other excesses that it may choose to disregard what it has come back to realize. 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.](#), p. 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.](#), p. 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 disincarnate spirits. The French immigrants and Brazilian elites who brought his writings and thinking to Brazil in the second half of the 19th century communicated with spirits at meetings that were called séances. Some using Ouija boards, spelled out their questions. 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 bourgeoned and added to the ranks of those attracted to the teachings of the French intellectual for various other reasons. Towards the end of the 19th and beginning of the 20th 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 Mary. 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 and receptive humans. This permits the spirit beings to interact with their devotees.

After emancipation in 1888, places where the freed men and women practiced their African-derived rituals, called *terreiros*, were established in

cities such as 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,⁸ 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 earth 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, chapter 15). By the early years of the 20th century spirits who in previous lifetimes had been trained and practiced as physicians or as healers in other traditions were reported coming back to this world and treating patients while incorporated in the bodies of mediums. But why should a spirit already appraised 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 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 minus balance by mastering valued unlearned lessons in future incarnations. African-derived spirit possession made it possible for those spirits with abilities such as helping the sick to reduce unfavorable balances, or increase affirmative ones, by doing charity using the incarnate body of a cooperating medium. By the early years of the 20th 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 (minimally 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 [1861],

chapter 23). 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, participating in rituals (converting) 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 slum (*favela*) 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 philanthropy.

HEALING BY THE SPIRITS: UMBANDA

Celestina de Araujo Santos is a young woman my wife Eleanor met while patronizing a hair-styling salon in Rio de Janeiro. One day she appeared to be in obvious pain and told Eleanor that she was experiencing excruciating discomfort in her back that was making it difficult for her to work. Celestina was fearful of being fired from the job 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 directed for more than a week she felt no better. Celestina then blurted out, more to herself than as part of their conversation, that she had “made up her mind.” She would take her cousin’s counsel and go to the Umbanda⁹ center to seek help there rather than return to the clinic. 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 M  e 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, heavyset woman dressed in a white blouse and white fluffed skirt supported by a stiffly 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, all dressed in white, joined her in a dance, called a *gira*. 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 *orix  as*, 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 Xang   to "come down" and be with his devotees. Xang   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 other jewelry as he spun deeper into trance. When he jerked backwards those in the room understood that Xang  /St. Jerome had manifested 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 the dancer showed deference and respect to the mother-in-sainthood (*m  e-de-santo*), 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 Xang  /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 still 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. M  e 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.

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 — which she never mentioned before. Without a word the person who had welcomed her handed the beautician a colored plastic coin (*ficha*) 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 spirit of a wise, loyal old slave (a *preto velho*). She described her experience to us when we left the center after 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 Joaquim, the aged *preto velho*, had incorporated in the medium whose body had been transformed and 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 *cacha  a*, 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 hairdresser did not understand some of the language he used, as it was 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 six 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 with regular money in the local market — would cost Celestina more than she earned in a month.

As we waited for the bus in the early hours of the morning Celestina conveyed the sense of security and trust she felt in the presence of the incorporated medium but 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 accumulated the cash and did purchase the items that she brought to the center on the date the medium had specified.

When she arrived, the medium, already possessed by Pai Joaquim, explained that Celistina'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 also in trance, he ritually sacrificed them 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 from the special session until the early hours of the morning, Celestina was at the hair-styling salon 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 training¹⁰ and hoped in time, god willing (*se deus quizer*), 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 narratives. First, while Brazil has fully functioning private and public systems of conventional Western medicine, "popular" religions,

through the otherworldly entities in their respective cosmological pantheons, also offer therapeutic procedures to treat the sick. The beliefs and the practices of their mediums constitute a viable system of alternative healing rarely included in discussions of national health care and usually slighted by students of religion.

