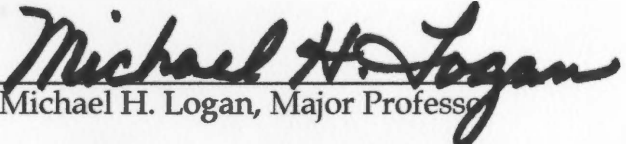
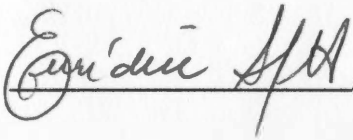


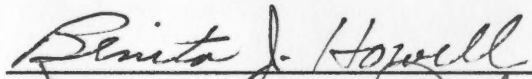
To the Graduate Council:

I am submitting herewith a dissertation written by Darrell William Lynch entitled "Encosto in a Brazilian Favela." I have examined the final paper copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Anthropology.


Michael H. Logan, Major Professor

We have read this dissertation
and recommend its acceptance:







Accepted for the Council



Vice Chancellor and Dean of
Graduate Studies

Encosto in a Brazilian Favela

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Darrell William Lynch

December 2005

Copyright © 2005 by Darrell William Lynch

All rights reserved

ACKNOWLEDGEMENTS

There are many people who played important roles in the inception, development, and completion of this dissertation. In Brazil, I would first like to thank all of the Umbanda patients, leaders, and adepts who graciously invited me into their homes and places of worship. A researcher simply could not ask for a more receptive and helpful group of collaborators. I would also like to thank Dr. Adalberto Barreto, who first gave me the idea of studying encosto in Pirambu, and introduced me to key individuals who helped me complete the fieldwork. Next I would like to thank Dona Francisca Oliveira, my guide and assistant in the favela. Doing fieldwork in Pirambu would have been impossible without her help, and she has my unending gratitude and friendship. The fieldwork would have likewise been impossible without the help of my friend Alexandre Siqueira, who served as my guide and interpreter in Fortaleza. I would also like to thank my friends Bosco and Odirene Almeida. They have welcomed me into their home on numerous occasions since my first trip to Brazil, and always helped to make my stays there comfortable, enjoyable, and productive.

In the United States, I would first like to thank the members of my doctoral committee for the patience and support they have shown to me during this project. First and foremost, I would like to thank my good friend and mentor Dr. Michael H. Logan, the chair of my committee. His lectures first inspired me to become a cultural anthropologist many years ago. Since the inception of my graduate studies, his guidance, advice, and support have been instrumental in the completion of all of my projects and the attainment of my goals. He has my heartfelt gratitude for all of his assistance. I would also like to thank Dr. Benita J. Howell, who has also been a great friend and mentor to me since the beginning

of my graduate studies. Her advice and insightful comments have greatly improved a variety of my projects over the years, especially the present dissertation. I would like to thank my friend Dr. Euridice Silva as well for his support of my work, his suggestions and advice about his native Brazilian culture, and his excellent editing work on my Portuguese. I would also like to thank my friend Dr. Hector Qirko, who graciously agreed to become a member of this committee at the very last minute. He made an enormous contribution to the quality of the dissertation with his excellent attention to detail. I would also like to thank my friend Dr. Rosalind Hackett, who was originally a member of this committee, but was unable to see its completion due to an extended trip outside of the country.

Finally, I would like to thank all the members of my family. My mother, Doris Lynch, has provided me with her steadfast love, her prayers, and her unshakeable faith in my abilities from the very beginning. To my late father, Dr. Gene Lynch, I wish to express the deepest of thanks for instilling in me the drive and determination to succeed. I would also like to thank my brother, Dr. Greg Lynch, for his advice and moral support during the writing of this dissertation. Most importantly, I would like to thank my wife, Luciana Silveira Lynch. I met her during my last period of fieldwork in Fortaleza, and she is the greatest thing that has ever happened in my life. In addition to her steadfast love and support, and putting up with me through difficult times, she also contributed greatly to the internet and archival research incorporated in this dissertation. Finally, I wish to thank God above all for the answering of my prayers, and to any disincarnate spirits who might have helped with this project, thank you as well.

ABSTRACT

The purpose of this dissertation is to explore the folk illness of *encosto* in the *favela*, or slum, of *Pirambu* in Fortaleza, Ceará, Brazil. *Encosto* is a term used primarily within the religious tradition of *Umbanda*. To be *encostado* literally means that someone is being "leaned on unduly" or "bothered by" another person. In the case of the folk illness, that "person" is believed to be a disincarnate spirit and the victim is said to be suffering from *encosto*. The spirit may be a deceased relative, an *Exu* or trickster spirit, or an entity sent to attack the victim by another person practicing witchcraft. The influence of this spirit is believed to cause a wide range of problems for the victim including mental or emotional instability, physical illness, and/or failures in important social or personal endeavors. Although *encosto* reportedly receives significant attention from the Brazilian popular media, and is a well known term within the general population, it has garnered very little specific attention from the academic community. The aim of this project is to remedy this situation by beginning scientific inquiry into this very interesting, and apparently pervasive, folk illness.

The data for this dissertation are based on thirty-five personal interviews of patients who were treated for *encosto* by *Umbanda* healers in the *favela*. Some important findings of this study include: (1) all the *encosto* victims that were interviewed believed the *Umbanda* treatments were successful; (2) most of the *encosto* cases were believed to be caused by witchcraft; (3) the *encosto* patients displayed a decidedly *external* orientation for *locus of illness control*; (4) *encosto* provides an important explanation for illness and misfortune, as well as a coping mechanism to deal with harsh living conditions; (5) *encosto* often functions as an important tool for recruiting *Umbanda* followers; and (6) *encosto* often functions as an important method of social control in the *favela*. The dissertation also

makes important contributions to the ethnographic literature on folk illnesses, as well as the growing body of theory on symbolic healing systems.

TABLE OF CONTENTS

CHAPTER	PAGE
1. Introduction	1
2. Background of the Study	
Umbanda in Historical Perspective	7
Umbanda and Encosto in Brazil	13
Research Context	20
3. The Ethnographic Setting	
Fortaleza and Pirambu	26
Earning a Living	30
Health and Health Seeking Behavior in the Favela	41
Umbanda in the Favela	51
4. Study Methods	
Contacts and Research in the Favela	70
Interviews of Patients	74
Data Analysis	82
5. Data Presentation and Discussion	
Patient Complaints	87
Survey Style Responses	99
Encosto as an Explanation of Illness and Misfortune	105
Encosto, Umbanda Recruitment, and Leader Prestige	116
Encosto and Social Control	124
6. Summary and Conclusions	132
LIST OF REFERENCES	142

APPENDICES	151
Appendix A: Case History Summaries	152
Appendix B: Interview Schedule	203
VITA	211

Chapter 1

Introduction

The purpose of this dissertation is to explore the folk illness of *encosto* in the *favela*, or slum, of *Pirambu* in the city of Fortaleza, Brazil. *Encosto* is a term used primarily within the religious tradition of *Umbanda*. To be *encostado* literally means that someone is being “leaned on unduly” or “bothered by” another person. In the case of the folk illness, that “person” is believed to be a spirit. The identity of this spirit may be a powerful *Exu* or trickster spirit, a lesser, malevolent spirit called a *Zombeteiro*, a neutral spirit which is attracted to aspects of the victim’s baser nature, or more rarely, a benevolent, deceased relative or friend. In many cases, it is believed that *encosto* spirits are called upon to attack the victim by another person practicing witchcraft.

The influence of the *encosto* is believed to cause a wide range of problems for the victim, including severe physical illness, mental or emotional instability, and failure or misfortune in important social or personal endeavors. For example, patient #3, a 24 year old female, had recurring episodes of “terrible and excruciating” headaches that made her want to “bang her head up against a wall” (see Appendix A: *Case History Summaries*). The condition lasted for several months, and she had to take a prescription-strength pain medicine called *dizepam* every night in order to sleep. She did not go to a hospital, however, saying it would have been too expensive. She was diagnosed with *encosto* by an *Umbanda* spirit working through a *Mãe de Santo*, or *Umbanda* leader. As it turned out, the *encosto* spirit was actually a young girl (aged 18) whom the victim had once employed as a live-in maid. She and the girl had been good friends, but the girl began to break and steal things from the home, and was subsequently fired. Soon after being dismissed from the victim’s household, the

girl was killed in an altercation over drugs. The spirit of the girl was apparently reaching out to the victim and trying to communicate- to express her sorrow for the wrong she had done in life. Though the spirit was not trying to cause any harm, these attempts at communication were causing the patient's headaches. The Mãe de Santo accepted the spirit of the young girl, educated her, and performed a ritual to send her on her way to the next world. The patient's headaches stopped immediately.

In another, more extreme case (patient #1), an encosto spirit caused a 54 year old woman to have "bad nerves, depression, and violent episodes" (see Appendix A: *Case History Summaries*). For about two years the victim participated in free group therapy sessions led by a psychiatrist, and saw a doctor who prescribed a drug called *Rivotril* for "nerves and depression." The treatments did not appear to work, however, and her condition worsened. The violent episodes also grew more intense, culminating in the victim stabbing her own daughter in the upper chest with a kitchen knife. Her daughter, who was thirteen at the time, had to be hospitalized for two weeks. The mother was also hospitalized and held there for over a month. After returning home, the patient began to have another violent episode. Her daughter then ran out of the house and brought over a friend who is a Mãe de Santo. The Mãe de Santo diagnosed the woman with encosto. The spirit was apparently a *Pomba Gira* (a female *Exu*) that was sent by her own sister to "make her go crazy" and "destroy her life." Her sister was very jealous because she was now living with the victim's ex-husband, and the victim and her ex-husband were still close friends. The Mãe de Santo performed numerous healing rituals over the span of about a week, and the patient no longer has any violent episodes, or symptoms of depression.

Although encosto receives some attention from the Brazilian popular media (Rede Globo 1998), and is a well known phenomenon within the general

population, it has garnered very little attention from the academic community (Barreto 1994; Rede Globo 1998). The aim of this dissertation is to remedy this situation by beginning specific scientific inquiry into this interesting, and pervasive, folk illness.

With an estimated membership of at least thirty-five million people, Umbanda enjoys wide-spread popularity throughout all social classes in Brazil (Brandão 1986; Brown and Bick 1987; Brown 1994; Da Silva 1994). As was first shown by the Brazilian sociologist Camargo (1961), Umbanda is part of a *spiritist continuum* situated mid-way between the more African traditions associated with *Candomblé*, and the more European traditions associated with *Kardecist Spiritism*. This continuum, however, encompasses a wide variety of beliefs and ritual activities within Umbanda. Various local groups differ significantly with respect to their utilization of not only African, but also Native American, European, and Folk Catholic practices across both regional and economic or social class lines. All Umbanda followers, however, believe in contact with the spirit world for both good and ill. Although many academic sources have described curative or protective rituals associated with *Umbanda* (St. Clair 1971; Pressel 1974; Langguth 1975; Bramley 1977; Richeport 1984; Birman 1985; Araújo 1988; Greenfield 1992; Hess 1992), systematic studies which focus on the individuals affected by *encosto* have yet to be undertaken. This is my intent for the present dissertation.

In addition to increasing our general knowledge of Umbanda, this dissertation will make considerable contributions to a variety of important areas of inquiry in anthropology. First, it will document the onset, diagnosis, and treatment of *encosto*- a poorly understood, yet pervasive, folk illness. Second, it will seek out themes and concepts associated with the case studies that have explanatory value. Third, it will add to our general knowledge of folk illnesses, and provide data for comparisons with similar syndromes in other ethnographic

settings (Carr 1978; Rubel et. al. 1984; Simons and Hughes 1985; Finkler 1985; Trotter 1991). And fourth, it will provide documented examples of symbolic healing, and will lend support to the growing body of theory on the subject (Kleinman and Sung 1979; Moerman 1979; Finkler 1980; 1981; Csordas 1983; Dow 1986; Krippner 1987; Lynch 1996; 2004).

The data for this study were gathered over two periods of fieldwork in 2001 (six months) and 2002 (four months) in Fortaleza, Ceará, Brazil. Fortaleza is a city of about two and a half million inhabitants on the northeast coast of Brazil. Although a significant portion of Fortaleza's population belongs to the middle and upper economic classes, like most cities in the more impoverished Northeast region of the country, Fortaleza is also home to a very large number of *favelas*, or slums. The data for the present dissertation were collected in the largest of these favelas, an area known as *Pirambu*, with an estimated population of two hundred and fifty thousand.

The *favelados*, or people who live in a favela, are considered the poorest of the poor by both themselves and the rest of the population in the city. Most of these inhabitants are squatters, who do not own or rent their land. Houses are often hastily constructed shacks put together with plywood scraps and other leftover building materials. They frequently do not offer adequate protection from the elements, and rarely have floors or indoor plumbing. Electricity is common in Pirambu, but it is often pirated from nearby power lines. The combination of inadequate sanitation services, widespread malnutrition, cramped living spaces, inadequate access to medical care, and a tropical environment, has created an area where nutritional, parasitic, and infectious diseases are rampant. As a result, infant and childhood mortality rates are among the highest in the Americas. Along with the widespread poverty, unemployment, and sub-employment come the inevitable problems of crime and violence. Within such a

harsh environment, Umbanda is seen by many participants as a primary source of religious refuge and solace, practical, social support, and often, alternative medical care.

The data for this study are based on personal interviews with thirty-five residents of Pirambu who had been recently diagnosed and treated for encosto. Case histories for each patient were constructed which include all health-seeking strategies pursued by the respondents for the conditions associated with encosto- both religious and otherwise. This information includes the initial symptoms felt by the patient, the different kinds of treatment the patient may have pursued, the entities, materials, and rituals utilized for *Umbanda* diagnosis and treatment, and the results which the patients themselves perceived (see Appendix A: *Case History Summaries*). The research format was primarily that of a structured, open-ended interview, augmented by a small number of closed-ended questions, and a brief survey. All the interviews were conducted in the homes of the Umbanda patients, and each took between one and two hours to complete. The names of the interviewees will not be given in the present text. Likewise, most of the names of other contacts, such as specific Umbanda leaders and members, have been changed to insure their privacy.

As perhaps the first study of its kind to focus specifically on encosto, the purpose of this dissertation is essentially two-fold. First, to document the processes involved in the diagnosis and treatment of encosto as seen by the patients. And second, to identify and explore patterns and themes in the data which may have explanatory value for the academic community and increase our understanding of the phenomenon.

Toward this second goal, an approach inspired by *Grounded Theory* was the primary method used to analyze the data. Also referred to as *thematic analysis*, systematic techniques were used to identify categories and concepts in the

ethnographic materials, and link these concepts into subsequent, “higher level” patterns, theories, and hypotheses (see Chapter 4: *Methods*). The results of the analyses are presented using *exemplars*, quotes and examples from the interviews, to illustrate particular themes and illuminate theories and patterns. This material will be presented in detail in Chapter 5: *Data Presentation and Discussion*, but a brief summary of some of the major conclusions of the study is appropriate here as a close to this introductory chapter.

First, encosto will be discussed as an explanation of illness and misfortune. Such explanations are very much needed in the favelas, where illness, poverty, and lack of hope are often the norm, and life in general is a struggle. Encosto also serves to shift the blame for perceived failures from the individual to an outside force, and its treatment can provide a powerful coping mechanism to deal with harsh realities. Second, encosto treatment can be seen as a means of empowerment. By externalizing the threat and situating it in a religious context, Umbanda healers are able to call upon, and manipulate, powerful symbols in the patient’s “mythic world” in order to effect therapeutic changes. The processes involved in encosto treatment also support and augment the growing body of theory on symbolic healing (Kleinman 1980; Moerman 1979; Csordas 1983; Dow 1986; Lynch 1996). Third, the diagnosis and treatment of encosto are often utilized as a method of social control. Umbanda leaders frequently manipulate encosto to settle disputes between neighbors and family members, as well as to control or indoctrinate current or potential Umbanda members. Finally, treating encosto enhances the leader’s reputation, prestige, and importance. And when individuals or Umbanda adepts are perceived to be under the protection of a powerful *Mãe or Pai de Santo*, acts of violence or witchcraft are less likely to be committed against them for fear of supernatural retribution. I will now turn to a broader discussion of Umbanda and encosto.

Chapter 2

Background of the Study

Umbanda in Historical Perspective

The institution of slavery is responsible for much of the religious pluralism in Brazil, lasting somewhat longer there (until 1888) than in most other places in the New World. As late as the 1850s, very large numbers of slaves were still being imported. In fact, roughly half of all the slaves imported into the New World went to Brazil. The Portuguese crown was relatively weak compared to other European governments, and, as a result, powerful noblemen had almost absolute power in Brazil. The slaves, moreover, came from fewer source populations in Africa- particularly Benin, Nigeria and Angola. Although many different African traditions were imported into Brazil, Bantu, Dahomean, and especially Yoruban traditions have come to dominate. In early colonial times, slaves often outnumbered their European masters, and as late as the 19th century, slaves and mulattos most certainly outnumbered those of European descent by a considerable margin (Birman 1985; Brown 1994; Ortiz 1991).

Slaves were able to hold on to their traditions as a result of several important historical factors. One is that for three and a half centuries, from 1500 to 1850, Brazil received a steady, continuous stream of new slaves from west Africa. Unlike the United States, Brazil did not rely primarily on locally born blacks for slave labor. Instead, continuous expansion of commodity production required steady influxes of new slaves. These new slaves provided a continuous input and rejuvenation of African religious beliefs well into the 19th century (Barreto 1994; Brown 1994).

Another important factor was the weakness of the Catholic church in Brazil. During the period of colonization, the Christian mission was the responsibility of

the Portuguese king, and the church was dependent upon the state for monetary support. The period of Romanization, which brought the church in Brazil more firmly under Vatican control, did not occur until the end of the 19th century. The more relaxed, social, and mystically oriented Portuguese Catholic traditions were the ones imported into Brazil, and there they became entrenched. These traditions are sometimes called "Folk Catholicism," which emphasized the virtual worship of Catholic saints. This "cult of the saints" was based on belief in their miraculous powers, especially to heal illnesses, and their willingness to receive petitions (Brown and Bick 1987; Brown 1994). I believe there can be little doubt that this strong cultural tradition of petitioning spiritual intercessors for help with illnesses and everyday problems fostered a more amenable environment for the inclusion of similar traditions from Africa in Brazilian popular culture.

It should also be pointed out that African slaves came from a natural environment far more similar to Brazil than to Europe. Thus, their ethnomedical systems were likely to be far more applicable in Brazil than European ones. It is often said, in fact, that the white elite imposed Catholicism for the soul, but at the same time, called upon African and Native American traditions for afflictions of the body (Droogers 1995: 98). If Brazilians relied primarily on African and Native American traditions to supply their medical needs for three to four hundred years, it is certainly understandable, in my opinion, that Brazilians today would have great respect for the potential curative abilities of these traditions. And the primary keepers of this knowledge today are Umbanda adepts.

The Portuguese crown also employed a "divide and rule" policy with respect to slave populations which actually fostered the preservation of African religious practices. They divided and grouped slave populations into separate "nations"

based on similarities of origin, language, and ethnic groups- thus retaining a marked degree of cultural cohesion among slave populations. Religious and secular African practices were tolerated and even protected under crown rule. Likewise, with the Catholic church in a weakened state until the end of the 19th century, local lay brotherhoods were the primary source of Catholic influence over the slave populations. In their memberships, these brotherhoods often reproduced the African "nations" imposed by the crown, especially in the larger cities where independent African churches eventually sprang to life (Brown 1994; Burns 1980; Hess 1987).

While these brotherhoods certainly encouraged Catholic beliefs, they also tolerated African cultural expression, and probably acted as important loci for syncretisms, such as the identification of African deities with Catholic saints. Diana Brown points out, significantly, that the appearance of the first autonomous Afro-Brazilian churches coincides with the decline of the lay brotherhoods (Brown 1994). By the later half of the 19th century, Afro-Brazilian religions were visible and flourishing in all the major coastal cities of Brazil. By the early 20th century, these had acquired distinct regional names and forms. For example, in the northern city of São Luiz, *Tambor das Minas* was strongly influenced by Dahomean beliefs, while *Xangô* in Recife and *Nagô* in Salvador were primarily of Yoruban origin. *Batuque* in Belém and *Candomblé de Caboclo* in Salvador added Native American traditions, while in Rio de Janeiro, Minas Gerais and São Paulo, *Macumba* combined Yoruban Orixás with cultural elements from the Congolese and Angolan areas of Africa (Pressel 1974: 122).

It is difficult to find specific information about the differences in rituals and beliefs among these early groups for two reasons: first, serious scholarly inquiry only began in the 1930s and 1940s (several decades too late), and tended to focus on Nagô in Salvador, and later, Macumba in Rio; and second, regional forms

have now been strongly influenced by the spread of *Candomblé*, which grew out of Nagô in Bahia, and *Umbanda*, which grew out of Macumba and *Spiritism* in the south (Brown 1994: 15-36).

African, and specifically Yoruban, deities often reflect different aspects of nature in Brazilian syncretic religions. The deities, which are called *Orixás*, are identified with Catholic saints. A few of these identifications are as follows: *Iemanjá*, the goddess of the sea/the Virgin Mary, *Ogun*, the god of iron and war/Saint George, *Xangô*, god of waterfalls and thunder/Saint Jerome, and *Iansá*, goddess of winds and storms/Saint Barbara. The slaves also brought with them rituals of collective trance and spirit possession, usually accompanied by music, dancing, chanting, and the beating of drums or clapping of hands. These traditions today play a central role in the religions of Candomblé and Umbanda.

The *spiritist continuum* is a term coined by the Brazilian sociologist Camargo (1961) to represent the mediumistic religions of Candomblé, Spiritism and Umbanda. Camargo pointed out that these religions have such variation within them that they defy separation into merely three categories. Instead, they can best be described as forming a continuum, with some groups tending more toward African traditions at one pole, represented by the purest forms of Candomblé, and others tending toward the more European traditions represented by the purest forms of Spiritism. Umbanda groups vary greatly between these two extremes.

Bahia is considered the center of Candomblé worship in Brazil. Some 2000 *terreiros* (temples) are present in Salvador alone. In Bahia, Candomblé is still often called *Nagô* and is perhaps the purest form of the religion in its stricter adherence to the Yoruban traditions. Although regional differences still exist in what are now forms of Candomblé outside Bahia, in all cases Catholic elements are present and African gods and goddesses are associated with Catholic saints.

The majority of Candomblé adherents also consider themselves to be Catholic, and consider Candomblé to be both African and European in nature (Bramley 1977; Clark 1993).

Candomblé has, from the beginning, tried to retain and preserve as many of the African traditions as possible, and has been very resistant to blending with European Spiritism. Candomblé adherents do not converse with spirits of the dead *per se*. Instead, mediums become *cavalos* (horses) to be ridden by the gods during spirit possession. Most of these mediums are women in Brazil and the terreiro is almost always led by a female *Mãe de Santo* (mother of the saint). Candomblé is also characterized by very long periods of initiation for its members. Candomblé meetings usually begin with an animal sacrifice, to the beat of drums or clapping of hands. All devotees are particularly devoted to a single Orixá guardian or protector that helps them to fulfill their destiny. When this interdependent relationship becomes extremely intense, individuals sometimes become possessed by the god. Central to Candomblé is the notion of *axé*- the "power of the gods to make things happen." This power is believed to be released during possession and rituals at the meetings to the benefit of all persons present (Bramley 1977; Clark 1993).

Spiritism represents the European end of the continuum. First codified by a French school teacher who wrote under the pseudonym of Alan Kardec in the mid-1800's, Spiritism is also referred to as *Kardecism*. The movement reached Brazil around the turn of the century, and quickly became popular among intellectual elites. Because of its emphasis on charity, it also gained popularity among the middle and lower classes, but the hierarchy generally remains dominated by the upper class. Today, over half the Spiritists in the world live in Brazil. According to the leaders of the largest Spiritist Center in Fortaleza, *Paulo Estevão*, some two million people actually practice Spiritism in Brazil, and are part

of a religious hierarchy, while perhaps four times that number believe in many of its tenets and participate in its rituals. Spiritism is a mixture of Christian moral teachings with belief in both reincarnation and contact with spirits of the dead. All human beings are believed to be spirits who pass through countless reincarnations on a near-endless quest toward spiritual purity. Spirits are said to evolve toward a higher state of being by putting aside material wants and by practicing charity. Disincarnated spirits who are not “highly evolved” may sometimes cause problems for the living- a state called *spirit obsession*. Spirit mediums accept into their bodies or *incorporate* both higher and lower spirits- the former to gain inspirational messages, wisdom, and healing, and the latter to educate and orient the lesser spirits toward more productive existences. Spiritists also utilize *passes*, a practice similar to laying on of hands, which is believed to remove negative spiritual energy (Kardec 1989 [1857]; Renshaw 1969; Greenfield 1987; 1990; 1992; Hess 1991; 1994; Lynch 1996; 2004).

Umbanda was created when a small group of white, middle class Spiritists split off from a center in Rio in the 1920s with the express purpose of forming a new movement incorporating many of the African elements then present in *Macumba*. They called this new, mixed form of religion Umbanda (Brown 1994: 15-36). In his seminal work, *The White Death of the Black Sorcerer*, Ortiz (1991) has described the early development of Umbanda as a “whitening” of, or an attempt to “purify,” African traditions of some of the more “distasteful” or “fetishistic” elements such as animal sacrifice. There was good reason for members of African-based religions to do so. During the 1930s and 1940s, accusations of being a *Macumbeiro* were grounds for arrest, and the members of such groups were often persecuted, tortured, imprisoned, or put into mental hospitals. Thus, the early Umbanda movement can be seen as a survival strategy (Brown and Bick 1987: 80). The claim of practicing “white” or “pure” Umbanda identified the

groups more with Spiritism, which, by that time, had gained social acceptance and prestige. This “whitening” of Umbanda was apparently the norm throughout most of the first half of the 20th century. However, by the second half, a renewed sense of pride in African heritage and culture fostered, to differing degrees, revitalizations of African rituals and practices among Umbanda groups throughout the country (Negrão 1979; Brown 1994).

Umbanda and Encosto in Brazil

Umbanda today is an extremely dynamic and flexible *heterodox* religion which displays a vast range of ritual forms. It is perhaps most popular among the urban poor and lower middle-class, but it also enjoys increasingly wide membership among the upper middle-class and the rich. Perhaps owing to the historical persecution described above, as well as to the current perceptions of many people in Brazil, Umbanda groups that are oriented more toward European elements often refer to their religion as *Pure or White Umbanda*. Other groups, especially in the Northeast, practice what they describe as a more African style of Umbanda, and often call it *Macumba*. In all cases, Umbanda freely mixes multitudes of rituals and inputs from African, Catholic, Native American, Spiritist, Brazilian folklore, and homeopathic traditions. This welcome embrace of the entire range of Brazilian cultural forms has led many people to refer to Umbanda, with its estimated 35 million members, as the true national religion of Brazil (Birman 1985; Araújo 1988; Ortiz 1989; Brown 1994).

Umbanda retains the worship of African deities, or *Orixás*, and their dualism with Catholic saints. Each adept, or *Filho de Santo* (Child of the Saint), has an Orixá to which he or she is particularly devoted, and is said to be the child of that god or goddess. Each adept must perform certain ritual obligations to his or her Orixá (which literally means, “master of the head”) on a regular basis, or lose the powers, privileges, and protections given to them by the god. Umbanda leaders

are referred to as *Mães or Pais de Santo* (Mothers or Fathers of the Saint), though they too are the children of particular Orixás. Unlike Candomblé, both women and men are commonly leaders, and each leader exercises absolute control over her or his *terreiro* or temple. In Umbanda, only the most experienced mediums accept the spirits of the Orixás, and these only rarely, with most mediums accepting the standardized "spirit-types" of *preto velhos* (old black slaves), *caboclos* (Native American and mixed-blood spirits), *exus and pomba giras* (messengers of the gods and/or trickster spirits), and *crianças* (children), as well as a host of popular figures from Brazilian folklore (Bramley 1977; Birman 1985; Brandão 1986; Burdick 1990).

Typical Umbanda meetings in the favela of Pirambu usually begin with hand clapping, the beating of drums, chanting or singing, and paying homage to deities and spirits. Gradually the members/mediums become possessed, often dance, and take on the personalities of the spirits of the types listed above. For the spirits of Umbanda, spirit mediumship gives them something they greatly desire- contact with the physical world. Most of the spirits of Umbanda once had a corporeal existence, and each has an individual identity. Ritual possession allows them to reexperience the things which they particularly enjoyed in life, if only for a short time, through the bodies of the mediums. For many of these spirits, this means alcohol and tobacco. *Preto velhos*, *caboclos*, and certain folklore figures are particularly known for drinking and smoking constantly throughout the services, while *crianças* (child spirits) gorge themselves on candy, and certain *pomba giras* (often former prostitutes) constantly primp themselves and flirt with men in the audience.¹

The second part of the meeting is normally reserved for consultations, where senior mediums accept the spirits of respected entities who give advice or prescribe rituals to undertake for illness, family conflicts, employment, and other

¹ For visual representations of Umbanda spirit possession see Araújo 1988 and Richeport 1984.

practical concerns. The consultations usually end with a ritual cleansing, or *passe*, performed by the spirit. For a detailed discussion of Umbanda meetings and rituals, see the section, *Umbanda and Encosto in the Favela* in Chapter Three: *The Ethnographic Setting*.

Umbanda experienced a surge in popularity from the 1970s through the 1990s. African heritage was beginning to be seen as a source of national pride, with popular musicians, prominent writers, sports stars, and television celebrities coming out as Umbanda members, and taking their beliefs to the population at large.² Popular music in Brazil is still largely dominated by the “Bahian sound,” which emphasizes rhythmic percussion developed mainly in Umbanda and Candomblé ritual settings. The lyrics to many popular songs constantly refer to Orixás, Mães de Santo, and other aspects of Umbanda beliefs. Some of the most popular Brazilian writers weave themes from Umbanda into their literary works, and these often become subject material for the wildly popular *novelas*, or prime time soap operas, which find their way into the homes of the vast majority of Brazilians every night through their television sets.

But despite Umbanda’s obvious, and seemingly accepted, influence on Brazilian popular culture, Umbanda members are still often the targets of suspicion by the population at large, and are increasingly coming under attack by fundamentalist, Pentecostal groups. Brazilian membership in Protestant churches as a whole grew from only 6% in 1980, to an estimated 13-15% in 1997. Interestingly, however, studies show that around 20% of these “Protestants” continue to practice Catholicism, 35% of them abandon their new religion within the first month, and another 35% abandon it within a few years (Redko: 1997). Most of the growth in Protestantism has come through fundamentalist, Pentecostal churches. These churches, while in some case perhaps inspired by

² Famous recording artists include Caetano Veloso, Vinicius de Moraes, Gilberto Gil, Maria Bethânia, Clara Nunes, and Jorge Ben. Gilberto Gil is currently the Brazilian Minister of Culture.

similar institutions in the United States, are wholly owned and operated by Brazilians (Chesnut 2000). The most popular and vocal of these groups are the *Assemblies of God*, and the *Universal Church of the Kingdom of God*.

These Pentecostal groups are waging a self-styled “war for souls” against the mediumistic religions of Spiritism, Umbanda, and Candomblé. This “war” is especially felt in the favelas, where Pentecostal groups have made great inroads in recent years. They do this by offering tangible material gain to their new followers, usually in the form of jobs. Pentecostal groups create business networks which give preferential or exclusive contracts to other members. For favelados, membership in a Pentecostal church provides a powerful patron to help insure material security. In exchange, the favelado must follow the rules of the church, as well as provide a mandatory tithe of his or her income (Chesnut 2000).

Pentecostal groups believe that the spirits accepted in mediumistic religions are all manifestations of demonic possession. They publish a wealth of magazine and newspaper articles in the popular media, and distribute copious volumes of tracts and flyers throughout the cities of Brazil preaching these views. Pentecostal groups have also bought numerous radio stations in Brazil, and the Universal Church of the Kingdom of God has purchased a major television network called *TV Record*. All of these media outlets then become avenues for religious indoctrination.

These Pentecostal groups tend to be very vocal, and often confrontational, in their criticisms of Umbanda. In extreme cases, these criticisms take the form of public demonstrations on the streets outside of Umbanda terreiros. Demonstrators will march to the terreiro holding signs and shouting about how the Umbanda groups are in league with the devil. Such demonstrations are usually staged during scheduled Umbanda meetings in an apparent effort to

disrupt the services. Informants from four different terreiros in *Pirambu* (the favela where I conducted my research), told me that their terreiros had been the target of such demonstrations. In spite of such efforts, however, Umbanda still appears to be the second most popular religious institution in the favela (as well as in Brazil as a whole) behind Catholicism.

As noted previously, the word, *encosto*, comes from the verb *encostar*, which literally means to "lean on," "lean against," or "to bother." In the case of the folk illness, when a person is *encostado*, they are being "leaned on unduly," or "bothered by," a malevolent or ignorant spirit. According to numerous Umbanda leaders I interviewed in the favela, *encosto* spirits are normally either sent to attack someone by another living person practicing witchcraft, or "picked up" by the victim by accident. The latter is believed to be caused by a lack of proper spiritual protection. In Umbanda, people who lack proper spiritual protection are said to have *corpos abertos*, or "bodies that are open" to unwanted spiritual intrusions. Spiritual protection is gained through participation in Umbanda rituals which garner the help and blessings of powerful spirits. Potential mediums who have not yet developed their *medunidade*, or Umbanda adepts who have failed to fulfill their ritual obligations, are believed to be especially vulnerable to unwanted spiritual intrusions. For many of these individuals, the process of being diagnosed with, and subsequently treated for, *encosto* often plays an important role in their indoctrination into Umbanda, or in the reinforcement of their beliefs.

Another type of "accidental" *encosto* occurs through *hauntings*. Umbanda practitioners believe that some spirits are not aware that they have passed away after their physical bodies have expired. They may then attach themselves to a person, such as a relative, or a place, and cause problems for the living. These "haunting" spirits are not usually malevolent, and do not intend to do harm, but

their mere presence often causes severe physical or psychological symptoms in living individuals. Here again, those individuals who do not have proper spiritual protection are believed to be at greater risk for such spiritual intrusions.

Yet another type of encosto, which does not involve witchcraft, occurs as a result of a restless or ignorant spirit being attracted to the baser behavioral tendencies of certain living individuals. In these cases the spirit is using the victim to live vicariously, thus participating in the vices it once enjoyed in life, through the life of its victim. For example, spirits who were once heavy drinkers in life are attracted to living heavy drinkers, while spirits who were violent in life are attracted to living individuals who are prone to violence. In these cases, the victim's own behavior makes him or her more vulnerable to spirit intrusion. The result of this type of encosto is normally a severe worsening of the victim's vice, ie., a heavy drinker becomes an alcoholic, a violent person engages in more violence, a lazy person stops going to work entirely and loses his job, etc.

But perhaps the most common cause of encosto is believed to be witchcraft. Of the 35 cases examined in this dissertation, 22 were believed to be caused by witchcraft, that is, the intentional sending of a spirit to attack an individual, at the request of a living enemy. The practitioner of witchcraft petitions a suitable spirit to send an encosto in exchange for gifts which the spirit desires. The gifts may include animal sacrifice, liquor, tobacco, candles, perfume, etc. Suitable spirits include Exus, Pomba Giras, and certain figures from Brazilian folklore. The spirit will then either personally attack the victim, or, perhaps more commonly, send another, lesser spirit to accomplish the task. These lesser spirits are often called *Zombeteiros*, or "cadaver spirits" of the recently dead, and they are malevolent by nature.

It is important to note that such witchcraft, and such spirits, are not always referred to as encosto/s. People may describe the process/condition in various

ways, including: being attacked by a Zombeteiro; having a *Macumba* or *Quimbanda* sent against them, having a *trabalho* or *demanda* “work” or “demand” (in this case a negative one) performed against them, or being the victims of *magia negra* (black magic) or a *praga* (curse). For more detailed discussions of how witchcraft is performed, as well as the entities involved, see Chapter Three: *The Ethnographic Setting*, as well as Appendix A: *Case History Summaries*.

The effects of encosto vary greatly. They are believed to be able to cause any type of physical illness, and even death. They also reportedly cause a variety of psychological and social problems, perhaps most commonly drug and alcohol addictions, violent episodes, frightening visions, animosity toward neighbors and family members, and loss of one’s ability to perform social functions. Encosto is also blamed for many instances of bad luck, most often involving money, love, and other personal relationships. Once a person is diagnosed with encosto, he or she must then be treated through Umbanda to remedy the situation. Treatments are usually carried out by Mães or Pais de Santo who accept, or incorporate, powerful Preto Velho, Caboclo, and folklore spirits to effect cures. These incorporated spirits normally use a complex combination of ritual enactments and herbal remedies in order to restore health. More detailed discussions of encosto symptomatology, diagnosis, and treatment may be found throughout Chapters Three and Five, and in Appendix A.

Belief in encosto is apparently very widespread in Brazil. In a nationwide television special about encosto aired in June of 1998, a survey of 1000 people in São Paulo found that about 30% believed in encosto on some level, and over 90% recognized the phenomenon when it was described to them, though many people knew of it through some of the different terms listed above (Rede Globo 1998). Despite this widespread belief and recognition in the general population, encosto has received very little attention in the academic literature. Scholarly

literature on Umbanda has tended to focus primarily on three different areas: 1) the description of various beliefs and practices found among different Umbanda groups; 2) functional and structural analyses of Umbanda membership and ritual activity; and 3) studies of trance states induced by ritual participation. Although many sources have described treatment or cleansing rituals associated with Umbanda (St. Clair 1971; Pressel 1974; Richeport 1984; Birman 1985; Montero 1985; Araújo 1988; Greenfield 1992), systematic studies which focus on the individuals affected by *encosto* have yet to be undertaken. This is precisely my intention for the present dissertation.

Research Context

There is little or no academic information specifically concerning *encosto*. I conducted extensive online keyword searches for the term “*encosto*” both in the United States, and in various Brazilian university libraries, in 2001, 2003, and 2005, no academic sources were found. This means that the word “*encosto*” does not appear in the abstracts, keywords, or titles of any academic sources which were traceable online. Much of this may be due to differences in terminology. In the favela of Pirambu, *encosto* is the word used, as well as the source of, almost all of the more serious maladies treated by Umbanda healers. This is apparently not the case in other parts of Brazil.

The academic literature on Umbanda, particularly that which describes treatment rituals, has been dominated by studies based in the south of Brazil, especially in Rio de Janeiro and São Paulo (Camargo 1961; St. Clair 1971; Pressel 1974; Richeport 1984; Birman 1985; Montero 1985; Greenfield 1992; Hess 1992; Brown 1994). This makes sense in light of the fact that Umbanda began in Rio and spread outward from there as described above. As it spread, however, Umbanda incorporated many local rituals and forms, so that the Umbanda

practiced in Fortaleza is very different from that of Rio or São Paulo. Indeed, there are striking differences in the way Umbanda is practiced among different socioeconomic groups within Fortaleza, and even significant differences in practices between terreiros within the favela of Pirambu (see Chapter 3: *The Ethnographic Setting*).

But the differences between the southern-based Umbanda described in the academic literature, and that of Pirambu, go beyond questions of ritual practices and terminology; they also include significant differences in disease theory. For example, most researchers of Umbanda generally follow Camargo's (1961: 100-102) list of five commonly recognized causes of illnesses associated with Umbanda. His ethnographic work was conducted in São Paulo. In order of commonality, these are: "1) *Sickness as a consequence of religious negligence or ignorance*. When a medium fails to perform certain *obrigações* (obligations) he owes to his orixá or other, lesser, spirits, sickness or other personal problems may occur. 2) *Magical etiology of illness*. A *coisa feita* (thing done) refers to an exu work of black magic performed in Quimbanda. 3) *Perturbations provoked by spirits*. An unhappy disincarnate spirit may agitate the "fluids" in an individual, bringing illness or various kinds of personal problems. 4) *Karmic illnesses*. In a previous incarnation a spirit (the living victim) may have led a somewhat wicked life. Death and subsequent reincarnation in another individual may bring trials in the forms of illnesses and other disorders to this person. 5) *Illnesses resulting from undeveloped medunity*" [emphasis original] (Pressel 1974: 139-140).

In Pirambu, encosto is almost always the cause of supernatural illness, and the causes of encosto are significantly different from what is described above. For example, number 1, failure to perform religious obligations, is recognized as a cause of spiritual sickness, but it is very rare, occurring in only one of the thirty-five cases reviewed for this dissertation. Number 2, magical etiology of

illness, is very common in Pirambu, but it is understood and explained differently. Rarely is a reference ever made to *Quimbanda* (believed to be the evil, negative side of Umbanda), and the term *coisa feita* is not used. Black magic or witchcraft was the most common cause of encosto in the study population, but the *encosto spirit itself*, usually a *zombeteiro* (cadaver) spirit sent by an exu, is normally the cause. In Camargo's number 3, illness occurs as a result of a spirit disturbing the fluids of a living individual. No references to "fluids" are made at all in the Umbanda of Pirambu. This is a concept that is popular only among Spiritist groups outside the favela. The same is true with Camargo's fourth cause, karmic illnesses. These beliefs are common among Spiritists in Fortaleza, but not among Umbanda participants in Pirambu. Illnesses resulting from undeveloped medunity were reported by residents of Pirambu, occurring in four of the thirty-five case studies examined here. A very important concept that is not stressed by Camargo and others, however, is *lack of spiritual protection*, which was the second most common cause of encosto in the present study, and the primary reason behind cases of undeveloped medunity, as well as "accidental" or incidental cases of encosto (see Chapter 5: *Data Presentation and Discussion*).

Many of these differences can be explained by a lack of Spiritist or Kardecist influence in the Umbanda of the favela, as compared with Umbanda in the south of Brazil. In fact, with the exception of Camargo's first (above) cause, and a different order of commonality for the last four, his causes of illnesses associated with Umbanda in São Paulo would fit quite well with the data I collected on *spiritual obsession* cases among Spiritist patients in Fortaleza (see Chapter 4: *Study Methods*).