Individuals may be attracted to, affiliate with and be impacted by religious groups for many reasons and in many ways,¹¹ 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 acquaintances or family members.¹² Brazilians regularly discuss their aches, pains and other distressing symptoms with friends and relatives who then share their own experiences for finding relief. These conversations may include radiant references to 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* (and his or her supernatural entity), a Kardecist healer-medium (and his or her spirit guide), an Evangelical pastor (who receives the Holy Spirit), a saint, or other religious personage. 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 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 being treated by the medium and/or spirit that offers the therapy, ill and suffering people like Carlos and Celestina enter into an implicit vow, not unlike that made to a saint by someone from the folk Catholic tradition. Many report feeling a sense of hope and confidence when they transact the relationship of exchange with the otherworldly being. If they recover, and only then, the tacitly understood agreement is that the patient will join the group of the entity 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 19th century, Roman Catholicism was the only legally sanctioned 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 disenchanted

Catholics. Today's religious marketplace contains a variety of 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 and services, the most important one that gains most converts are 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 otherworldly 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 other religions after a member of its supernatural pantheon has helped them to recover from symptoms of illness or other problems.¹³

Changing one's religious affiliation is not a one-time event. All treatments, by religious leaders or doctors, may not lead to recovery. 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 therefore disposed to fulfill his or her part of the exchange. What then 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 therapy? They might return to the conventional medical system and, consequently, 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 to that individual and his spirit guide(s). Maybe she would have heard or seen on radio or television 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 feel obliged to fulfill her part of any bargain made.

Should Celestina or Neda develop a second or third set of symptoms or personal problems that manifest and become debilitating somatically, they

quite probably would return to the Casa de Vovô Maria and its mediums. Carlos and his brother most likely would revisit Palmelo or seek another Spiritist healer-medium. For each additional symptom set they would repeat the offer of exchange to its spirit beings while continuing affiliation and religious worship; but this again would be conditional on the new set of symptoms being remediated. What would happen if, after treatment, the new aches and pains did not abate? The petitioner would no longer be bound to participate in the practices of the group. No longer obligated to still fulfill the bargain made with the religion and its otherworldly being(s), she/he would be free to turn elsewhere. In this way many Brazilians, especially those who find themselves repeatedly 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, p. 64, 2008, chapter 13). A census of membership in Brazilian popular religions would tend to differ from time to time, and the specific people in each group would not be constant.

Spiritism was brought to Brazil where it syncretized with and assimilated elements from earlier religious traditions. Umbanda was created in the early 20th century as a spin-off of Kardecism that incorporated aspects of the earlier mixture of folk Catholic and African-derived religious elements (Brown, 1994 [1986]; St. Clair, 1971; Trinidade, 1989). Pentecostalism was an early 20th century variant of Evangelical North American Protestantism brought to Brazil shortly after its inception (Anderson, 2013, pp. 177–179; 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 20th century when Brazil's population exploded and the country industrialized and urbanized.

In 1940, only 26 percent, or slightly less than 11 of the 41 million Brazilians lived in cities. By the end of the 20th century the national population was 180 million, 10 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 new urban dwellers were internal emigrants from the rural interior parts of the country 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 factors to manifest in physical symptoms, many slum-dwellers willingly negotiated 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 denominations 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 mostly poor and disadvantaged turning to the alternative healing system and the alternative exchange economy.

SUMMARY AND CONCLUSIONS

In the classificatory terms of conventional, modern thought, much of what has been presented in this chapter 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 also 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 to economics proposed by Karl Polanyi and his associates (1957; see also Polanyi, 1968) makes it possible to conceptualize the behaviors reported here as a way in which the production and distribution of certain kinds of resources, health care offered by otherworldly beings, are produced and distributed among a large contemporary national population to satisfy certain kinds of human needs and wants. They are "paid for" by means of a transaction in which the recipient of the service, if satisfied, joins the religious group of the supernatural entity whose earthly intermediary provided the service.