In the Umbanda literature from Rio de Janeiro, the Kardecist influence is even more apparent. For example, Brown (1994), continually refers to illnesses

associated with Umbanda as being the result of *spiritual obsession*, a term that is simply not used in Pirambu, but is very common among the adherents of Spiritism. She identifies several *linhas* or “lines” of Umbanda in Rio, including Kardecist, Oriental, and African. The non-African variants are sometimes referred to as “Umbanda Pura,” and they scarcely resemble the Umbanda or *Macumba* that is practiced in Pirambu. Indeed, even the African-oriented centers which Brown (1994) describes in Rio are radically different from those of Pirambu. For example, in Rio’s African-oriented centers, spirit possession is principally by Orixás, with *coboclos* and *preto velhos* taking a secondary role. In Pirambu, the opposite is true, and possession by Orixás is very rare. Likewise, in the African-oriented centers of Rio, mediums only accept the spirits of *exus* after midnight, and only on these occasions do the rituals appear similar to those in Pirambu. “These rituals may include the drinking of alcoholic beverages by the spirits and members of the congregation and other rituals formerly identified with ‘Macumba’ and now identified by many Umbandistas with *Quimbanda*” (Brown 1994: 89). As will be discussed in Chapter 3, most Umbanda groups in the favela actually refer to their religion as *Macumba*, spirit possession by *exus* always occurs before midnight and at most of the meetings, animal sacrifice is common, alcohol is an integral part of most ritual services, and none of this is considered *Quimbanda*. Because of the differences between the Umbanda of Pirambu and that of the Umbanda described in the academic literature, I will analyze Umbanda and *encosto* in the favela in their own terms, relying primarily on the ethnographic materials I collected.

Throughout this dissertation I will use the word “witchcraft” to refer to the act of petitioning a spirit to attack a living victim. My use of this word is purely for convenience and ease of reference. In reality, “witchcraft” in the favela has little in common with the classic use of the term in anthropological studies

(Stevens 1996). Most notably, the performers of *negative trabalhos* in Umbanda are not referred to specifically as “witches,” and the accusation itself of performing witchcraft does not typically result in social sanctions against the perpetrator. As will be seen however, the accusation of witchcraft in cases of encosto, as in other folk illnesses, serves the same important social functions. “It is now clear that ethnomedical systems play a truly important yet latent function; that disease theory is an ancient and effective form of social control. It also helps those caught in largely unchangeable and insufferable conditions to cope with those conditions” (Logan 1996: 438).

Throughout the dissertation I will also refer to the treatment of encosto in the context of *symbolic healing*. Many authors have put forth theories to try and explain *why* or *how* indigenous healing systems function in their cultural contexts. Most have focused on the symbolic component of these ethnomedical systems. For example, some authors have concentrated on the therapeutic power of suggestion as a means of healing. Suggestion is therapeutic because it can relieve anxiety, offer the patient new ways of coping, and change maladaptive behavior to adaptive behavior (Kiev 1964: 7-8). The power of suggestion lies in the ability of the healer to develop new patterns of thought and behavior in the patient in a way that would not be possible in a normal environment (Dow 1986a: 58). Frank (1961: 94) refers to this process as “persuasion,” implying a preexisting condition of suffering and heightened dependence on the healer which goes beyond suggestion. As will be seen, these processes and conditions are certainly present in most cases of encosto.

Other authors have seen traditional symbolic healing as dealing more with social restructuring than with individual illness. Turner (1967: 392), for instance, when writing about symbolic curing among the Ndembu, says: “The sickness of the patient is mainly a sign that ‘something is rotten’ in the corporate body.”

The patient will get well only after the social group has performed the rituals necessary to alleviate social tension and disorder. Munn (1973) also stresses the importance of social relations as a *cause* of psychological problems in all societies. Thus, the restructuring of social relations is an important pattern often found in traditional symbolic healing (Dow 1986: 59). While cases of encosto are not usually signs that "something is rotten" in the social group, there is certainly evidence that encosto is often associated with failures in social relations, and the treatment of encosto often restructures these relations.

Csordas (1983) has stressed the importance of the healer's *rhetoric* in symbolic healing, while Kleinman (1980), as will be discussed later, sees the apparent successes of indigenous healers as resulting from the *types* of illnesses they tend to treat. But perhaps the most widely applicable psychosocial model of symbolic healing has been put forth by Dow (1986). For Dow, all systems of symbolic healing are based on a model of experiential reality which he refers to as its mythic world. The term "mythic world" is used because "myths contain truths which may be more salient than scientific truths because they represent solutions to personal human problems" (1986: 59). Curing is often accomplished by restructuring a disorder in a mythic world. As the patient begins to accept the mythic world of the healer, and believe in his or her ability to help, an existential shift occurs which allows the patient to change and find new avenues for adaptation (Dow 1986: 60). As will be seen, Umbanda healing of encosto functions very much in this way. Dow's mythic world is already in place in the minds of Umbanda patients, and Umbanda healers often find brilliant and creative ways to relate the patient's illness to a "disorder in the mythic world." This disorder can then be symbolically corrected, often with very positive results for the patient. I will now turn to a discussion of the ethnographic setting.

Chapter 3

The Ethnographic Setting

Fortaleza and Pirambu

The research for this dissertation was conducted in Fortaleza, the capital of the state of Ceará. It is a city of about 2.1 million inhabitants on the northeast coast of Brazil, about four degrees south of the equator. Unlike the interior region of the state, temperatures in the city rarely exceed 92 degrees Fahrenheit, thanks to the cool, moderating effects of the ocean breezes. The temperatures in general tend to remain constant throughout the year. Because of its ideal tropical weather and stunning, pristine beaches, Fortaleza is a popular tourist spot for visitors from the southern regions of Brazil during the winter months, as well as thousands of European visitors in the summer. The region is also well known for its traditional arts and crafts, folklore, music, and dance. The people are generally friendly and out-going, while the economy is quite depressed in relation to other regions of Brazil.

As with other cities of the less-developed northeast, Fortaleza is a study in contrasts. On the one hand, the city boasts an impressive skyline, with hundreds of high-rise apartment buildings whose inhabitants enjoy a standard of living equaled only by the most affluent members of North American society. According to a local building contractor and hotel owner, over 200 large-scale commercial and residential construction projects were in progress during 2001, and the annual tourist seasons brought in over two million paying visitors to the city. On the other hand, Fortaleza is home to 722 *favelas*, or slums, up from 147 just two decades ago, and an estimated 31% of the population of Fortaleza lives in favelas (Diario do Nordeste 2003a). These favela residents, or *favelados*, rarely have indoor plumbing, much less anything other than a dirt or concrete floor.

Although the Gross Internal Product of the state of Ceará rose more than 50% during a seven year period ending in the mid-1990s, the majority of people have apparently failed to reap any benefits from this economic progress. For example, in 1995, 74% of households in the state of Ceará still had no indoor running water, 56% were without sanitary facilities, and 24% of women of childbearing age (15-49) were malnourished (Nations et al. 1997: 1834).

Northeast Brazil differs significantly from the rest of the country in its lower level of economic development, its poor health and transportation infrastructure, and its starkly uneven distribution of income. As of 2000, Brazil as a whole had the world's most unequal distribution of income, with the richest 10% of the population earning an average of *twenty-eight times* as much as the average poorest 40%. For comparison, the same figure for the United States was *five times* as much (O Povo 2002: 2). In 1990 Brazil's per capita income was about \$3000 U.S. per year, with the richest 10% earning 53% of the total, and the poorest 40% earning 7% (World Development Report 1993: 297). In 1995, the richest 10% in Fortaleza earned 70% of the total income (Nations et al. 1997: 1834).¹

Overcrowding in the cities is a serious problem due to the historical forces of rural to urban migration, the recent baby boom (when fertility rates reached 5 per female, now 2.8 nation-wide), and the periodic severe droughts that plague the interior or *sertão*. Rural farmers and their families have moved into the cities looking for work. But with few marketable skills, little job opportunity, and no investment capital, they almost invariably become squatters in the extremely impoverished favelas. In 1950, almost 70% of Brazil's population was rural; by 1995, 78.2% was urban (Health Statistics from the Americas 1995: 352-353). Overcrowding has led to a lack of jobs, rampant crime, and dramatic increases in

¹ General income data for Brazil is available from the 2000 census. However, comparative data by region, city, and economic class, such as are cited here, are only available for earlier years. Hence, the age of the references.

infectious and parasitic disease rates.

The favela in which I conducted my fieldwork is called *Pirambu*. With an estimated 250,000 inhabitants, it is the largest in Fortaleza and the second largest in Brazil (Barreto 1994: 5). The favela collectively known as Pirambu is actually comprised of areas within three different, officially recognized, *bairros*- all of the bairro of *Pirambu*, plus more than half each of *Cristo Redentor*, and *Barra do Ceará*. In reality, locals refer to dozens of different neighborhoods, which are officially counted as different favelas, within these areas by different names, such as "Four Sticks," "the Canal," and "Waste Beach." Although many of these neighborhoods differ from one another in the level of poverty, presence or absence of infrastructure, and types of housing (see discussion below), they are all considered favelas, and are often referred to as a single entity. Therefore, unless otherwise stated, I will use the term "Pirambu" to refer to the favelas within all three barrios as a whole.

As defined, Pirambu occupies the stretch of coastline immediately West (also North) of central Fortaleza. When driving west on *Leste-Oeste*, or "East-West," highway out of the downtown district of the city, one passes by a rocky, thin coastline on the right, that continues for about 3 miles. When buildings appear on the right again, one has entered Pirambu. Small shops, stores, apartments and bus stops adorn each side of the road, but the quality of the buildings is notably much poorer than in most places in the city. For the next 10 miles or so, everything on the right side of the road is considered the favela of Pirambu. There are many favelas on the left side of the road as well, stretching for many miles inland, but these are far less densely populated, and interspersed with middle class neighborhoods. These areas are not, therefore, considered an homogeneous entity, and were not utilized in the present study. Pirambu ends at a causeway which crosses an inter-coastal waterway, which also marks the

end of the city limits. The favela runs anywhere from 2 to 4 miles in width ending at the coast on the right side of *Leste-Oeste* when traveling west. Some areas of the favela have beaches (though none are of high quality), while most of the coastline is rocky. The entire coastline in Pirambu is said to be polluted, and swimming is reportedly unsafe, yet young favelados flock to these beach areas and swim there anyway.

Other than the highway, *Leste-Oeste*, there is only one paved road in Pirambu. It runs east to west, parallel to the highway, through the center of the favela, for almost its entire length. The rest of the roads are rock or dirt, and hundreds of smaller, dirt paths crisscross the entire area. Housing structures in Pirambu can be described as three basic types: "very poor," "poor," and "less poor."

The very poor houses are normally made of clay molded over stick frames with straw roofing and dirt floors. They are usually two-room structures with a larger living room/bedroom (from 2 x 2 to 3 x 3 meters) in the front, and a smaller wood or coal-fired kitchen/bedroom in the back. Hammocks are strung up throughout the house for sleeping. Such houses often accommodate very large families. I have personally seen up to ten people living in such structures. These houses almost never have running water, sanitary facilities, or electricity. Most such dwellings are located on extremely narrow pathways or gullies (about 3 to 6 feet wide), and are crowded against each other in the poorest, steepest sections of the favela. Virtually all of the residents of these areas are squatters and do not pay rent. During the rainy season these structures are often completely washed away. Refuse and human waste is seldom hauled away, rather it is thrown out into the pathway, or taken to a nearby neighborhood pit. Clean water sources (such as community wells) are often very far away, and most people collect and boil or filter their own water.

The “poor” houses are most often found on rock and dirt roads which are accessible by car. The greater accessibility usually means that someone legally owns the property and residents are required to pay to live there. In practice, however, this is often difficult to enforce. Rent for these structures normally runs from about R\$60 to R\$150 Brazilian *reais* (\$20-\$50 US) per month.² They are usually formed of crude home-made brick or wood, with concrete floors and straw, tin, or ceramic tile roofing. They are most often one-story, two or three-room structures, and are usually a bit larger than the huts described above. Most have pit latrines adjacent to the kitchen, piped water either inside or outside the house, and electricity, which is often pirated from nearby power lines. Most of the people living in these houses have a radio and a television, occasionally a gas stove, and, more rarely, a refrigerator. This housing type appears to be the most common in the favela as a whole. The “less poor” homes are larger and made of brick, with tin or ceramic roof tiles, indoor plumbing, and electricity. Rent is typically over R\$200 *reais* (\$65 US) per month. Almost all of these houses have a television set, a stove, and a refrigerator. Floors are generally concrete or ceramic tile. These types of houses are mostly found along the larger rock and paved roads in the favela.

Earning a Living

Favelados rely on a variety of ways to make money, both formally and informally. The formal, minimum salary in Brazil is R\$240 per month, or about \$80 dollars US.³ However, people actually receive about 10% less than this amount after benefits, such as retirement and medical and unemployment insurance, are taken out. The buying power of the *Real* in Brazil is quite similar

² The Brazilian currency is the Real. It is expressed as R\$ followed by the amount.

³ Minimum salary and currency exchange here and throughout the dissertation reflect the “ethnographic present” of 2002. The minimum salary in Brazil has since risen to R\$300 in 2005, and the US dollar is currently valued at R\$2.35, instead of R\$3.00 as in 2002.

to that of the dollar in the United States, though the Real will generally buy significantly more food and labor, and less manufactured goods. The “*cesta básica*,” or *basic basket*, is recognized as the minimum amount of basic foods needed to provide sustenance to a family of four. Though the *cesta básica* varies in content and cost from region to region, the average cost in Fortaleza is about R\$132 (\$43 US) per month, or more than half the minimum salary (Diário do Nordeste: 2003b). A typical *cesta básica* might consist of 5 kilograms (k) of rice, 3k of beans, 2k of sugar, 1k of salt, 1k of pasta, 1k of coffee, 1k of flour, 3 liters of cooking oil, 1k of powdered milk, 500 grams of cornstarch, and 250 grams of fruit preserves. The reader will notice that there are no fresh vegetables, fruits, or meats included in the basic diet above. Favelados certainly acquire such fresh foods, but these are much more expensive, and are normally not eaten on a daily, or even weekly, basis.

Beginning at the age of 16, all individuals who want to legally work must register for a worker’s card. All registered workers must then be paid at least the minimum salary, have the right to 30 days of vacation time per year, 30 days notice of layoffs, and a special, year-end, thirteenth check in the same amount as each regular check. Employers must also contribute to the worker’s health and unemployment insurance, retirement, and in many cases, pay for the employee’s transportation to and from work.⁴ All told then, employers actually have to pay about R\$350 per month minimum, plus the thirteenth check, for each full time registered worker, though some of these extra expenses can be written off on the company’s taxes. Each time a registered worker is hired, the employer must sign the worker’s card and record the details of the position, the time worked, and the salary and all benefits paid. This type of work is popularly referred to as *carteira assinada*, or “signed card,” work and carries benefits and workers’ rights.

⁴ For further information on Brazil’s employment laws go to www.sintratel.org.br/direitos.htm, and see the document, “Dos Direitos Trabalhistas.”

Favelados who have "signed card" jobs generally work in factories or the service industry. A nut factory near the favela employs about three thousand workers, and a local beer plant also provides hundreds of jobs to favelados, almost all at minimum wage. Women often work as maids, cooks, and clerks in the hundreds of hotels, restaurants, and stores, while men are often waiters, bell hops, doormen, janitors, and security men for restaurants, hotels, and private apartment buildings throughout the city.

Although thousands of favelados have "signed card" jobs, they are very clearly in the minority, and are considered lucky. Most favelados work "card unsigned," and are not entitled to the same benefits as "registered" workers. Part of the reason for this is that there are simply not enough jobs for everyone, but it is also due to employers searching for, and finding, ways to cut labor costs in an environment where people are desperate for work. The jobs that these "card unsigned" workers perform are often called *sub-empregos* or "sub-employment" jobs.

There are many ways around the higher costs incurred by hiring registered workers, some legal and some illegal. On the legal side, three important loopholes exist. First, part time, or "daily workers" are not entitled to benefits or vacation time, and employers do not have to pay anything above the minimum salary of R\$16 per eight-hour work day. So, for example, if a middle class family wants a maid to clean the house and cook for them six days a week, they can simply hire two maids, and have them each work three days a week. This scenario is completely legal, and can be applied to many occupations. On the one hand, it results in the employer paying less in expenses, and the worker getting to keep all of the money he or she earns. On the other hand, the employee is not entitled to any health benefits, or unemployment insurance, the thirteenth check, retirement benefits, or vacation time, and has no legal recourse to settle disputes

with employers.

Another way to get around Brazil's employment laws is to be self-employed. Workers of this type are paid by the job, rather than by the hour, day, or month. This is perhaps the most common type of work utilized by men in the favela. They typically fix and build things in and around the houses and workplaces of wealthier citizens. Self employed plumbers, electricians, roofers, brick masons, painters, carpenters, handy men, etc., all fall into this category. As long as they do not earn more than eighteen thousand reais (\$6000 US) in a given year (which no one in the favela does), they are exempt from income taxes (see footnote #4, this chapter). These self-employed workers will often register with a government sponsored agency which keeps their names on file. When a client needs a particular job done, such as having a house painted, or a wall built, he or she can call the agency asking for a painter, a stone mason, etc. The agency will then refer the potential customer to a number of people who work in that area. The customer and the worker will then negotiate a price. Hiring these individual workers from the favela is often much cheaper than hiring a professional company to do the job. For example, a self employed painter might charge R\$200 to paint an average, middle class house, inside and out, while a professional company may charge R\$1000 to do the same job because it employs full time, registered workers, must guarantee its work, and has much higher taxes and expenses. The sheer ubiquity of skilled or semi-skilled "card unsigned" workers keeps the cost of this labor very low, a kind of "desperate supply/selective demand" scenario. For larger jobs, such workers can work together and decide on how to split the profits. A more experienced roofer, for example, may "hire" two friends to help him put a roof on a house, with the understanding that the more experienced roofer will keep half of the pay and the helpers will split the other half. In this manner, the roofer avoids calling his

helpers "employees," and thus, does not have to pay benefits or minimum wages.

Artisans and craft makers represent the third type of legal sub-employment in Brazil. They are not required to have signed cards to receive payment. Artisans generally sell their wares at large, indoor *mercados* (markets) during the day, or local *feiras* (open air "fairs") at night. Hundreds of different products can be found in such places, including all forms of art work, clothing, and hand-made textiles, accessories and decorations for the house, home-grown produce, hot food, costume jewelry, and a plethora of *lembrancinhas* (souvenirs) meant mainly for tourists.

There are dozens of *mercados* and *feiras* in the city of Fortaleza, but two of the closest, most lucrative, and most utilized by the people of Pirambu are the *Mercado Central* in downtown Fortaleza and the *Feirinha* at the beach in Beira Mar. The Mercado Central is an enormous building housing hundreds of small booths which are rented on a monthly basis. The *Feirinha* is located at Beira Mar, the main city beach, which has the highest concentration of hotels and restaurants in the city. Artisans also set up hundreds of booths there each night and are charged by the amount of space utilized. These locations receive thousands of visitors each day and night- including a steady flow of wealthier citizens from nearby middle and upper class neighborhoods, as well as seasonal influxes of tourists in huge numbers. But because of their lucrative patronage, rent in both places is very expensive, and most favela families could not afford this expense on their own. So many favelados go in together in cooperatives to divide the price of rent, and share the space to sell their wares. In spite of the high buying power of the customers, however, massive competition drives the prices down. Wealthier citizens and tourists are always looking for bargains, especially with regard to the non-essential types of products that are primarily

sold at such markets. Supply is simply much greater than demand, and suppliers are generally desperate to sell their wares for any price, while tourists and wealthier citizens are rather indifferent about buying the products. Making money then becomes a function of sheer volume. This all adds up to a lot of hard work and an extremely difficult way of life- often for a very modest feast or complete famine, depending on seasonal tourist traffic.

Perhaps the most common *illegal* sub-employment occupation among favelados is that of the *ambulante*, or "walking worker." Fortaleza is a city that loves its recreation. Every night, and especially on weekends and holidays, hundreds of restaurants, music and dance halls, and bars are full of tens of thousands of patrons. Each weekend the beaches are filled to capacity during the day, and the beach side bars, or *barracas*, are very popular both day and night. These *ambulantes* comb the popular areas by the thousands in search of potential customers. Ambulantes will sell most anything, carrying their wares with them as they go. Typical products include cigarettes, chewing gum and breath mints, arts and crafts, black market perfume, costume jewelry, t-shirts, and souvenirs for tourists. Some favelados provide services on the spot, such as giving henna tattoos, drawing pictures of tourists, singing satirical songs, and shining shoes. Still others provide food and snacks such as hot peanuts, popcorn, fried cheese, sandwiches, and fresh seafood. Young men and boys charge money to watch or "guard" the cars of patrons, even in "free" public parking. The charge is typically fifty *centavos* (cents), plus an extra *real* or two if they wash the car as well.

Perhaps half of all the ambulantes one sees in front of the normally open-air bars and restaurants and on the beaches are children, especially young boys. These children often make very significant contributions to household economies, especially in large and/or single parent families. It is illegal for

children to work, but most people, businesses, and police will turn a blind eye to the practice, knowing that it may be the only way for their families to get enough to eat. In the most recent survey (2002) conducted by UNICEF, of the 694,654 children and adolescents interviewed in the state of Ceará, 187,049 worked significantly, and illegally, outside the home. About 73% of the child workers were boys. The ages of those interviewed were between four and fifteen years (O Povo: 2003). If one may extrapolate from these data, which are balanced by area and rural versus urban populations, approximately 27% of children in the state of Ceará work outside the home. But the researchers caution that their figures are likely too low, since they rely on the truthfulness of the children and their parents about illegal activities (O Povo: 2003). And one can be quite certain that the percentage of child workers in the favelas of Fortaleza is much higher than that of the state population as a whole.

A lot of begging for money and food goes on in Fortaleza as well, and this is generally tolerated unless the patrons at a given business complain or call the police. The number of *ambulantes* and beggars is really staggering. If a tourist sits at an open air *barraca* (bar/small restaurant) near the beach in one of the tourist districts, for example, he or she can expect to be solicited by someone every two to four minutes. This has led to another occupation. Some of the older adolescents have actually begun charging money to keep solicitors away from customers.

Having lived in Fortaleza for more than a year and a half, I talked extensively with many of the children who work as *ambulantes*. During my last visit, I met three brothers who worked the restaurants and bars by the coast in the bairro of *Praia de Iracema* near my apartment. I would consider their experiences typical. They were seven, nine and ten years of age, respectively, and worked in Praia de Iracema on Thursday, Friday, Saturday, and Monday nights- the times when the

area receives the most visitors. They also worked from about 9:00am till 3:00pm at Praia do Futuro (the most popular beach for swimming and sunbathing in the city) on Saturdays and Sundays. They live on the far side of Pirambu, and it is usually a 30 minute bus ride to get to Praia de Iracema, and a 45 minute ride to get to Praia do Futuro. Their mother stays at home in order to take care of their three younger siblings, while their father works at the nut factory near the favela for minimum wage.

Each time they work, each boy will have a particular job. At night, one boy will usually sell hot popcorn and peanuts, acting as a delivery boy for a vendor who rents space in Praia de Iracema. Another boy, usually the oldest, will have a large wooden box strapped to his chest that carries cigarettes, lighters, matches, chewing gum, cough drops, candy, telephone cards, and condoms. His father buys and replenishes the stock each day for a slightly lower price. For example, if his cost for a pack of cigarettes is two reais, the boy will charge two and a quarter per pack. The third boy, usually the youngest, will shine shoes. Though the boys face competition from other ambulantes, they have gained favor with the security men and waiters along a stretch of about five bars/restaurants in Iracema, and these people will normally direct business to the boys. The brothers told me that on weekdays they get out of school at 4:00pm, and arrive at Iracema about 8:00pm. Brazilians party late, so they normally do not get home until two or three in the morning, especially on weekends.

Saturdays are the hardest, they said. They arrive at Praia do Futuro at 9:00am, and walk up and down the hot beach until 3:00pm. One boy sells cigarettes and such, another popcorn and peanuts, and the youngest, small trinkets that their mother makes for tourists. They then have to take the bus to Praia de Iracema to catch the happy hour crowd at around 4:00pm. From about seven until nine in the evening, they try to take a nap on the beach between the

big crowds. On Sunday mornings they are back on the beach at Praia do Futuro. They said that during the high tourist seasons (December through February, and July) they usually make about R\$400 to R\$450 (\$120-\$150 US) a month, or almost twice what their father takes home. But at other times, they are lucky to get half that amount.

Another very common, illegal way for favelados to make money is through prostitution. This is clearly a very grave problem in Fortaleza. People who have nothing to sell but their bodies will do so, sometimes even at the urging of their parents. In the main tourist and entertainment districts of Beira Mar, Praia de Irecema, and Praia do Futuro, for example, most bars, barracas, and dance halls have signs posted on the walls warning that "child prostitution is illegal," and that "violators will be severely prosecuted." Other signs often warn that "sexual tourism will not be tolerated in this establishment." The problem is that nothing illegal is being done in public, and the restaurants, bars, and hotels would lose business if they kicked out people they suspected of engaging in prostitution, so these warnings are rarely heeded or enforced.

Although I know of no reliable information which indicates the numbers or percentages of people who engage in prostitution in Fortaleza, anyone who visits there for even a short time will see many examples. In the tourist districts, the practice is obvious, as groups of prostitutes gather around most of the street corners on the main thoroughfares and alleyways at night waiting to be picked up in cars, taxis, and even rented limousines, only to be dropped back off thirty minutes to an hour or so later. This type of street walking practice represents what locals refer to as the "lowest" form of prostitution, and the actual word *prostituta* is used to refer to the people who engage in it.

In 1998 sociologist Gloria Diógenes conducted interviews and life histories of 129 prostitutes in the three primary prostitution "zones" of the city; the tourist

sections, downtown, and the market area of Barra do Ceará (the latter of which is inside what I have defined as the favela of Pirambu). The downtown and Barra districts cater mostly to local men of middle class and below, while the tourist sections cater to visitors and wealthier locals. The researcher divided the number of interviews more or less evenly among the three zones. The study provides an interesting profile of prostitutes in the city. Of the 129 adults that were interviewed, 73% were women, 83% did not finish high school, and 90% said they would like to quit prostituting if they had other options. Ninety-four percent said they grew up poor, and 44% did not finish middle school. Forty-nine percent began in prostitution by age 17, and 35% began by age 14. Fifty-one percent had used drugs (Diário do Nordeste: 2003c).

There are many recognized "levels" of prostitution in the city. Some people, for example, are part-time prostitutes acting independently. They tend to hang out in places where tourists gather, such as dance halls and bars, keep a low profile, and try to pick someone up. They usually sleep with the "client" without initially talking about or charging a fee, and then pressure them for money and/or gifts afterwards. Ideally, if this works out, the "prostitute" will be the tourist's exclusive companion for the length of their visit. People who engage in this practice are usually poor women from favelas who do not think of themselves as prostitutes at all. They form temporary relationships, and often have hopes that the men will take them away from their current life circumstances. These people are usually referred to as *meninas de programa*, or "program girls," rather than prostitutes.

A third and newer kind of prostitution is the "high class/high price" "sexual tourism" arranged by professional agencies. In 2001, I spent my first of six weeks in Fortaleza that year in a small *pousada* or hotel, before later moving into an apartment. I immediately noticed that European men who did not speak any

Portuguese would arrive by cab at the hotel, and within an hour, they would be accompanied by young, attractive, nicely dressed, Brazilian women. It was obvious that the "couples" did not know each other, since they could not even communicate. In fact, I was often asked to translate between English and Portuguese for the hotel owner, and for the couples, both in the lobby and in the breakfast commons in the mornings. Each day the same tourist would have a different woman with him at breakfast. These men mostly came from the Netherlands, Germany, Italy, and Portugal, though I later learned that the practice is also very popular with wealthier men from the south of Brazil.

After making friends with the doormen and some of the hotel workers, I learned that these men set up their "programs," or liason schedules, by internet before they come to town. They contact an "agency" that promises them their choice of different women for the duration of their stay. They are able to see pictures of the women and read their "bios" ahead of time, and once they arrive, they simply make a call and the woman they chose is delivered to the hotel doorstep. According to one doorman, the hotel has nothing to do with the arrangements, other than being relatively inexpensive and conveniently located. The women serve as guides and companions for the vacationing men, as well as providing sexual favors. They normally expect meals, entertainment, and possibly gifts, rather than money, as tips. All monetary payment goes directly to the agency, and clients apparently reserve services by credit card ahead of time.

Although these girls are normally from very poor neighborhoods, they are generally very pretty and appear well taken care of. The "agency" apparently takes care of their health, provides them with nice clothes, educates them on proper etiquette, and may even pay for them to take classes in English. According to my informants, these women are terribly exploited by the "agencies," who are paid directly, and then give only a fraction of the money to

the women. If the "worker" begins to deteriorate in appearance or health, she is left to fend for herself. As bad as this sounds, it sometimes may offer a way out of the favela, if only temporarily.

A final means for favelados to get money illegally is through crime such as theft and drug dealing. It is true that many young men of the favela turn to crime, and Pirambu certainly has a reputation for it. Desperate people will sometimes turn to desperate means to acquire what they need to survive. But it is also true that richer neighborhoods produce their share of criminals, and Pirambu has nothing like the huge, organized drug gangs that are present in Rio de Janeiro and São Paulo. Although I have described some ways in which favelados make money illegally, they do so out of necessity, rather than greed or malevolence. The fact is that the vast majority of favelados are good, decent people who do their best to deal with the very harsh conditions in which they find themselves.

Health and Health Seeking Behavior in the Favela

As of 2002, the total population of Brazil was about 176 million, with a median per capita income of slightly more than \$3000 US (World Health Organization 2004: 1). The figures for median income, however, mask important regional and distributive differences. In 1995, for example, Sergipe was the richest state in the Northeast region of Brazil, with a median income of \$1,958 US, whereas Piauí had the lowest per capita income in the Northeast, as well as in the country, at \$835 US. Regional differences are so extreme, in fact, that Brazil has been described as having three different, average, standards of living. In the South and Southeast, average living standards are similar to Belgium. In the North and Central-West, they are similar to Bulgaria, and in the Northeast, they are similar to India (Library of Congress 2004: 1-4). As I discussed earlier, in

addition to being the poorest region in Brazil, the Northeast also has the greatest discrepancies between the rich and the poor.

As one might imagine, basic health indicators also display striking differences across regional lines. As of 1995, life expectancy in Brazil as a whole was 67.1 years of age, while in the South (the highest) and the Northeast (the lowest) it was 69.4 and 65.4 years, respectively. Chronic malnutrition rates were also much higher in the Northeast at 27.3% of the population, as compared with 15.4% nation-wide, and 8.1% in the South. Infant mortality rates display similar differences. In 1995, infant mortality in the South was 21.1 per 1000 live births, in the Northeast the figure was 70.2 per 1000 live births (Library of Congress 2004: 1-4). In the same year of 1995, infant mortality in Fortaleza was 72.4 per 1,000 (Municipal de Fortaleza 2001: 24).⁵ Reliable infant mortality data are not available for favela populations in Fortaleza since almost all bairros have a mixture of socioeconomic levels. Pockets of favelas, with significant populations, exist within all predominately "upper class" bairros, and significant middle and upper class populations exist in almost all bairros that are dominated by favelas. There is also a problem with the lack of accurate records. Over one third of all infant deaths which are reported in Fortaleza are not recorded with an address, and are listed in the official records as "bairro unknown" (Municipal de Fortaleza 2001: 13). One would expect, however, that favelados account for the majority of infant mortality within the city, which would indicate infant mortality rates at least twice as high in the favelas as in the city as a whole.

The primary causes of death among the under age five population of Brazil are infectious and parasitic diseases, often brought on by malnutrition and a subsequent weakening of the body's immune system. Among the children of the favelas, the leading immediate causes of death in order of occurrence are: diarrheal diseases, respiratory diseases, measles, tuberculosis, and malaria. Such

⁵ Again, comparative data by region is only available from older sources.

infectious diseases comprise the second leading cause of death for the population as a whole at 24.5%. Diseases of the circulatory system are the leading cause of death in the country as a whole at 34.3%, and are responsible for over half of all deaths in the over 60 population. Among individuals aged 5 to 49, external causes, specifically traffic accidents and homicide, are the leading causes of death (Library of Congress 2004: 1-4).

The homicide rate in Brazil has reached epidemic proportions, especially in certain areas. The overall rate for the country has more than doubled since 1980 from 11.4 per 100,000, to 28.4 per 100,000 in 2002. This is more than four times the homicide rate of the United States, and the third highest of the Americas. Among young adult males aged 18-29, homicide is by far the leading cause of death in Brazil at 121 per 100,000. Homicide is much more common in the larger cities with significant favela populations. The overall rate in the city of São Paulo, for example, is 53.9 per 100,000, and homicides are estimated to be responsible for as many as four times this number of deaths within the impoverished favelas (Centers for Disease Control 2004: 169-171). Aids and tuberculosis are two other major health problems in Brazil. HIV prevalence rates, at 0.6%, are the fourth highest in the world, and the highest in the Americas, while tuberculosis affects 103/100,000 and kills 9/100,000 each year (World Health Organization 2004: 1-4).

Like the United States, Brazil's health care system is a mixture of private and socialized medicine. In 2001, private funds accounted for 58.4% of the total \$222 US per capita spent on health care in Brazil that year. Public funds paid for 41.6% of this total, or about \$92 US per capita. Of the private funds, about 65% are paid for out of pocket, while only 35% are paid for with prepaid plans. For comparison, the total per capita expenditure on health care in the United States was \$4887 US in 2001, with public funds paying for 44.4% of the total, and prepaid plans accounting for about 73% of private expenditures. There is also a

significant shortage of doctors in Brazil, as well as a terrible shortage of nurses. Doctors number 127 per 100,000 population, while registered nurses number only 41 per 100,000 population. By comparison, the United States has 279/100,000 doctors, and 972/100,000 nurses (World Health Organization 2004: 1-4).

Since most of the people in the favela do not have health care plans, they must rely on public funds and/or pay out of pocket expenses which are usually cost prohibitive. Alternative treatments are extremely popular as a result. Moreover, the \$92 US per capita of public funds spent on health care is not limited to, or even concentrated upon, more impoverished people, rather it is divided among the entire population. Most bairros have at least one "health post" (similar to health departments and free clinics in the US), and each region of Fortaleza has a public, free hospital. Fortaleza is divided into nine health care districts. The region which includes Pirambu is comprised of eight bairros, and has six "health posts" and one hospital. Anyone living in the region may go to any of the posts or the hospital and receive free treatment, but they may not be treated at similar, free institutions outside of the region. Although the favela, as I have defined it, comprises about half the population of the health care district, there are only two health posts inside the favela's borders, and the hospital is located outside of its borders. According to some of the nurses work there, the responsibilities of the health posts are basically three-fold: (1) the vaccination of children and the measurement and monitoring of their basic health indicators; (2) prenatal care and the education of pregnant mothers on how to take care of their children; and (3) the treatment of minor illnesses and referrals to the hospital for more serious illnesses or tests as needed.

Each health post must have at least one registered (college level) nurse present at all times, but most patients are actually attended by high school level

nurses (who receive much less training than licensed practical nurses in the US), or nurses' aids, who normally do not have high school diplomas, but have received six months to a year of training in attending patients. On weekdays, the posts are normally attended by one doctor on each day. Typically, a general practitioner is present two days a week, while a psychiatrist, a dentist, and a physician specializing in obstetrics are each present one day a week. These doctors are usually young residents who are fulfilling requirements that were agreed to as a condition for receiving free tuition in medical school. They normally have full time jobs elsewhere, and receive very little payment for their work in the free clinics.

As one might imagine, demand for free health care is much greater than resources can accommodate. Many of the patients I interviewed expressed frustration and cynicism with respect to the free clinics and the hospital. Most people can expect to wait in line for hours, and many of these will never see an actual doctor. For example, one young woman I talked to had been experiencing severe migraine headaches for weeks before going to the clinic. She arrived at the clinic at 6:00am on a Monday. About two and a half hours later, an attendant finally came up and asked her what was wrong, took her blood pressure and her temperature, then told her to wait outside. This was a form of triage, and she had been classified as a less pressing case. Since she was not old or visibly infirm, she was not given a shaded spot in which to wait. She waited outside in the hot sun until 4:00pm that day. She was then told by the attendant that the doctor would be unable to see her that day, and that she should come back on Wednesday if her symptoms persisted. She then begged the attendant to get someone to see her right away, saying that she was in terrible pain. The attendant left saying she would do what she could. Just before the clinic was to close at 5:00pm, a high school level nurse came to see her. She

was given five “strong” pain pills, and told to come back on Wednesday. On Wednesday she arrived at 8:00am and was recognized by the attendant. She was able to see the doctor at 11:00am. He gave her a month’s supply of pain pills with codeine, and ordered tests to be run at the local free hospital. The tests were scheduled for the first available appointment time, two and a half months later. The patient was still waiting for her appointment at the time of our conversation. It is also worth noting that medicine at the clinics and the hospital is in very limited supply, and is normally not available to give away. The above patient was lucky the clinic had the pain pills on hand. Most patients have to purchase their prescriptions at a local pharmacy.

The above example appears to be quite typical. Patients are always triaged before being seen at the health posts and at the hospital. Patients with minor injuries or minor illnesses such as the common cold or the flu are encouraged to go to the clinics, while patients with more serious injuries and illnesses can go directly to the hospital. The above patient, for example, would have been refused treatment at the hospital, and sent back to the health post. But many individuals told me that if you have something minor like a cold or the flu there is no sense in going to a health post, as you would be placed so far down the triage line each day that you would simply never be attended to. Patients can also expect to wait for some time before being seen at the hospital. Obvious life and death emergency cases are seen to first, and resources are spread thinly. One young man I talked to broke his leg and went directly to the hospital for treatment. Even though his leg was obviously broken, with bone visibly displaced under the skin, he had to wait for four hours before being seen by a doctor, and was unable to get an xray until the next day.

The difficulty and time it takes to receive free treatment, especially long term treatment which requires tests, lead many favela residents to look elsewhere for

their medical needs. Also, the cost of prescription drugs is usually born by the patient, and this is often well beyond the means of favelados to pay. Many of the individuals I interviewed who had physical illnesses associated with encosto went to Umbanda healers rather than deal with the hassles of trying to receive medical treatment. Others were unsatisfied with the medical treatments they received and turned to Umbanda as a second resort. And still others pursued both medicine and Umbanda as healing strategies, such as going to Umbanda healers while waiting for medical tests to be run, or undergoing healing rituals during the course of long term medical treatments.

Favelados generally take a practical, pluralistic approach to medicine. They will attempt to acquire whatever treatments they think might work, balanced against their perception of their degree of medical need, their relative faith in various alternative healing systems, and the monetary and temporal resources they can expend to fulfill that need. In terms of western medicine, the first attempt at seeking treatment is most often the local pharmacy. Favelados will often go, or send a family member, to the local pharmacy to describe the symptoms of the illness. In almost all cases, the people who hear these descriptions have no formal medical training, though they may have accumulated considerable knowledge over the years, and are often very free with their advice. Although a licensed pharmacist must be employed by each pharmacy, they are seldom present to answer questions. Their job is primarily to order and sign off on the purchase of drugs, and each pharmacist often works with several different drug stores.

So many favelados get medical advice about what may be wrong with them, and which drugs they should take, from workers at the pharmacy. The patient must then decide if the medicine is worth the cost. For minor illnesses at least, this strategy is often preferable to the complicated and time consuming process

of trying to acquire free medical care. Indeed, I think I am safe in saying that pharmacies are more commonly employed for primary medical care in the favela than are the health posts and the hospital. It should also be noted that medicine costs much less in Brazil than in the United States, and prescriptions are rarely (in practice) required to purchase most drugs. For example, although antibiotics and pain medicines with codeine are supposed to require a prescription, almost anyone can buy them without one. The price of medicine is also kept artificially low through government intervention. For example, the drug prevacid, which is used to control acid reflux disease, costs about \$130 for a month's supply in the US. In Brazil, the same drug, manufactured in the US, costs about R\$21 reais, or about \$7 US dollars, for the same month's supply. But in spite of the low cost and easy availability of medicine in Brazil, the financial strain of medication can often be too much for a favelado struggling to make ends meet on a R\$240 monthly minimum salary.

While almost all in the favela believe that modern medicine can be effective, and will make use of it when they can, not all favelados believe it is the best option in all cases. For example, medicinal plants are widely used in the favela, and people who are considered knowledgeable in their use are often highly respected. These plants can be found in abundance and great variety in the market sections of the favela at a much lower cost than most medicines. If an elderly woman with little formal education has recently emigrated to the favela from the interior, and she has depended primarily on herbal remedies for most of her life, she may have suspicions regarding modern medicine and a preference for herbal remedies. And these beliefs may then influence younger members of her family. So this family may use herbal remedies as a first choice in most cases, with modern medicine being sought only if the herbal remedies fail to work. Other, more "acculturated" or educated families may choose

modern medicine first, and try herbal remedies only when medical treatments fail or are not affordable. And still other families may employ herbal remedies for certain illnesses and modern medicine for others, through a complex system of preferences known only to themselves. The choice to seek medical or herbal remedies, then, is dependent on not only financial factors, but also on personal and family history, knowledge, experience, education, and beliefs.

The same can be said for alternative healing through religion. One's religious background, and the background of one's family and friends, play a decisive role in the choice of religious healing. If a patient is a strict Catholic, then she would probably choose to pray or go to a Catholic "prayer" or *benzedeira* for treatment. Likewise, people who participate in Umbanda would tend to go to Umbanda healers, Spiritists would go to Spiritist healers, and evangelicals would go to evangelical faith healers. But these tendencies are merely first preferences, and many potential patients are not strong members of any one group, and often find themselves going to a religious healer at the urging of friends or family members that have ties to a particular healer. With the exception perhaps of evangelicals, who teach very strongly that other methods are sinful or even satanic, all but perhaps the members of the actual religious hierarchies of each of these traditions will make use of other traditions if the need is truly great. For example, I have personally seen very strict Catholic families take their children to both Spiritist and Umbanda healers when all other methods were perceived to have failed. And since the vast majority of the favela population is neither particularly strict in their adherence to one tradition, nor members of a religious hierarchy, most favelados will try multiple sources of spiritual healing if they feel the need.

A final, important factor which favelados consider when choosing between alternative healing systems is whether an affliction is better treated through

spiritual or physical means. The determining factor in this decision is usually perceived etiology- whether the affliction was caused by spiritual or physical factors, or a combination of the two. In cases where illnesses have physical symptoms, most patients will accept a dual theory of causality which can be quite complex, and, in turn, pursue a dual course of action to treat the illness. In many of these cases, a spiritual cause is not suspected until a perceived failure in physical treatment is experienced. For example, in case study #14 (see appendix A), the patient (who was not an Umbanda member) went to a doctor for immediate treatment after she fell into a well and severely cut her leg. The leg then became badly infected and she returned to the doctor for further medical treatment three weeks later. She was given medicine for the infection and sent home. But after a few days, the infection showed no signs of getting better, and she came to believe that the medicine the doctor had given her was making things worse. At that point she went to an Umbanda healer at the urging of a friend.