When making an offer of exchange with the otherworldly entity, the petitioner invariably enters an altered state of consciousness. This makes possible the transduction of information from the cultural level – the symbolic beliefs of the religion – to the bio-physiology of the patient and down to the level of the genes. This, in turn, turns on some genes and turns off others that may activate the immune and/or other bodily functions the result of which leads to the patient's recovery (see [Greenfield, 2008](#)). The process is repeated with each additional illness episode when a new exchange is transacted with the same or different otherworldly entities. 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 being not provide satisfactory results the petitioner is not obligated to affiliate, or continue affiliation, with the provider's group. When the symptoms persist, negotiation with the entities of other groups may 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 on the decline after a period of growth. Unemployment again is on the rise, but extreme poverty has declined due to conditional cash transfer programs such as the *Bolsa Família* (family stipend). Money and purchasing power has been put in the hands of many of the most needy. Brazil's population has stabilized; but infectious and endemic diseases remain as challenges to good health, especially for those living in disadvantaged communities. As a result, large numbers of Brazilians continue their quest for cures from a large variety of debilitating conditions. 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 religious group to the next will persist as these alternative faiths intensify their competition for converts within a stabilized population.

NOTES

1. This chapter differs from most studies of religion in Brazil in that my intent is to explore the kinds of exchanges made between those who seek treatment and remediation for physical or emotional symptoms and those who provide it, as opposed to describing and analyzing the range of rituals and beliefs, and details of the influence of any religious group on individuals and communities. Consequently I have not cited the large number of very valuable studies by both Brazilian and

North American scholars, but instead refer only to those directly related to the argument I am presenting.

2. This generalization does not preclude the giving of gifts to the party who seems to be providing the service but who is an intermediary between a supernatural and a patient. The person helped also may be required to pay money for material items used in providing the service by the otherworldly being such as buying fruits and animals for sacrifice in Umbanda.

3. When transacting such an offer the petitioner often enters an altered state of consciousness (ASC). An ASC is defined as a way of thinking, experiencing, feeling and behaving that differs from awareness when participating in ordinary, daily activities. A parallel has long been recognized between the relationship a petitioner and the saint establish and that between a patron and a client in the secular world (Greenfield & Cavalcante, 2005; Gross, 1971). In both instances the transaction of the exchange provides the dependent party with a sense of trust and security in what for them is a challenging and unsafe world. That trust and security facilitates the entry of the dependent party into an ASC that contributes to the healing process (Greenfield, 2008).

4. Or to re-engage in the case of “lapsed” Catholics.

5. It is confusing that standard economic terms have been used metaphorically in so much of the literature on Brazilian religious healing and related rituals.

6. 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. The name Carlos Suzuki is the equivalent for the Japanese community in São Paulo, Brazil, of Carl Smith in the United States. The name of the healer, in contrast, is real.

7. This is a common pattern for many Brazilians when faced with medical problems and consistent with the “Behavioral Immune System Hypothesis” proposed by Schaller (2011).

8. The party receiving spirits in the African-derived, and other popular Brazilian religions, is called a medium and is said to be in an altered state of consciousness (ASC). Elsewhere (Greenfield, 2008) I show that both the mediums incorporating otherworldly beings and those they minister to enter altered states. This is part of the process that leads to the success of the treatments provided in the Brazilian religious marketplace.

9. 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 in different parts of the country (see Brown, 1994 [1986]).

10. The many items Celestina would need for her initiation may be purchased at the local market. The providers often are the ones who inform initiates of what they need for the ritual and the prices of the items. In contrast with the healing consultation that is the focus of this chapter, the rules of the market prevail with respect to the ritual articles used both for initiations and special sessions. (For an example of this in the *baixada fluminense* in the periphery of Rio de Janeiro, see Vogel, da Silva Mello, & de Barros, 1988).

11. See Legege and Kellstedt (1993) for the three classic ways of measuring the impact of religion: believing, belonging, and behaving.

12. Recently, following Pentecostals and other Evangelical Protestants, radio, television and other media are being used to inform people of these distinctive services.

13. 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, pp. 141–142), those who switch to African derived and Spiritist 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.

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