The Umbanda healer then, through contact with spirits, redefined the etiology of her illness. Yes the cut was caused by her fall, but the fall occurred because a malevolent spirit had pushed her at the request of a living enemy. And yes, the infection was caused by the cut, but it would not heal properly because of the influence of the malevolent spirit. After receiving treatment from multiple *preta velhas*, the infection and swelling gradually lessened and disappeared over the next two weeks. In the end, the patient was convinced that medical science alone, though it had played an important role, would never have been able to heal her completely because it could not address the underlying spiritual factors. These factors had to be removed in order for the medicine she was given to work.

In the above case where the injury was extreme, Umbanda treatment was a

second resort. In cases where physical illnesses or injuries are less severe, Umbanda may be considered a first resort, depending on the patient's background and beliefs, and given the greater cost and complications associated with acquiring medical care. For example, if a person who regularly attends an Umbanda *terreiro* catches a cold or the flu, that person would be more likely to go to the *terreiro* and talk to a *preto velho* first. The spirit will typically pray over and bless the individual, and most likely prescribe cheaper, herbal remedies to take. Only if these measures fail, and the condition worsens, would such an *Umbandista* be likely to seek out orthodox medical treatment.

Finally, conditions and problems that seem less physical in nature, and which the medical community would likely consider behavioral, chemical, or mental, *favelados* will often perceive as spiritually caused- again depending on the background and beliefs of the individual and those around him or her. Some common symptoms in this category include; violent episodes, addictions such as alcoholism, having strange and frightening visions, temporary paralysis, depression, and extreme mood swings. Many such cases are reviewed in the present dissertation, and *favelados* with symptoms such as these are very likely to seek spiritual help as a first resort, especially if they or someone around them is familiar with Umbanda or another spiritually based healing system. One reason for this is that psychologists and counseling are not normally available for *favelados*, another is that Umbanda and Spiritism in particular tend to explain such problems in spiritual terms. This topic will be discussed in greater detail in Chapter 5, Data Presentation and Discussion.

Umbanda in the Favela

In terms of religious infrastructure, Pirambu is home to many small Catholic churches, though the majority of Catholics in the favela attend the larger

churches outside of the favela, and several small, Protestant, "Pentecostal" churches, most notably Assemblies of God. There is also one Candomblé Temple (that I know of) located inside the favela, and one Spiritist or "Kardecist" Center nearby the favela, though it is worth noting that several Umbanda leaders I met inside the favela also claim to practice Spiritism on the side. But the most common religious structure in Pirambu is, by far, the Umbanda *terreiro*. I have personally seen dozens of them, but apparently no official count exists. Most commonly, the *terreiro* is located inside the house of a particular religious leader. Sometimes ritual services are conducted right in the leader's living room, while other, more "well to do" leaders will have a separate room within the house for religious activities. There are also many *terreiros* in Pirambu whose leaders and congregations can afford a building separate from, or simply adjacent to, the leader's house. Umbanda leaders are called *Mães and Pais de Santo*, or "Mothers and Fathers of the Saint." Only one individual, male or female, will lead a particular congregation, comprised of followers, frequenters and adepts- the latter of which are called *Filhos and Filhas de Santo*, or "Sons and Daughters of the Saint." *Mães and Pais de Santo* are often seen as neighborhood and community leaders, and are normally well respected and sometimes even feared. They often act alternately and informally as counselors, healers, organizers, and judges within the community.

Smaller *terreiros*, which are part of the leader's house, will normally have a public "altar" area in front of which most ritual activities are held. This area will have various small to large statues of African gods and other spirits. Most all will have at least one figurine of most of the major orixás: Oxalá, Yemanjá, Xangô, Oxum, Ogum, Oxossi, Omolú, Iansã, and Exu, as well as small statues or depictions of *preto velhos*, *caboclos*, and figures from Brazilian folklore which are believed to descend into mediums. The larger, more financially secure

terreiros tend to have much larger and more elaborate statues (up to human-sized) and decorations. In addition to the public ritual area, each terreiro has a space, ideally a separate room, reserved for Exu, and located near the entrance of the terreiro. This placement near the entrance has symbolic significance because Exu is believed to be the master of all pathways. He is therefore petitioned to guard the entrances of terreiros from unwanted spiritual intrusions. Animal sacrifices and gifts from petitioners are often taken into this room at appropriate times during rituals, but non-initiates are rarely allowed to enter. In addition to these public spaces, each terreiro is said to have private spaces where private rituals, such as certain initiation rites, are held, and where the terreiro keeps its "houses of the gods." These "houses of the gods" shelter the true sacred objects of the terreiro which are called *axés*. The *axés* are said to embody the strength of the terreiro. They can be almost any type of object which an orixá has imbued with power, and initiates must reportedly have contact with them on a frequent basis. Non-initiates are never allowed to enter these private spaces.

In the smaller terreiros, those located inside the houses of the leaders, ritual lines of distinction are necessarily blurred for lack of space. In the larger terreiros, distinct ritual spaces are more clearly defined. For this reason I will describe one of the larger terreiros, but this description should be taken as more of an ideal form for a terreiro in the favela, rather than the norm. Although I attended Umbanda rituals in over ten different terreiros in the favela, I visited one in particular on a regular basis, or, at least once a week during the length of my two stays in Fortaleza. The terreiro is dedicated to the orixá *Ogum de Sete Espadas* (Ogum of Seven Swords), and has a placard over the entrance stating so. The terreiro is located at the edge of the favela on a major road, with a nearby bus stop. It was therefore more convenient for me to visit, especially at night.

The terreiro itself is located downstairs in a two-story concrete building. The

Pai de Santo and his family live upstairs and have a separate entrance to the side of the building. The main ritual area is a rectangular room of approximately 30 x 35 feet in size. There are rooms behind the main altar area at the far end of the room, but non-initiates are not allowed to enter. Initiates normally come to the center in street clothes, disappear through a door behind the main altar area, and emerge a few minutes later dressed in ritual garb. The three sacred drums of the terreiro are also stored behind the altar, and are brought out only for rituals.

As one enters the terreiro, the main altar area is straight ahead at the end of the hall on a slightly raised dais. Immediately to one's right is the Exu room. It is about six by eight feet in size and is painted red inside. Candles and ritual objects, the latter of which are mostly black or red in color, are strewn throughout the room. To the immediate left, as one enters the terreiro, is a life-sized statue of *Zé Pilintra*, a figure from Brazilian folklore who is also the terreiro's spirit protector or leader. Next to *Zé Pilintra* is a smaller statue of a *preto velho*. Three rows of plastic chairs are stacked against the left and right side walls, as seating for spectators and adepts. Behind the left side wall there is an alcove that houses candles, perfumes, and other ritual objects which can be bought by frequenters and given to the spirits as gifts. The main altar area contains many statues, but only five are life-sized and located behind the others. Oxalá/Jesus is located in the center, while Yemanjá/Saint Mary, and Xangô/Saint Jerome are stage left. Ogum/Saint George, and Oxossi/Saint Sebastian are located stage right. These large statues appear more Catholic than African in aspect, most probably due to availability, but they are always referred to by their African names. Various other statues are placed in front of the life-sized ones, including the other orixás, *preto velhos*, *caboclos*, and one figure of a monk identified as Saint Francis. A basin of water is located in front of the statues on the dais, and the entire altar area can be partitioned off with an

opaque curtain during certain rituals. The terreiro's sacred drums are normally played in a small area located stage right of the dais.

Most of the ritual activity at the terreiro takes place in the clear, open area in the center, which measures perhaps twenty-five by eighteen feet. This is where the mediums receive their spirits, petitioners consult with the spirits, and the adepts and frequenters dance, clap, sing, and pray. A metal block can be found cemented into the concrete floor about eight feet from the center of the dais. The ritual objects which were used to dedicate the terreiro upon its construction are reportedly buried there, and the initiated often touch their foreheads to the block before religious services begin. I will return to a discussion of this particular terreiro after a few paragraphs about the nature of the spirits which dominate Umbanda in the favela in general.

Unlike in Candomblé, or in some Umbanda centers that have been reported in the literature in other regions of Brazil, the mediums of Umbanda or Macumba in Pirambu, and Fortaleza in general, very rarely accept the spirits of the Orixás; the spirits of Orixás are normally accepted, in public at least, only on those days which are designated "theirs" once each year. For example the "Day of Yemanjá" is December 31, and the spirit of Yemanjá, or one of her "aspects," will be accepted that day by her specific filhos and filhas de santo. Orixás in the favela never talk to or consult with petitioners directly through mediums. Only lesser spirits such as caboclos and preto velhos perform this task. The orixás are thought to be very "heavy" spirits which drain the strength of mediums, and are rarely channeled.

One exception to this rule is Exu. Exu in the singular is thought of both as one of the Orixás, and a servant of the gods. He is the most accessible of the Orixás, and serves as an intermediary between the gods and humans. Most commonly, Exu is invoked through one of his many "aspects" or manifestations,

ie. "Exu Pepper," "Exu Cadaver," or "Exu of the Crossroads." Thus, we often hear of many different exus, or that a person petitioned a particular exu, or that a Mãe or Pai de Santo called down *her* or *his* exu. In this sense, the different manifestations of exu are thought of as separate, individual spirits. Each Mãe or Pai de Santo normally incorporates only *her* or *his* exu, meaning an individual exu with which that leader has developed a particular affinity over time.

Similar to the situation with exus, each Mãe and Pai de Santo has also normally developed an affinity with a particular preto velho, a particular caboclo, and often, another spirit which may be a figure from Brazilian folklore. Thus, when listening to stories that people tell of their interactions with spirits, a person may say, "the Mãe de Santo called down her preto velho who then gave me a *passé* and prayed over me." As discussed in Chapter 2, each Mãe or Pai de Santo has one orixá to whom they are particularly devoted. Thus they are said to be the children of that god- a filho de Xango, or a filha de Yemanjá, for example. That particular god is then their *Orixá*, or "master of the head," in the literal sense. Each child of a particular Orixá has specific ritual obligations to that god above all others. The patron god will send specific, spirit helpers to their child, such as caboclos and preto velhos, who will then develop a special relationship with the medium and become *his* or *her* caboclo or preto velho.

Among these spirits which the Mãe or Pai de Santo accepts on a regular basis, one will emerge as the terreiro's "spirit protector." This spirit protector will then be accepted by the Mãe or Pai de Santo at almost every ritual service. Other spirits enter the terreiro only at the invitation of the spirit protector. He or she is said to watch over all the members of the terreiro, and to oversee spiritual activity within the terreiro. Some of the most common and popular spirit protectors in Pirambu include Zé Pilintra, Nego Gerson, and O Marinheiro (the Sailor). These spirits are all loosely identified as caboclos. Caboclos are

traditionally Native American or mixed blood spirits who are said to have superior knowledge of the natural world, are very powerful and indomitable, and are most often called upon to strengthen and protect petitioners from negative spiritual influences or misfortune in general. Each of these three popular spirit protectors, however, has dual aspects which make him particularly useful to the terreiros and their congregations.

Zé Pilintra, for example, is believed to have lived in the state of Pernambuco in the late nineteenth century, and was of mixed white, black, and native American ancestry. He had a reputation as a gambler, a heavy drinker, and a womanizer. He associated with criminals and prostitutes, and often engaged in violence. He was, however, a good man at heart, and often fiercely protected his friends and those who could not protect themselves. He is now referred to as a *meta meta* or "half and half" spirit, who works half as an exu, and half as a "spirit of light." In his exu aspect he is a powerful practitioner of magic, has the power to open up *caminhos* or "pathways" for petitioners in their daily lives, and is the master of spirits of the dead or *zombeteiros* who are often *encosto* spirits. He can be called upon to command these *zombeteiros* or *encostos* to leave a victim alone, or conversely, he can be asked to send such spirits against a living victim. In his spirit of light aspect he is also a wise counselor, a master of herbs and charms, and has the ability to *fechar os corpos*, or, "close the bodies" of petitioners to unwanted spiritual intrusions. When Zé Pilintra is incorporated into a medium, he drinks alcohol constantly, laughing and joking all the while. However, the mediums claim that they feel no effects of the alcohol once Zé leaves their bodies, and remember nothing of what went on during the possession. Because of these multiple functions, and a very charismatic personality, Zé Pilintra may be the single most popular spirit character in the favela.

Another popular spirit protector in the favela is Nego Gerson or "Black Gerson." He is said to have been an escaped slave in life, and combines the power of the caboclo spirits with the wisdom and healing abilities of a preto velho. O Marinheiro (the Sailor) is said to have been a very good man who sacrificed his life to save others in a shipwreck. He combines the power of a caboclo with the wisdom and favor of a spirit of light. He is particularly beloved by Yemanjá, and can reportedly gain great favors and luck for those who petition him.

I will return now to the discussion of the terreiro I regularly attended, *Ogum de Sete Espadas*, as an example of one of the larger terreiros in the favela. The terreiro is led by Pai César, a man in his late forties who has a single, teenage son who is also a filho de santo and plays one of the ritual drums at the terreiro. Pai César is a child of the Orixá Ogum, his spirit protector is Zé Pilintra, his preto velho is a female, *Mãe Joanna*, and his exu is *Exu da Encruzilhada*, or "Exu of the Crossroads." He holds regular ritual services, where petitioners are welcome, on Monday and Thursday nights and on Sunday afternoons. On Saturdays, the terreiro often holds rituals which are closed to the public. On days when Pai César is not working at his own terreiro, he (and through him Zé Pilintra) often visits other, nearby terreiros with which he has a close relationship. On certain special occasions, such as Saint or Orixá Days, feasts, or *Giras* of certain spirits, many of the members from one or two other terreiros will congregate at Pai César's terreiro as it is larger and will accommodate more people.

Monday nights are normally reserved for the *giras* or *saidas dos santos*—"dances," "movements," or "appearances" of the spirits. Each Monday night is usually dedicated to a specific *type* of spirit, ie. a "gira do exu," a "saida do preto velho," or a "gira do caboclo." During the night's services, all of the mediums will, at one time or another, accept their spirit from that type. These mediums

normally include about eight to twelve active filhos and filhas de santo from Pai César's terreiro, two or three visiting mediums from an affiliated terreiro led by a woman named Mãe Valdivia, and two or three mediums from other terreiros. During a saída of preto velhos, for example, frequenters and petitioners are welcome to talk to, and receive blessings from, all the preto velhos that are present. These types of services normally last up to three hours. After a suitable time of accepting only spirits of the designated type, usually the first hour and a half to two hours, other spirits are then often accepted. Giras of caboclos and Exu follow much the same pattern. Pai César accepts the spirit of Zé Pilintra at nearly all ritual meetings. Mãe Valdivia, of the affiliated terreiro, is present at roughly half of these types of rituals, but rarely accepts spirits due to her age. Pai César, and thus, Zé Pilintra, visit her terreiro nearly every Tuesday when she holds her primary services.

The members of Pai César's terreiro do not practice animal sacrifice during the giras of caboclos or the saídas of the preto velhos, but they do during the giras of Exu. Animal sacrifice is also practiced every Thursday night, which is designated *a noite dos trabalhos*, or "the night of works." Trabalhos, as discussed previously in Chapter Two, are rituals designed to gain the favor of the gods to intervene in the lives of petitioners to solve practical problems. These problems can relate to health, finances, personal relationships, love, or virtually anything. Animal sacrifice, usually of chickens, is meant as a gift to the gods, and is normally performed by Zé Pilintra himself. Zé Pilintra, through Pai César, will often actually eat the heart of the chicken, raw, just after it is killed. Almost all petitioners will also bring gifts, normally alcohol, candles, or perfume, as offerings to Zé Pilintra to help them with their troubles. In cases where great favors are asked, greater gifts are expected, including, occasionally, live animals. Animal sacrifices are always conducted in the entry-way of the terreiro, and Zé

Pilintra accepts petitioners there as well. During these rituals, an opaque curtain is drawn forward concealing the main altar area, with its statues of the orixás/saints, on the far side of the room. It is believed that some of the spirits who work the trabalhos might be intimidated by the images of the orixás. After the spirits have been dismissed, the curtain is drawn back for the benediction and concluding prayers.

On Thursdays, Zé Pilintra is working in his exu aspect, and people ask for specific favors. On Mondays, the services are more about praising and celebrating the type of spirits designated, allowing them time to spend in corporeal bodies, and receiving their general blessings and protection. Sunday afternoon meetings are more general in nature. There are no giras of specific types of spirits, trabalhos are not performed, animal sacrifice is not utilized, and most any type of spirit is welcome.

Pai César has about fifteen regularly active filhos and filhas de santo, though some of these rarely accept spirits. Most have their own preto velhos, caboclos, exus (or the female counter-part *pomba gira* spirits), and two mediums often accept *criança* or "child" spirits. Monday services are dominated by the designated type of spirits. Thursdays are dominated by exus, pomba giras, and caboclos. And Sundays tend to be dominated by preto velhos and caboclos. Certain days of the year are designated for special services or feasts, such as specific saint or orixá days, and days of preto velhos, caboclos, crianças, or exus. On these days, the services are dictated by the traditions surrounding the particular spirit or god being honored.

All regular services begin with Pai Cesar or a helper purifying the entire terreiro with burning wood and incense which is carried in a metal bucket. Pai César normally meditates and paces outside the entrance of the terreiro prior to receiving spirits. The drummers begin playing and the other members, already

dressed in ritual garb, begin singing, clapping, and evoking the spirits. During this time, one of the *filhos de santo* will pass out cheap, weak cologne to all who are present, squirting it into their palms. The people will then pass it over their bodies and clothing. The first spirit to be invoked is normally Exu, who is asked for his blessing, to guard the *terreiro*, and to not disturb the service. Pai César then enters the *terreiro*, goes into the Exu room, and emerges as Zé Pilintra. His ritual garb includes a brown buckskin hat, and a bright yellow vest. He then dances around the *terreiro*, and often greets important visitors, while the rest of the congregation sings songs to him. This lasts for five to ten minutes before he directs the drummers to play different rhythms, leading the congregation in songs or *pontos* in praise of the various *orixás* and other spirits.

After another ten to fifteen minutes, the *filhos* and *filhos de santo* of the *terreiro* go up and greet Zé Pilintra, and begin accepting their own spirits, normally *caboclos*, *pomba giras*, *preto velhos*, and folk *heros*. Some of the adepts only become possessed when Zé Pilintra touches them on the forehead. As each new spirit arrives, particular songs are sung to them. The individual spirits themselves often begin these songs, identifying and describing themselves, while the rest of the congregation joins in. Once possessed, each new spirit will then go up to greet Zé Pilintra. The spirits usually hug, and Zé will often offer them alcohol. Zé Pilintra is always accompanied by a *cambone* or ritual helper who sees to his needs- giving him whiskey, beer, and a full pipe to smoke, and fetching ritual items as needed. Zé Pilintra drinks constantly during all services, both whiskey and beer. The spirits accepted by more senior mediums, both native and visiting, have their own *cambones* which see to their needs, while spirits accepted by lesser mediums are taken care of communally by various members of the congregation.

The entire opening sequence just described normally takes about one hour.

After this, Zé Pilintra begins seeing clients. Zé Pilintra is almost always the first spirit to be accepted by anyone at the terreiro during regular meetings. The one exception is on Monday nights which are specifically designated as *Giras do Exu*. On these nights, Pai César accepts his exu, *Exu da Encruzilhada*, first. The exu dances and sings while other mediums accept their spirits, mostly pomba giras and caboclos. Pai César rarely consults with petitioners when possessed by his exu. Instead, after the first hour or so, Pai César accepts Zé Pilintra to consult with clients. On Thursdays, which are *trabalho* nights, Zé Pilintra conducts animal sacrifices at the entrance way below his statue. He will arrange the cut-up parts of the sacrificed animal/s and its blood in a bowl with other items, creating what is called a *bruxaria*, or roughly, a “witchcraft.” The *bruxaria* is then moved to the exu room, and the floor is cleaned by assistants, before Zé Pilintra begins receiving clients and conducting consultations. He stands in the entry way, right where the animal was sacrificed, while receiving petitioners. On Mondays and Sundays, he receives clients in the center of the terreiro, and no sacrifices are conducted.

Zé Pilintra normally receives between twenty and fifty clients on each night of public rituals. Mondays are usually the most crowded. Petitioners will stand in line, often with offerings of candles, perfume, or whiskey. Attending to clients normally takes between an hour and an hour and a half. During this time all the other mediums are available to talk to clients as well. Zé Pilintra normally greets each petitioner with a hug, then listens to what the client has to say. He then may grant the client’s wish, and perform a short ritual, or he may ask for more gifts, such as candles bought from the terreiro, before granting the wish or giving his blessing. Most of the requests he grants in these public meetings are simple empowerments (*dando forças*), opening *caminhos* or pathways in life, or offering spiritual protection. Simple empowerment rituals which Zé Pilintra

often employs on the spot include: giving the client a puff of his tobacco, putting his hat on the client's head for a few seconds, turning the client around, giving the client some of his chewed tobacco to put in his or her wallet or purse, or chewing and swallowing a request that the client has written on a scrap of paper. Before the client leaves, Zé normally offers him or her a drink. If accepted, the spirit will pour a very large shot of cheap whiskey down the client's throat first, followed by beer. Zé and the client then clasp right hands, raise them up in the air, and stomp the ground in ritual farewell. The client then returns to his or her seat, or continues dancing and chanting, feeling refreshed and empowered.

Zé Pilintra is certainly the most important spirit accepted at the terreiro. Almost everyone will talk to Zé Pilintra when they visit. If persons do not come forward of their own accord, Zé may even call them down individually. After receiving his blessing, many people will often comment about how good the spirit is, and how Zé has helped them or made them feel better. If the group can be described as a cult, it is a cult of Zé Pilintra, rather than a cult of the Pai de Santo.

The terreiro's filhos and filhas de santo receive other spirits which are quite popular, though none so popular as Zé Pilintra. In particular, there are four senior adepts who receive specific spirits which most frequenters will seek out for their blessings and aid on each visit. The most senior male adept, who is second in authority to Pai César, receives a very popular, female, *Pomba Gira* spirit. The spirit is believed to be a powerful sorceress, and is most often consulted for affairs of the heart. Both male and female adepts receive pomba gira spirits, which often actively flirt with male members of the congregation. Many of these male adepts who receive pomba gira spirits are also openly homosexual. Another senior male adept regularly receives the spirit of *O Marinheiro* (the Sailor), who is very popular in the favela as a source for gaining

luck and the favor of the gods. Two of the most senior female adepts, in turn, receive the most popular caboclo and preto velho spirits, respectively. The caboclo (a male spirit) is most often sought out for strength and spiritual protection, while the *preta velha* (a female spirit) is most often consulted for general advice and for healing.

Once all the clients have been attended to, the filhos and filhas de santo begin releasing or disincorporating their spirits. After the other spirits have departed, Zé Pilintra will offer his own blessings and prayers. After this, Zé Pilintra disincorporates, and Pai César leads the congregation in the traditional, Christian, Lord's Prayer. He then offers prayers of his own, naming both the Orixás and Jesus, then dismisses the audience. Audience members then come up to say goodbye to Pai César at the altar, and announcements are made about future events and meetings.

Ritual practices vary greatly within the favela. For example, some terreiros perform animal sacrifice, while some do not. This appears to be a question of personal preference, either that of the leader or the spirit protector. For example, Pai César's terreiro practices animal sacrifice regularly, while its sister terreiro, run by Mãe Valdivia, does not, at least in public. Personal preference also appears to govern how people wish to refer to themselves. At Pai César's terreiro, people refer to their religion very proudly as "Macumba." The word "Umbanda" is rarely used. At other terreiros, the word Umbanda is used exclusively by the members. Outside of the terreiros, the word Macumba is often pejorative, and brings unwanted negative connotations, such as the use of black magic. I have heard many people outside terreiros describe Umbanda as good, and Macumba as bad. Most adepts find such distinctions humorous, saying Macumba and Umbanda are the same thing, it's just that outsiders do not understand their religion. Other adepts will say that terreiros which call their

religion Macumba, tend to be “more African” or “more traditional” than those who call it Umbanda.

Quimbanda is another confusing term. It is popularly known as the negative side of Umbanda, that is, practicing negative trabalhos and working to harm people rather than to help them. Most Umbanda or Macumba adepts will reject the idea of whole terreiros dedicated to such works, saying there is really no such thing as a “Quimbanda terreiro.” Rather they will say that Umbanda, Macumba, and Quimbanda are really all the same thing, depending simply on the will of the practitioner as to whether it is used for good or ill. But they are quick to say that the vast majority of practitioners use their religion for good.

Almost all Mães and Pais de Santo in the favela will deny engaging in negative trabalhos, yet the majority of the encosto cases which they treat are diagnosed as resulting from witchcraft. They explain this by saying that many spirits, especially exus and those with exu-like aspects, cannot resist ritual offerings. If a petitioner makes a *demanda*, or “demand” that a spirit harm another person in exchange for the gifts he or she has given, the spirit is likely to do so. And since the medium is not conscious of the acts of the spirit when he or she is possessed, these requests are sometimes granted without the knowledge of the medium. Spirit protectors are likewise not omniscient, and cannot always govern the actions of all the spirits accepted in the terreiro. Set against the practice of black magic, however, is the widespread belief that whatever evil one does to another through the spirits will be visited back threefold on the offender. Many of the leaders I talked to about encosto stressed this, and many place signs in their terreiros stating “here you do, here you pay,” meaning negative trabalhos, or witchcraft, is always paid for in this life, not the next.

Among the thirty-five cases reviewed for this dissertation, most of the initial healing rites employed in the treatment of encosto took place in private.

Normally only follow-up treatments were conducted at public Umbanda meetings. In many cases, Mães or Pais de Santo came to the residences of potential patients, often treating them on the spot, or the patients were brought to the terreiro, and were treated immediately. This was because most of the cases either involved physical symptoms which were apparently debilitating, or the patient had reached a crisis point where it was believed that something had to be done immediately. It was relatively rare for a leader to ask a patient to wait until the next public session to receive treatment.

The decision to call upon an Umbanda healer, as discussed earlier in this chapter, is the result of a complex number of factors involving the patient's background and exposure to Umbanda, the knowledge of Umbanda of those close to the patient, the nature of the patient's symptoms, and the availability and degree of belief in western or alternative medicines. After the patient initially meets the Mãe or Pai de Santo for a healing session, the first spirit which the leader accepts is usually the spirit protector of the leader's terreiro. Most often these are caboclo spirits, folklore figures, or the "dual function" types of spirits described above, such as Zé Pilintra, O Marinheiro, or Nego Gerson. As guardians of terreiros, spirit protectors are adept at identifying spirits and spiritual influences. They are therefore most often called upon to diagnose spiritual problems, and, depending upon their individual powers, also to remove negative spiritual influences. Preto velho spirits are almost always called in to actually heal physical or spiritual maladies, as well as to perform rituals to protect individuals from further negative influences.

The Mãe or Pai de Santo is almost always accompanied by a *cambone*, or ritual assistant. In cases where an encosto spirit is particularly strong, the cambone will sometimes accept the offending spirit into his or her body, and the spirit protector, through the Mãe or Pai de Santo, will talk to the errant spirit and

attempt to persuade or command the spirit to leave the victim alone. In other cases, accepting the errant spirit is seen as unnecessary in order for the spirit protector to force the encosto away. In still other cases, especially where a particularly powerful exu spirit was employed by another to send an encosto spirit against the victim, that particular exu must be called upon and given offerings to reverse the curse. These are most often the same offerings that the exu allegedly received for cursing the victim in the first place. But forcing the encosto away is normally only the first step. The victim may still need to be healed, and it is understood that the spirit may come back once the patient leaves the protection of the spirit protector. The initial job of the spirit protector then should be seen as diagnosing the patient and creating a temporary reprieve from negative spiritual influences wherein the patient can be subsequently healed and strengthened.

Healing and spiritual reinforcement is almost always performed by preto velhos. The Mãe or Pai de Santo will simply release or *disincorporate* the spirit protector, caboclo, or exu, and *incorporate* her or his preto velho within a few seconds. The preto velho will normally conduct a number of rituals on the spot, and/or prescribe a number of ritual actions for the patient to perform at home. In many cases the healing process will require multiple sessions, or repetitions of rituals, over a span of time. Initial rituals will almost always include the preto velho praying over the patient, giving the patient *passes*, often with pipe smoke, and *banhos* with perfumed or herb-infused water. When physical illness is involved, particular attention is given to the affected or injured area of the patient's body. In order to prevent further spiritual intrusions, certain rituals may be performed to *fechar o corpo*, or "close the body." One interesting example of this type of ritual is having the patient sit in a circle of gun powder, which is then lit with fire. The person is then thought to be protected from

unwanted spiritual intrusions, at least temporarily. In other cases the preto velho may choose to protect the patient's home. This usually includes blessing the home and giving the structure a *banho* with herbs and/or smoke. In these cases, special attention is given to entrances and exits.

But most healings are performed by preto velhos over time. A common practice is to receive seven different healings from the preto velho. In these cases, the patient is told to come to the terreiro six more times, usually over the following six weeks after the initial healing, to receive further treatments. These usually involve more prayer, *passes*, blessings, and *banhos* on each visit. Preto velhos will also often prescribe a myriad of herbal and traditional remedies to be taken at home, especially where physical symptoms are present. Detailed instructions are also often given for rituals to be performed by the patient later in their homes. These are most often designed to rid the victim of the "residual effects" of spiritual influences, and to protect them from further ones. One very popular such ritual, perhaps because of the favela's proximity to the ocean, is the *banho de sete ondas*, or "bath of seven waves." The patient is instructed to walk into the ocean, turn his or her back to the sea, and duck themselves under the water seven times under seven consecutive waves. The patient is then to walk straight home without looking back. For further information on specific healing rituals and remedies in the favela see Appendix A: *Case History Summaries*.

In this chapter, I have tried to paint an accurate picture of the ethnographic setting. This included a description of the living conditions in the favela, as well as a detailed discussion of how favelados normally work to sustain themselves. I also identified the primary threats to health in Pirambu, as well as the health care alternatives normally available to the favelado. I have argued that favelados generally take a practical, pluralistic approach to seeking treatment. They will attempt to acquire whatever remedies or procedures they think might work

(medical, religious, herbal, or otherwise), balanced against their perception of their degree of medical need, their relative faith in various alternative healing systems, and the monetary and temporal resources they can expend to fulfill that need. I also provided a detailed description of how Umbanda is practiced in the favela, the actors and entities that are normally involved, and the processes that are generally followed for the treatment of encosto. In the following chapter on *Methods*, I will discuss the research design of the study, the interviews and the interview questions, and the methods I will use to analyze the data.

Chapter 4

Study Methods

Contacts and Research in the Favela

I became interested in studying Umbanda during my first trip to Fortaleza, Brazil in 1992. I spent seven months there doing fieldwork for my master's thesis on the *Spiritist* healer, Dr. Fritz (Lynch: 1996). During that first visit, I made several contacts and friends in the favela of Pirambu. The University of Tennessee has a summer program in Portuguese affiliated with the Federal University of Ceará, and my professor, Dr. Michael H. Logan, as well as several of his students, had visited the favela and become friends with many individuals there. Among these was Dr. Adalberto Barreto, a psychiatrist and anthropologist who works extensively at the *Quatro Varas Center* in Pirambu. Dr. Barreto, also a social medicine professor at the Federal University, conducts free group therapy sessions at Quatro Varas each week, oversees a community medicinal plant cooperative, and helps coordinate several charity and community improvement projects in the area. Though my study of Spiritism took me to other, wealthier neighborhoods in the city in 1992, I took advantage of any opportunity to visit the favela and made friends with several families.

In 1999, I returned to Fortaleza for a six-week fact-finding trip. I was looking for a subject for my doctoral dissertation. With my background in Spiritism, I had already developed an interest in the phenomenon of spirit obsession and its treatment. After talking extensively with Dr. Barreto, I was made aware that Umbanda followers have a belief in a very similar phenomenon called *encosto*, and that its diagnosis and treatment is very common in the favela. I then resolved to come back and perhaps do a comparative study of spirit obsession in Spiritism and *encosto* in Umbanda.

I was finally able to return to Fortaleza in early 2001. I stayed there for six months researching both spirit obsession and encosto. By the end of this time, I was not comfortable with the relatively small number of interviews I had been able to conduct. Due to considerations with my Brazilian VISA, I was forced to wait an entire year before I was able to return in the Summer of 2002 for a four month stay. With an increased number of quality contacts, I was able to more than double my number of interviews within each religious group during this second trip. But as the number of interviews grew, it became clear to me that spirit obsession and encosto were not compatible for a single study. Perhaps most importantly, Spiritism is not very popular in the favela, and the majority of my spiritist research was conducted among middle and upper class populations. As one can imagine, the health concerns and problems which the spiritual afflictions allegedly caused were very different between the Spiritism and Umbanda patient populations. After considering the volume of data collected, as well as the differences in the populations studied, I decided to split the Spiritist and Umbanda studies into two different projects, using only the encosto data for the present dissertation. The Spiritist data will be reserved for future writing projects.

During the ten months of total fieldwork, I divided my time more or less evenly between Spiritism and Umbanda. I attended Spiritist meetings about three nights a week, and Umbanda meetings another three nights a week. Neither religious group had regular, open meetings on Saturday nights, and all of my days were free for interviews. In the case of the Umbanda interviews, nearly all of them were conducted in the homes of encosto victims inside the favela of Pirambu. During both visits, my principal guide and assistant within the favela was my good friend Dona Francisca Oliveira. She is a woman in her mid-fifties who lives in Pirambu and works as a massage therapist at the nearby

Quatro Varas Center. She is a *filha de santo* with an extensive knowledge of both Umbanda and herbalism. Though she is not currently associated with any particular *terreiro*, she is very well known and respected within the community, and has connections with many different *Mães and Pais de Santo*. It is largely through her efforts that I was able to gain access to so many different Umbanda groups, and thus, to many patients who were treated for encosto. I owe her a great debt of gratitude for her help.

Dona Francisca would first normally introduce me to a Mãe or Pai de Santo, either at the leader's *terreiro* during a service, or at the leader's house outside of a service. One way or another, I always asked for a personal interview from each leader. In this manner, I was able to interview ten different Mães and Pais de Santo in the favela. These interviews were completely open-ended and informal, though I recorded all of them on cassette tapes. I used them primarily for background information about encosto, ie: What causes encosto? Are negative *trabalhos* always involved? Which spirits are involved? How is it treated? What are its effects? etc. Perhaps surprisingly, the information gained from these interviews was quite uniform, and was extremely valuable in giving me an idea of normative beliefs and practices associated with Umbanda and encosto in the favela. In a few cases, I conducted follow-up interviews with some of the leaders to clarify certain points.

During the course of interviewing these leaders, or during visits to their *terreiros*, I would ask if they had personally treated anyone for encosto within the past few years, or knew anyone who had been so treated. Each leader normally knew or had treated a few individuals recently, but in many cases, they had lost contact with the encosto victim after treating them. I was normally able to interview only one or two people who had been treated by each Umbanda leader, though two different Pais de Santo yielded three patients each. Of the

thirty five encosto victims I interviewed, twenty-two were directly indicated by Mães and Pais de Santo. I was able to find other encosto victims by talking with other Umbanda followers, and through word of mouth. In still other cases, some patients I interviewed indicated other encosto victims that they personally knew.

Attending different Umbanda terreiros often became complicated. Each Umbanda leader I met wanted me to attend their services, and sometimes these services had conflicting schedules. I decided to attend Pai César's terreiro (discussed in Chapter 3) at least once a week, and to rotate among four or five other terreiros on a regular basis. In several other cases, I attended services at a particular terreiro only once or twice. During, before, and after these services I tried to talk to anyone who was willing to talk to me, constantly asking questions about specific rituals, the spirits that were being accepted, and the songs or *pontos* that were being sung.

This constant exposure to Umbanda rituals at different terreiros was very valuable in terms of putting encosto and spiritual healing into context. I was able to witness a few encosto healing rituals first hand, and to come to know the personalities of the spirits which participate in such rituals. I also witnessed the seriousness with which Umbanda members take their religion, as well as the reverence for, and degree of belief in, Umbanda displayed by the frequenters. It was these frequenters who were most often diagnosed with encosto. During all the sessions, I frequently asked questions, and constantly jotted down notes in the pocket-sized notebooks which I carried with me at all times.

I also kept a journal where I expanded the notes I had written in the pocket notebooks. The journal contains my impressions of the terreiros and their congregations, detailed accounts of rituals, the names of spirits and people I talked to, and summaries of conversations I had with specific Umbanda

members and frequenters. It was an effective means of constantly updating my general understanding of Umbanda and encosto, and of recording clarifications of specific points. I usually made my journal entries at night when I returned home from Umbanda meetings, but if it was particularly late, I would wait until the following morning to make the entries.

Interviews of Patients

Dona Francisca accompanied me during all the interviews in the favela. I paid her for the time she spent helping me, albeit within the modest means at my disposal. I did not, however, pay anyone for participating in an interview. Besides the fact that I had a very limited budget, I was afraid that paying for interviews might encourage people to make up stories. Having nothing to gain, I decided, would limit this possibility, and people would talk to me simply because they wanted to relate their experiences. I also tried to verify the stories of encosto patients with leaders or members of the terreiro where the victims were treated, or with eye witnesses, or both. In all cases I had at least one form of verification (at the very least that the victim had been treated for encosto), but verification of symptom and treatment details by someone other than the patient was often more difficult, and details of the accounts are based almost exclusively on each patient's memory.

By the time I began to conduct interviews, I had become fluent in everyday, spoken Portuguese. Even so, the dialects and slang used in the favela were often difficult for me to understand. Dona Francisca would help by occasionally "translating" what interviewees said into slower, better pronounced, Portuguese. She does not speak English. I made extensive notes during the interviews, in a mixture of Portuguese and English. I also recorded each interview on cassette tape. Within a day or two of each interview, I sat down

with another individual, Alexandre Siqueira, and went over the tapes. Alexandre is fluent in English as well as his native Portuguese, and he helped me make sure all the information was correct and complete from the tapes. Verbatim transcriptions of interviews were not constructed, but all relevant information was included in the permanent written accounts of each interview. These written accounts were used for data analysis, and shortened, summary versions of the accounts are included in Appendix A: *Case History Summaries*.

Almost all of the interviews were conducted in the homes of the people who were treated for encosto. Each interview normally took from forty-five minutes to an hour and a half. The length usually depended on how complicated the case was, and/or how talkative the subject was. In most cases, I personally set up interviews with encosto victims ahead of time, agreeing upon a designated time when I could come to the patient's house. These interviews were usually set up at Umbanda terreiros with patients that a leader had personally indicated. In some other cases, Dona Francisca set up interviews, usually when the person was not present at a terreiro I was visiting, and/or the potential interviewee had to be tracked down by telephone or word of mouth. Dona Francisca is a very charismatic person, and she often helped me develop rapport with the patients. When we arrived at the house of a potential informant, Dona Francisca would introduce me as a simple, down-to-earth, person who was genuinely interested in hearing the patient's story. On some occasions, she helped to assuage any fears the informant might have had about my work, assuring them, for example, that I did not consider the stories to be incredulous or fanciful, the information was for academic purposes only, the informant would never be identified, the stories would not be shared with people inside the favela, etc. I then read a brief verbal informed consent statement explaining the purpose of the study, and asking the potential interviewee to participate. All of the informants responded

very favorably, and seemed quite pleased that a foreign student such as myself was genuinely interested in what they had to say.

We were normally invited into the patients' houses and offered tea, water, or coffee. Before beginning each interview, I took down a few quick observational notes about things such as house structure, sanitation facilities, power access, and media access. I then asked if I could tape the interview, explaining that only myself, and an assistant from outside the favela would ever hear them. All the informants agreed to be recorded. The first few questions I asked were about personal data. The patient's name, address, and a phone number where they could be reached were taken down first. This information was necessary in case I needed to contact the individual for follow-up questions. Most people in the favela do not have telephones in their homes, but most have access to a nearby public pay phone. I then took down information about the person's local neighborhood, as well as age, sex, occupation, marital status, spouse's occupation (if any), and number of children (if any). The combination of this personal data, with the observational data acquired by visiting each residence, gave me a pretty good idea of the standard of living of each informant.

As for the sample of individuals I was able to interview, I have no way of knowing if they are representative of encosto patients in the favela as a whole. I only used three criteria to determine who I would interview: 1) they had to have been treated recently (within the past 2 or 3 years) for encosto; 2) they had to agree to talk to me without monetary compensation; and 3) they had to be at least eighteen years old. Based on house structure, household facilities, and work occupations, of the thirty-five patients I interviewed, I estimated that six fell into the "very poor" category described in Chapter 3, four could be placed in the "less poor" category, and the rest in the "poor" category. As for occupation, two people said they were currently unemployed, two were retired, two were

students, twelve described themselves as homemakers only, and the rest had jobs outside of the home. The men typically held occupations such as guards, carpenters, repairmen, and waiters, whereas women were typically maids, seamstresses, clothes washers, and waitresses.

Twenty-seven of the encosto victims I interviewed were women, while only eight were men. While I did get the impression from interviews with Umbanda leaders that more women seek treatment for encosto than men, the ratio seen in the number of patient interviews is likely exaggerated. This is probably due to the fact that most of the interviews were conducted during the daytime, when men were usually at work. Women who work outside the home generally work near the home, tend to get home earlier than men, and often come home at lunch time, where they were available for interviews. Twenty-five of the respondents were parents, and two others were once parents whose children had died. Only twelve of the thirty-five patients were formally married and living together with their spouse, while four others had been living with the same person for more than two years and were thus married under common law. Six other individuals were widowed, five were currently separated, and one was legally divorced. Seven individuals were single. Ages ranged from 19 (three individuals) to 84 (one individual). Three patients were in their early seventies, two in their sixties, seven in their fifties, six in their forties, five in their thirties, and eight in their twenties. This certainly made for a diverse sample by age.

The research design for the study was that of a semi-structured interview, a format that had worked very well for me while interviewing spiritist patients for my master's thesis several years before. I relied on directed, open-ended techniques for the bulk of the case history data, and supplemented this information with some closed-ended questions and a brief survey. I took interview schedules with me to each encounter. The schedules consisted of four

stapled sheets of eight and a half by eleven inch paper, which I placed on a clipboard to write my notes. Short answer notes were written on the front sides of the schedule in the spaces provided, while narrative notes were written on the blank, reverse sides. A blank copy of this form can be found in Appendix B: *Sample Interview Schedule*. At the top of page one were spaces for personal data, ie. Name:..., Age:..., Occupation:..., etc. Directly below this was the open-ended request which elicited the bulk of the information- "Please tell me about your experience/s with encosto." In reality, I rarely stated this request verbatim. Instead, Dona Francisca and I explained that we wanted the entire story of the patient's experience/s, in chronological order, beginning with their initial symptoms, and proceeding to all forms of diagnosis and then treatment they may have received for the problem/s- including medical and/or medicinal, as well as spiritual aid. We also explained that we wanted as much detail as possible on all points. Since the interviews were set up ahead of time, and either I or Dona Francisca had told the informants what we basically wanted to know beforehand, most patients had thought about their cases, and had already organized their experiences in narrative, chronological order before the interview. When prompted then, most patients simply spilled out their case histories rapidly and in good detail.

Beginning the interview by allowing interviewees the freedom to describe their experiences in their own terms gave the informants more control over the interview, and tended to put them at ease. The patients were generally enthusiastic about relating their experiences to an interested party. Although I frequently had to interrupt these initial narratives (to get the patient to slow down, to clarify certain points, to draw out details, etc.), I did so only when necessary, and I tried to be as discrete as possible- normally waiting for natural pauses in the informants' dialogues to do so. The patients did not seem to mind

the interruptions; in fact, I think this just reinforced their belief that I was genuinely interested in what they had to say, since the interruptions were clearly in pursuit of details and accuracy. For example, if a patient said, "the Preto Velho told me how to make a tea and told me to drink it twice a day," at the first opportunity I would ask something like, "and about this tea, what was in it?, and how did you make it?" In other cases, patients may have mentioned that they had gone to medical doctors, and been diagnosed and treated, but did not initially provide any details. I of course asked for further details in all such cases.

With my frequent interruptions, these initial narratives normally took the informants thirty minutes to an hour to complete. Once completed, I would then proceed to a follow-up checklist of specific points listed on the first page of the interview schedule (see Appendix B: *The Interview Schedule*). These were questions that I thought were particularly important, and for which I thought clarity would be essential in understanding each case. I usually initiated this portion of the interview by saying to the informant, "okay, now I have a list of a few important points that I want to make sure I am clear on." I would then ask each of the questions. If I thought the informant had answered the question adequately during the narrative, which was very often the case, I would say so, and verbally answer the question myself- looking to the informant questioningly for confirmation or additions, then jotting down a short answer in the space provided on the interview schedule. If the question had not been adequately covered, I would ask for more details. This portion of the interview was essentially my last chance to clarify, or collect greater detail on, the case history information. The questions are as follows: (1) Who was the encosto spirit?; (2) Who made the diagnosis of encosto?; (3) In what way/s did the encosto harm (or bother) you?; (4) Why did the spirit harm (or bother) you?; (5) From whom did you seek treatment for your problem? Was it from more than one source?;

(6) What was the result of the encosto treatment?; (7) Do you have problems in the household?, if so, What kinds of problems?; and (8) Do you have health problems?, if so, What kinds of problems?

Questions one and two were used to clear up any ambiguities about the identities of entities or persons involved in the encosto. Questions three and four were to draw out any additional details about the patient's symptoms and the spirit's motivation behind the attack. In these questions, the Portuguese verb, *atrapalhar*, was used. *Atrapalhar* can connote either, or both, "bother" and "harm" to the patient, depending on the facts of the case. Question five was to make sure that the patient did not skip over any health seeking behavior, diagnosis, or treatment from sources other than Umbanda during the course of the initial narrative. And question six was meant to draw out any additional details about the treatment results. As stated previously, these questions were usually answered adequately in the narratives, and were used as a fail safe to catch any details that may have been initially omitted.

Questions seven and eight, however, addressed related issues which I believed may have bearing on the cases. These were less often discussed by the patients in the initial narratives. Question seven asked about problems in the household. In its Portuguese translation, "*Você tem problemas em casa?*" patients almost invariably took this to mean problems with relationships within the family, such as not getting along well with a spouse or a child, abuse of a family member, alcoholism, etc. They would then proceed to describe these problems, and to indicate whether they thought they were due to the influence of the encosto or not. Question eight asked about health problems, which most patients took to mean health problems other than those which they believed were related to the encosto. These questions helped to identify health and familial stressors, which the patients considered unrelated to the encosto, but

that could provide important contextual information about each patient.

At this point in the interview, the collection of case history information was complete. Garnering this information usually took up over seventy percent of the total time spent for each interview. I then followed this section with eight closed ended questions, and a brief survey (see Appendix B: *The Interview Schedule*). The first four closed-ended questions pertained to social role performance. Questions one and two asked whether the patient considered himself or herself to be a good father or mother and husband or wife. Question three asked if the patient felt that he or she was able to earn enough money to sustain his or her family. And question four asked if the patient was satisfied with what he or she had accomplished thus far in life. These questions were designed to give me some indication about how the encosto victims viewed their own social role performance. Social role performance has been found to play a prominent role in other, similar folk illness syndromes, most notably "fright sickness" or *susto* in Mexico (Rubel et. al. 1985).

Questions five, six, and seven dealt with whether the patient believes he or she makes and keeps friendships easily, and relates well with his or her neighbors and family. These questions were meant to give some indication as to how the patient perceives the quality of his or her social interactions. Question eight asked whether the patients believed they could change things that they did not like in their lives. This was to indicate if the patient felt empowered or powerless with respect to changing life situations.

The final section of the interview consisted of the *Locus of Illness Control Survey* first developed by Coreil and Marshall (1982), and later translated and adapted by Logan (1991) for use among Brazilian populations. The survey is designed to measure and quantify the orientation of the informant toward either *internal* or *external* control with regard to both disease *prevention* and *cure*. In

other words, how much control does the individual believe he or she has with regard to disease onset as well as potential, successful treatment. The survey consists of fifteen brief statements with which the respondents are asked to simply *agree* or *disagree*. Each statement addresses either Cure (C) or Prevention (P), and each is oriented toward either Internal (I) or External (E) control. The first three statements are given below as an example, and the entire survey can be found in Appendix B: *The Interview Schedule*.

1. When people get sick, there is usually not much they can do about it. C, E
2. If you lead a good life, you will rarely get sick. P, I
3. Almost all diseases have a cure. C, I

Six of the statements address cure, while nine address prevention. The responses are then appropriately scored on the basis of their externality or internality. A numerical value of three is given for an external response, while a numerical value of one is given for an internal response. The numerical values are then totaled separately for the cure and prevention statements, then these are added together for a total score. The numerical ranges are then, 6-18 for *Cure*, 9-27 for *Prevention*, and 15-45 for the *Total*. Higher totals indicate a more external orientation. For comparative data, I also administered this survey to thirty-six favela residents (controls) who had never been treated for encosto, or participated in alternative religions such as Umbanda or Spiritism. I wanted to see if treatment for encosto, or participation in Umbanda, might have an effect on Locus of Illness Control. The results of this survey will be discussed in Chapter 5: *Data Presentation and Discussion*.

Data Analysis

An approach inspired by *grounded theory* was the primary method used to analyze the qualitative, case history data for this dissertation. Developed by

sociologists (Glaser and Strauss 1967; Strauss and Corbin 1990), grounded theory is a set of techniques for identifying categories and concepts that emerge from ethnographic materials, and linking the concepts into subsequent, "higher-level," patterns, theories, or hypotheses. In the case of the present dissertation, the ethnographic materials include the original cassette recordings of the interviews, as well as the permanent written accounts of the case histories. Summarized versions of the written accounts are given in Appendix A: *Case History Summaries*. The intent here is to identify potential analytic categories, or *themes*, as they emerge, and to link these themes together for comparison. For this reason, the approach is sometimes referred to as *thematic analysis*. This method requires continual listening and re-listening, reading and rereading, of the materials in search of themes, links, and patterns, resulting in the work being truly *grounded* in the ethnographic material. As one gains a greater knowledge of how the categories or themes relate to one another, larger patterns, theories, or hypotheses may then emerge to help explain the overall phenomena. The results of the analyses are then presented using *exemplars*, quotes and examples from the interviews, to illustrate themes and illuminate theories and patterns (Bernard 2002: 462-488).

One of the greatest advantages of the grounded theory approach is that it provides ample opportunities for the use of both *emic* and *etic* perspectives, as well as *inductive* and *deductive* analysis techniques. For example, the search for themes, and the coding of texts for the presence or absence of these themes, can be an exhaustive process. With thirty-five case histories that each took hours to compile, a virtually infinite number of themes could be present. It is a necessarily subjective exercise for the researcher to pick and choose which themes he or she believes are the most important in understanding the material. In this sense, the analysis is essentially an *etic* one, since the researcher chooses

which categories or themes to expand upon, and often frames the categories or themes themselves from an etic viewpoint. One criterion which helps remove some of the subjectivity inherent in this process, however, is the degree of commonality of a particular theme. That is, how many times does a particular theme show up in the data? The idea being that the more common a theme is between cases, the greater the explanatory value that category is likely to have. I certainly follow this rule of thumb in the present dissertation.

For example, *jealousy as a major reason for being afflicted by an encosto spirit*, was a very common theme among the cases I studied. And I believe it has considerable explanatory value. It was so common, in fact, that I had to distinguish between various types of jealousy- creating a number of *sub-themes* which might impact my ideas about encosto in different ways. The most common types of jealousy I found among the cases were: a) jealousy over a spouse or lover; b) jealousy over another's good fortune; c) jealousy between competing Umbanda groups or leaders; and d) jealousy on the part of an offending spirit. In order to identify and keep track of these themes and sub-themes in the texts, major categories or themes were coded with a number, such as 1 for jealousy, followed by a small letter, as above, indicating the appropriate sub-theme.

Jealousy, as a thematic category, illustrates the *inductive* component of the grounded theory approach. Before conducting the fieldwork, I had no idea that jealousy would play such a prominent role in so many cases of encosto. And I certainly did not set out to prove or disprove its importance, as would be the case in a *deductive* study. Rather, the importance of jealousy in encosto was discovered through an examination of the data, and its preponderance therein. This also demonstrates a strong *emic* component in grounded theory, in that jealousy was not an etically constructed category, but rather a theme that the

respondents themselves referred to again and again.

Once an analytical category or theme such as jealousy is found, one can see where it corresponds, or co-occurs, with other important categories or themes. For example, in the cases of jealousy types 1a,b,&c (as above), they were *always* associated with *witchcraft*, or negative trabalhos. That is, a jealous living person, commonly a mistress, neighbor, or Mãe or Pai de Santo, actually (according to the person or spirit who diagnosed the patient) requests and sends an encosto to harm or destroy the life of the victim. However, witchcraft is never associated with type 1d, where the jealous one is the actual offending spirit. These rarer cases occur in instances of *hauntings*, where a spirit is recently deceased, is jealous of the living, and begins to haunt former family members or friends, or people who are occupying its former space. In all these cases, a third factor, *the strength of a person's spiritual protection* (or whether they have an "open" or "closed" body) plays a role in whether, or how badly, the intended victim is affected. These are all examples of emic themes or categories, discovered through inductive analysis, which are compared to see how they relate, and where they do, or do not, co-occur.

Though major themes and categories can be derived through deductive and etic means, and indeed some were in the present study, these analysis techniques are more common in linking the different "lower-level" themes to "higher-level" patterns, theories, and hypotheses. For example, through my studies of other ethnographic materials on similar folk illnesses, I suspected that the diagnosis and treatment of encosto might be utilized as a means of social control in certain situations. I expected to find *some* evidence for this theory, but I was surprised at the amount and variety of evidence for social control I eventually found.

For example, if we look at only the jealousy theme, its associations with social control are both numerous and varied. In spousal jealousy (1a), the most

common scenario is that a wife is (allegedly) cursed by her husband's lover. The wife then becomes gravely ill, almost to the point of dying, before a Mãe or Pai de Santo intervenes. The husband is then publicly confronted with the fact that *he* is the cause of his wife's illness. He then becomes mortified, embarrassed, and repents, while his mistress is vilified, abandoned, and often experiences a rebound curse. The wife recovers, and the husband's behavior is controlled, through public exposure, scare tactics, and embarrassment. In material, or *good fortune* jealousy (1b), Umbanda leaders often help to mediate conflicts between neighbors. By exposing the offender's (alleged) jealousy, it lessens their importance, takes the sting out of their perceived offenses, and makes them more easily ignored. The victim is then cured, protected from further spiritual attack, and told that the offender will probably suffer a spiritual "rebound effect" for having used witchcraft in the first place. The victim is then normally counseled against taking any type of retribution. In this manner, the Mãe or Pai de Santo may lessen, and bring under control, neighborhood tensions. In jealousy type 1c, *between Umbanda leaders*, Umbanda members are often the victims of encosto because they abandon or betray their leaders or their terreiro. They must then either return to the original terreiro and accept rebuke, or go to another terreiro and accept a new leader's authority. Thus, Umbanda members are kept in line by fear of spiritual retribution, and loyalty to one's leader, or new leader, is enforced.

In the following chapter, I will use the methods outlined here to organize and discuss the data. Beginning with important themes and categories gleaned from the data, I will show how these themes relate to one another, and how they may tie into, or lend support for, higher level patterns, theories, or hypotheses, using examples from the interviews themselves as illustrations.

Chapter 5

Data Presentation and Discussion

Patient Complaints

Before turning to an analysis of the data, a few statements about the study population are appropriate here. As stated previously, thirty-five patients who had been treated for encosto were interviewed in their homes in the favela of Pirambu. The majority of these, twenty-seven, were women, and their ages ranged from nineteen to eighty-four. Based on housing structure, occupation, and access to utilities, most of the patients, twenty-five, fell into the "poor" category described in Chapter 3, while six could be described as "very poor," and four as "less poor." Also, for seven of the thirty-five patients interviewed, the diagnosis and treatment for encosto represented their first direct contact ever with Umbanda. Five of the patients were already Umbanda adepts prior to being diagnosed with encosto. The remaining twenty-three patients could be described as *frequenters*. Some of these frequenters had attended Umbanda meetings only a few times in their lives, while others attended such meetings on a regular basis, and still others, only occasionally. All but two of the patients (both of whom were Umbanda adepts) considered themselves to be Catholics as well.

Thirty patients complained of *physical* symptoms caused by encosto, and were treated for these through Umbanda. Of these patients, twenty-four had been treated, or at least attended by, medical doctors for the same complaints. Thirteen patients complained of symptoms that could be described as psychological, behavioral, or social. Five of them complained *exclusively* about these types of symptoms, while eight had a mix of physical and psychological disorders. Of the thirteen, only four were treated or attended by professional

medical personnel for their psychological, behavioral, or social problems. This is probably due to the fact that access to free health care for non-physical illness is very difficult to obtain, and that people are more likely to believe that psychological, behavioral, or social problems are due to spiritual forces, especially given previous exposure to Umbanda. The symptoms for which the encosto patients were treated are listed on the following page in Tables 1 and 2.

The complaints listed below are recorded as the patients described them, with the numbers indicating how many patients complained of each condition. Almost all of the patients had multiple symptoms. For example, patient #11 complained of severe headaches, frequent nausea, and several bouts of flu-like symptoms associated with encosto. His symptoms were therefore recorded in three different categories as listed below. Symptoms were subsumed into larger categories only when the patients did so themselves. In the case of patient #11, he personally used the words "felt like I had the flu," but only during certain episodes. His headaches and nausea were often present even when he did not feel like he had the flu, so the latter two were listed separately. Other symptoms, such as the fever and chills he felt during the flu-like episodes, were not listed as separate conditions, because the patient himself grouped them into a larger category. Conversely, other patients described flu-like symptoms, such as fever, chills, body aches, etc., but did not describe them specifically as flu-like. In these cases, each condition was counted separately.

Most of the patients who complained of physical symptoms were also treated by medical doctors. However, most of the symptoms which the patients had did not appear to *require* a medical diagnosis to define the condition. Where a medical diagnosis appeared to be required, an asterisk (*) was used to indicate that the condition was indeed medically diagnosed. In three categories of illnesses, *paralysis*, *tuberculosis*, and *depression*, I inserted the parenthetical note,

Table 1. Physical Complaints of the Patients

<u>Complaint</u>	<u>Number of Patients</u>
Severe Headaches	10
Pains in Stomach/ Abdomen	6
Pains in Neck/Shoulders/Back	5
Fevers/ Chills	5
Could not get out of bed	4
Weakness/Exhaustion	4
Nausea/Vomiting	4
Flu-like symptoms	3
Paralysis (self-diagnosed only)	3
Pain/Swelling in Joints	2
Sprained/Swollen Leg/Foot	2
Inability to Eat	2
Swollen Stomach	1
Difficulty Breathing	1
Hematoma in Leg*	1
Severe Weight Loss	1
Tuberculosis (self-diagnosed only)	1
Severe Anemia*	1
Leprosy*	1
Burning Sensation on Skin	1
Swollen Face and Nose	1
Sprained/Swollen Arm	1
Loss of Hair/Nails (allergic reaction*)	1
Schizophrenia*	1

Table 2. Psychological/Behavioral/Social Complaints

<u>Complaint</u>	<u>Number of Patients</u>
Nerves/ Anxiety/ Insomnia	7
Visions/ Nightmares	6
Depression (self-diagnosed only)	5
Uncharacteristic Behavior	4
Violent Episodes	3
Phobias	3
Loss of Employment	3
Excessive Drinking/ Partying	3
Delusional Behavior (schizophrenic*)	1

self-diagnosed only, to indicate that these conditions *were not* specifically diagnosed by a medical doctor. In other cases, such as headaches, a foot sprain, or a skin rash, doctors often gave a diagnosis, and treated the conditions, but an asterisk was not deemed necessary because the conditions appeared obvious to the patient or any observer. For details of exactly what doctors said and did about each patient's condition/s, see Appendix A: *Case History Summaries*.

As discussed in Chapter 3, for the *fxvelado*, the decision to pursue medical, religious, or alternative health care is based on a number of complex factors. These include relative cost in money and time, relative faith in different healing systems, beliefs about the cause of the illness, and the relative severity of the illness. Since even "free" medical care is usually more expensive than the alternatives in both money (for prescriptions) and time, the perceived etiology and the relative severity of illnesses usually seem to control this decision. Of the thirty patients who complained of *physical* illnesses, twenty-four sought help from western medicine. In the remaining six cases, where professional medical help was not sought, *three* patients said that it would have been too expensive or time consuming to go to a doctor, while the other *three* patients said that they knew from the beginning that their problems were due to spiritual causes, not physical ones.

In almost all the cases where both medical and religious help was sought for physical symptoms, medical treatment was pursued first, and all of these patients were unsatisfied, to varying degrees, with the treatment they received from medical doctors. For example, fifteen of these twenty-four patients stated that the treatment given by the doctor provided *little or no help* for their illnesses, though in two of these cases the doctor could not find the problem/s, and thus did not give any treatment. In four cases the patients said that medical treatment provided only *partial or temporary relief* of their symptoms, while in five of the

cases, the patients *credited both* Umbanda and modern medicine for their apparent cures. In all thirty-five encosto cases, patients reported *either complete cures, or significant improvements* in their conditions, and most credited the Umbanda treatment for these results.

It is important to note that in many of the cases where both medical and religious treatments were given, patients often continued with medical treatments during the course of Umbanda treatments, or went to Umbanda healers before (perhaps) the medical treatment had had sufficient time to work. For example, patient #13 complained of flu-like symptoms, ie. headaches, congestion, a high fever, excessive coughing, etc. After two days of staying in bed at home, she went to a hospital. Just prior to this she had begun having terrible verbal fights with her boyfriend and her family. These fights continued throughout her illness. The doctor told her she had been infected with a "particularly strong strain of the flu." She was kept in the hospital on an IV with antibiotics and other medicines. After seven days she was released and sent home- with further antibiotics which she took orally. But she still felt very sick. After three days of not feeling better, she began to suspect it was a *macumba*, and went to see a Pai de Santo. The spirits told her that she had picked up an encosto because of a lack of proper spiritual protection, and gave her extensive ritual treatments over the next three days. By the time these rituals were completed, she felt much better. She also stopped fighting with her boyfriend and family. She credits her cure of the flu to "mostly" Umbanda.

In another example, patient #14 fell into a well and cut her leg deeply. She was rushed to a hospital, where they stopped the bleeding and monitored her condition. After a few days she was sent home, but the wound did not heal. After three more weeks the wound still bled occasionally, and often discharged a clear liquid. Her leg had also swollen to double its normal size. She said that she

thought the medicine the doctor had given her had made the condition worse. She went back to the hospital for a check-up. The doctor told her that her leg was badly infected and that they would have to monitor her progress closely. He said that if the infection got much worse, they might have to consider amputation. She was given more medicine, mostly antibiotics, and sent home. At that point she became very frightened and went to see a Pai de Santo. The spirits told her she was the victim of witchcraft. A powerful exu spirit had been sent by an enemy to "dry out her leg and make it fall off." She received treatment from seven different preto velho spirits in one night. Over the next two weeks, the swelling in her leg slowly subsided, and the discharges stopped. She credits the Umbanda treatment entirely for her cure.

In these two cases, it seems fairly clear that the treatments administered by doctors (antibiotics) had not been given sufficient time to work before the patients turned to Umbanda. It seems safe to assume that the physical results would have been the same regardless of whether the patients received Umbanda treatment or not, though there is no way to prove that. These two cases are extreme examples, however, and most of the cases are not so clear cut. That being said, the mixing of Umbanda and medical treatments among so many of these cases makes gauging the efficacy (or even patient-perceived efficacy) of Umbanda treatments impossible with the data at hand.

One key in understanding the apparent success of indigenous healers may lie in the *types* of illnesses which such healers tend to treat. Kleinman (1980: 361) has argued that indigenous healers primarily treat three types of disorders: "(1) acute, self-limited (naturally remitting) diseases; (2) non-life threatening, chronic diseases in which management of illness (psychosocial and cultural) problems is a larger component of clinical management than biomedical treatment of the disease; and (3) secondary somatic manifestations (somatization) of minor

psychological disorders and interpersonal problems." All of these disorders, he says, are better treated through the psychosocial and cultural means which indigenous healers are usually in a unique, advantageous position to perform. Other authors have expressed similar views on the importance of the *types* of illnesses which are treated by indigenous healers in other contexts (Kleinman and Sung 1979; Finkler 1980; 1981; 1983; Simons and Hughes 1985; Dow 1986; Lynch 1996; 1999; 2004).

The problem with placing ethnographically collected cases into such categories is that they cannot be tested, since treatment, indigenous, medical, or both, has already been given. We can never know, for example, whether a condition *would have been* naturally remissive if no treatment had been given. Similarly, it is difficult to know whether a physical condition was really a somatic manifestation of a psychosocial disorder, or whether a condition could have been better treated through psychosocial or medical management. What we can do is examine the categories of complaints for which the informants were treated to see if these types of illnesses have been shown to fit into these categories in other contexts. With regard to the data at hand, I believe the answer to that question is yes for many of them, but not all.

Looking at the most common physical complaints listed above, for example, headaches, pains in the stomach, abdomen, back, neck, or shoulders, fevers or chills, weakness or exhaustion, nausea and vomiting, etc., all of these symptoms are known to often be naturally-remitting. Likewise many of these conditions have been shown to be caused by psychosocial stressors, and to often be responsive to psychosocial management. But such conditions are also often non-self-remitting, and based on physical disorders which normally require biomedical treatment to enable a cure or cessation of symptoms. In many of these cases, Umbanda patients are given biomedically active substances as

treatment. For example, in the case of patient #12, the woman was complaining of severe pains and swelling in her stomach. An Umbanda spirit told her to take castor oil (a known purgative) and a mixture of crushed ticks with *cachaça* (a cheap liquor) several times a day for the next few days. On the third day she passed a tapeworm in her stool.

So while I suspect that many of the symptoms for which the encosto patients were treated would have been self-remitting, and that many of them may have been somatic manifestations of psychological disorders or interpersonal problems, I doubt very seriously that they all were. Certainly in several cases, such as the above conditions of hematoma, anemia, hair and nail loss, leprosy, and schizophrenia, these categories would not be applicable, although in each of these cases medical treatment was also administered.

Kleinman's (1980) categories seem more widely applicable to the psychological, behavioral, and social complaints which the encosto patients reported. Commonly reported conditions of this nature included nervousness, anxiety or insomnia, visions or nightmares, depression, uncharacteristic behavioral changes, violent episodes, loss of employment, and excessive drinking of alcohol. Where physical symptoms co-occurred with such complaints, it stands to reason that the physical symptoms may have been caused by psychosocial stressors as suggested by Kleinman. This happened in eight of the thirteen patients who complained of psychological or behavioral symptoms.

One example would be patient #16, a 57 year old woman who had begun to hear voices and see visions of spirits some fifteen years before. These had never bothered her, however, until a few years before the interview when she began to experience more symptoms. She suddenly became "worried about everything," the visions took on a more frightening demeanor, she became very

depressed, preoccupied with death, afraid to leave the house, and she began to experience dizzy spells and intense, frequent headaches. In this case, it may well be that the increasingly disturbing visions brought on the other emotional symptoms as well as the severe headaches. And the more disturbing visions may have occurred as a result of the stress she felt from the death of her husband, which coincided with the new symptoms, but was not cited by the patient as a cause. Umbanda would then be a logical option to turn to for treatment since it deals directly with visions, voices, and spirits.

The patient had had limited exposure to Umbanda in the past, and knew friends who were Umbanda members, but had not attended any meetings in many years. When she was visited by the Umbanda spirits, they told her that she had strong *medunidade* (or mediumship), and that was why she had always seen and heard spirits. This was probably a confirmation of something the woman already believed. The spirits told her that the problem occurred because she had never developed her *medunidade* properly, and that this left her open to unwanted spiritual intrusions. The treatment was to perform rituals designed to *fechar o corpo*, or "close the body," and to continually receive protection blessings from the spirits. After the rituals were conducted, the voices, visions, dizzy spells, and headaches stopped. She continues to attend the same Umbanda terreiro where she receives the blessings and protections of the spirits on a weekly basis. She believes she can still sense the presence of spirits, but they do not talk to her or disorient her any longer.

Following Dow (1986), this is a classic example of *symbolic healing*. Here the patient and the healer both begin with a common, or at least similar, "mythic world." The healer then convinces the patient that the mythic world is real, and defines the patient's problem in the context of this mythic world. He or she then convinces the patient that they have the power to heal, and manipulates

powerful symbols in that common mythic world to suggest a positive change in the patient. Among favelados, this "common mythic world" is already present in Umbanda cosmology.

Only a handful of the patients I interviewed stated that the encosto treatment was their first direct contact with Umbanda, most had frequented terreiros before, and were well versed on the subject, while a few were Umbanda adepts. Yet even the individuals who had never been to an Umbanda terreiro still grew up hearing about Mães and Pais de Santo, communications with spirits, trabalhos, coboclos, preto velhos, Orixás, and such. The Umbanda healer then, normally does not have to convince the patient that the mythic world is real, or that she or he has the power to heal. All of their patients already believe this, or at least, very much want to believe it, beforehand. The art of Umbanda healing lies in the healer describing the patient's illness in Umbanda's terms, or more precisely, convincing the patient that his or her problem has occurred as a result of some imbalance in this mythic world, and then correcting the problem on a symbolic level through dramatic ritual. If the patient believes strongly enough that the problem, imbalance, or stressor has been removed, then psychological and psychosomatic symptoms will often disappear, and positive behavioral changes will then ensue.

I believe this is exactly what happened in many or all of the encosto cases reviewed for this dissertation. It is particularly easy to demonstrate this process in all *five* of the cases where patients complained *only* of psychological, social, or behavioral problems, since most of these cases were not mixed and confounded with medical treatments. For example, patient #6, a twenty-four year old woman, said that about two years before the interview, she became very depressed, had frequent insomnia, and began to "drink and party way too much." This was shortly after her ex-boyfriend, with whom she has a child, left

her and married another woman. She went out to drink (alcohol) and dance almost every night, mostly to get the attention of men, many of whom she slept with. For the patient, this behavior was totally uncharacteristic. During this period of time (about six months) she also cried frequently, neglected her household chores, and lost her job. Her mother thought it was just depression over her ex-boyfriend, but her brother thought it might be something more, and suggested that she see a Pai de Santo that he knew.

She went to the Pai de Santo and told him the whole story. He incorporated his spirit guide, the *Marinheiro*, who said that she had gained the envy of many women around her, especially the woman who had married her ex-boyfriend, and that this had made her particularly vulnerable to a spiritual attack. A *zombeteiro* (encosto) spirit had then been sent against her by the mother of her ex-boyfriend. The patient said that her "mother in law" had always hated her. She was jealous of her relationship with her son, and had been trying to break the couple up from the very beginning. The Pai de Santo accepted many different spirits over seven consecutive days of rituals. The treatments included prayers, *passes*, herbal baths and ritual cleansings. She felt much better after the first day, but continued with the rest of the treatments faithfully. She stopped drinking and going out almost immediately. She no longer has any problems with depression, has found a new boyfriend, and has a new baby. She says she is very happy. She and her new boyfriend were scheduled to get married two months after the interview.

In this case, the Umbanda healer *used the material that the patient gave him* (the story of her failed relationship, and her resentment of her mother-in-law) to construct a very plausible scenario that fitted perfectly within Umbanda disease theory. He effectively shifted the blame for her depression, her failed relationship, and her uncharacteristic behavior to a known, hated figure upon

which she could focus all of her negative emotions, then symbolically removed the figure's influence, and reinforced this removal through seven consecutive days of rituals. This was masterfully done, and so believable that the patient found cause for positive change, and was "cured." The other four cases of "purely" psychological, social, or behavioral complaints were very similar. In this same way two people stopped engaging in frequent violent episodes, one man quit drinking and got a better job, and one woman was cured of her depression, anxiety, and nervousness.

These examples also illustrate the notion that traditional healing works particularly well in the role of psychosocial support therapy (Foster 1978; Kleinman and Sung 1979; Kleinman 1980; Finkler 1980; 1981; 1983; 1985; Moerman 1983; Anderson 1996; Lynch 1996; 2004). Psychosocial support is also an area which modern medicine seems to increasingly ignore. Even in the expensive private hospitals and clinics of the United States patients are increasingly rushed in and rushed out with hardly a word of support or encouragement from their doctors. In the overcrowded free clinics and hospitals of the favelas, the situation is, as one can imagine, much worse, and professional help for the management of non-physical illnesses is almost impossible to secure. It seems clear that Umbanda fulfills this psychosocial support role for its clients as described by Kleinman (1980) and others. But I believe it goes beyond that. Umbanda healers are also often the keepers of a great deal of knowledge of herbs and substances which can effectively treat certain physical conditions, and are often called upon to use this knowledge in an environment where medical access is limited. Secondly, Umbanda is a rich source of symbolic healing which can produce very real therapeutic results. And thirdly, the patients of Umbanda will take the necessary steps to acquire professional medical treatment when they believe it is called for, and Umbanda healing then becomes a powerful

complementary treatment which fills in important gaps left by western medicine in the favela. This latter point lends support to the findings of other researchers in the field of ethnomedicine. Perhaps most notably, Finkler (1985: 195), when discussing the work of *Spiritualist* healers in Mexico, says that “non-biomedical systems of the Spiritualist variety *complement* rather than *compete* with biomedicine” [emphasis original]. I believe the same can easily be said for Umbanda treatment of encosto.

Survey-Style Responses

As discussed in the *Methods* chapter, after the open-ended portion of the interview was completed, and the follow-up questions were answered, patients were asked to respond to a series of eight closed-ended questions. Possible responses to these questions were limited to *Yes*, *No*, or *More or Less*. The first four questions were meant to give some indication of how the encosto patients viewed their performance of important social roles.

The first question asked if the patient considered himself or herself to be a good father or mother. These responses were overwhelmingly positive, with twenty-two of twenty-three patients responding “yes,” and one saying “more or less.” No one answered this question with a “no.” The second question asked if the patient considered herself or himself to be a good wife or husband. The responses were similar to the first question, with thirteen out of fifteen people responding with “yes,” one with “more or less,” and none with “no.” So the encosto patients appear to see themselves as good parents and spouses. This is not surprising since families tend to be very close in the favela, and in Brazil in general, with children only leaving the home after marriage, and often staying very close to their relatives throughout their lives. These relationships, however, are also a major source of personal pride for many people in the favela, and it

would perhaps be surprising for someone to say they thought of themselves as a bad parent or spouse, especially to an unknown outsider such as myself.

The third question asked if the informant earns enough money to sustain his or her family. In cases where the informant did not work, it was explained that we wanted to know if the family had adequate money to sustain itself. Thirty-three people answered this question, with the majority, twenty-five, saying "no," only five saying "yes," and three saying "more or less" or "only sometimes." As expected, the majority of informants did not feel that they earned or had enough money to properly sustain their families.

The fourth question asked if the patient was satisfied, in general, with what they had accomplished thus far in life. Thirty-three people answered this question. Twenty-four responded with "yes," five with "more or less," and four with "no." I must say that the positive attitude displayed in the responses to this question took me somewhat by surprise. I would certainly find it difficult to feel satisfied or positive in the face of such adverse living conditions, and the fact that these favelados apparently do, is a tribute to their spirit and resiliency. I doubt that a similarly high percentage of affluent people in my own country would answer "yes" to that question.

Questions five through seven dealt with how the informants viewed their performance within personal relationships. Question five asked if the informant makes and maintains friendships easily. Thirty-two people answered "yes" to this question, and only one answered "no." Question six asked if the respondent has good relations with his or her neighbors. Twenty-six people said "yes," six said "more or less," and one said "no." Question seven asked if the informant gets along well with his or her family. Twenty-nine people said "yes," three, "more or less," and one, "no." The responses to these questions seem to indicate that the encosto patients feel quite positive about the way they behave in

personal relationships. But here again, these questions may touch on sources of pride for many favelados, and it might be a lot to ask for them express any misgivings they may have in these areas to a total stranger.

Question eight asked if the patients believed that they were capable of changing things they did not like about their lives. Two thirds of the informants, twenty-two, said that they could change things that they did not like about their lives, eight people said that they could not, and three people said they could change some things, but not others. These were recorded as "more or less." The question was designed to see if the encosto patients felt that they had power over their own lives. It may be that their experiences with Umbanda could have had positive effects on feelings of personal empowerment, thus the more positive responses, yet one third were still fatalistic in this respect. Overall, with the exception of monetary concerns, the responses to this series of questions would seem to indicate that encosto patients feel generally good about their performance of some important social roles, as well as their interactions in personal relationships, and their potential for positive change.

I must caution the reader, however, about interpreting these findings as true representations of how the patients feel about these issues. In addition to the caveats discussed above, these questions were not designed to generate definitive data on social role performance. Such a study would require a far more extensive and carefully constructed questionnaire, along with the gathering of considerable qualitative data about each respondent, and the interviewing of friends and neighbors of the respondents for comparative views (see Rubel et al. 1984). Such a study was well beyond the scope of this project. I decided to ask these eight questions because they were brief and simple enough to be administered after a lengthy ethnographic interview, and the responses should be considered data of opportunity which may be used to indicate

interesting subjects for future inquiries.

At the end of each interview, I administered a brief *Locus of Illness Control Survey*. Locus of Illness Control is simply a way of measuring individual perceptions of disease onset and cure. Specifically, it is designed to measure the degree of control which individuals believe they have over disease prevention and cure. When people believe they have a high level of control, they are said to have a more internal locus of control. When they believe they have little control over disease, or attribute its onset or cure to outside forces such as "God's will," "chance," or "fate," they are said to have a more external locus of control. In general, for populations in developed countries where the disease load is primarily chronic in nature, and access to resources, health care, and education is relatively good, locus of illness control tends to be more internal. Conversely, in areas where the disease load is primarily acute or infectious, while access to resources, health care, and education is poor, locus of illness control tends to be more external.

Several locus of illness control surveys have been constructed over the years, but I needed one that was particularly short and simple, able to be easily translated and conducted verbally after a lengthy ethnographic interview, and that could be easily understood, even by non-literate people. I chose one of the first such surveys, that of Coreil and Marshall (1982) which was later translated and modified by Logan (1991) for use among Brazilian populations.

The survey consists of fifteen brief statements with which the respondents are asked to simply *agree* or *disagree*. Each statement addresses either Cure (C) or Prevention (P), and each is oriented toward either Internal (I) or External (E) control. The first three statements are given below as an example, and the entire survey can be found in Appendix B: *The Interview Schedule*.

1. When people get sick, there is usually not much they can do about it. C, E

2. If you lead a good life, you will rarely get sick. P, I

3. Almost all diseases have a cure. C, I

Six of the statements address cure, while nine address prevention. The responses are then appropriately scored on the basis of their *externality or internality*. A numerical value of *three* is given for an external response, while a numerical value of *one* is given for an internal response. In some instances, an intermediate answer was given by the patients, such as *as vezes* or "sometimes." In these cases a numerical value of *two* was recorded. The numerical values are then totaled separately for the cure and prevention statements, then these are added together for a total score. The numerical ranges are then, 6-18 for *Cure*, 9-27 for *Prevention*, and 15-45 for the *Total*. Higher totals indicate a more external orientation. The survey was administered to *thirty-one* of the encosto patients I interviewed in the favela. For comparative data, I also administered this survey to *thirty-six* favela residents (controls who were relatively matched by gender, age, and level of education) who had never been treated for encosto, or participated in alternative religions such as Umbanda or Spiritism. I wanted to see if treatment for encosto, or participation in Umbanda, might have an effect on locus of illness control.

I also collected locus of illness control responses from *thirty-four* individuals who had been treated for *spiritual obsession* within the religious tradition of Spiritism. All of these Spiritist patients had finished high school, about half were college graduates, and the majority lived in middle and upper class neighborhoods. *Forty-nine* locus of illness control surveys were also collected from third and fourth year college students at the Federal University of Ceará in Fortaleza to use as controls for the Spiritist patients. Most of these students also came from middle and upper class economic backgrounds.

The results of these surveys are given below in Table 3. The *mean raw scores*

Table 3. Locus of Illness Control Survey Results

<u>Group by mean raw score</u>	<u>C</u>	<u>P</u>	<u>T</u>
Umbanda Patients (n=31)	11.06	18.90	29.97
Favela Controls (n=36)	11.27	17.81	29.08
Spiritist Patients (n=34)	8.15	14.47	22.63
College Students (n=49)	8.90	13.82	21.95

<u>Group by mean percentages</u>	<u>C</u>	<u>P</u>	<u>T</u>
Umbanda Patients (n=31)	42.2%	55%	49.9%
Favela Controls (n=36)	43.9%	48.9%	46.9%
Spiritist Patients (n=34)	17.9%	30.4%	25.4%
College Students (n=49)	24.2%	26.8%	25.7%

for each group are given first. Following Coreil and Marshall (1982) as well as Logan (1991), I have also converted the mean raw scores to percentages because of the unequal number of items in each of the subscales. This conversion was necessary "in order to have comparable units of contrast; percent scores were derived by dividing the mean of the sum score by the total possible score. For example, 9 of 18 [total possible score for the cure dimension] is 50%" (Logan 1991: 84). The greater the score, or percentage, the higher the *externality*. C= cure score, P= prevention score, T=total score. Raw Cure score range= 6-18, Prevention range= 9-27, Total range= 15-45.

As one can see, when looking at the raw numbers, very little difference exists between the Umbanda patients and their favela controls, or between the Spiritist patients and their college student controls. When the mean scores are converted to percentages, however, one can discern that the Umbanda patients are slightly more internally oriented with respect to disease cure, and slightly more externally oriented with respect to disease prevention, than the favela controls. These differences, however, are very small, and treatment of encosto or exposure to Umbanda appears to have no significant effect on locus of illness control (Lynch 2002).

The same can be said for treatment of spiritual obsession or exposure to Spiritism. Though the Spiritist patients are slightly more internal with respect to disease cure, and slightly more external with respect to disease prevention, than their college student controls, the differences are very small. What appears to be dramatic, however, are the differences between locus of illness control scores for people who live in the favela, as opposed to people who come mostly from middle and upper class neighborhoods, and have at least a high school level of education. In the percentage scores, the favelados display *almost twice* the level of *externality*, on average, than the Spiritist patients and the college students, with respect to both cure and prevention of disease. This is consistent with other findings on Locus of Illness Control, most notably those of Logan (1991), where economic status, level of education, and relative disease load were the primary agents responsible for Locus of Illness Control scores. So it appears that these factors have a dramatic impact on perceptions of personal control over one's health, while participation in mediumistic healing rituals, or alternative religions, does not (Lynch 2002).

Encosto as an Explanation of Illness and Misfortune

Encosto was the explanation for illness and misfortune in all thirty-five cases reviewed for this dissertation. Explanations are no doubt very much needed in an environment like the favela where disease, poverty, and lack of hope to improve one's condition are the norm. Life itself is an everyday struggle for survival, and when daily problems are compounded by an illness in the family, behavioral problems, loss of a job, or other obstacles, people in an already precarious situation can easily become overwhelmed. They need to have a reason *why* such a thing happened to them. Chance, fate, or God's will are not reasons enough. So much in life is not under the control of the favelado. They

are born into poverty, and most of them will die in poverty.

Education could certainly provide a way out, but as discussed in Chapter 3, many favelado children must work to support their families, and most end up dropping out before completing high school. Those who do complete high school normally do so in the free public school system, and such graduates are almost never prepared to pass a *vestibular*, or test, that is required to enter a college. Almost all parents of the lower-middle economic class and above do whatever it takes to pay for private schools for their children for this very reason. Favelados, of course, can not afford private schools. Learning a highly skilled trade is also very difficult for the favelado, since such trade schools cost money as well. Most favelados are lucky to learn lower-skilled trades by working as apprentices, and these trades simply do not pay well. In short, it is very, very difficult to pull oneself out of the favela. It is not impossible, but the cards are stacked heavily against you. I invite the reader of this dissertation to momentarily envision what it would feel like to live in Pirambu.

Imagine being a seventeen year old woman working as a maid for a rich family. You were always very bright, and did very well in school, but your father died five years before, and as the oldest of five children, you had to drop out of school four years ago to work and help support your family. You are barely making ends meet now, sometimes you go to bed hungry, and the kids still do not have enough food to eat or clothes to wear. In spite of how bad things are, some people are even worse off than you. And some of your neighbors are actually jealous that you have a minimum wage job!

For the last four years you have been working for this family, and watching your boss's daughter, who is your age, breeze through life. She is not very bright, she always made bad grades in school, and all she wants to do is party all the time. But her parents paid for her to go to a private school, and they will pay

her way through a private university. When she finishes, she will be given a job in the family business, and will earn a comfortable salary for the rest of her life. But you will not, you are trapped in this life, by fate or by chance.

Suddenly you become very ill, and after missing work for a week, they fire you. Since you were working "card unsigned," you have no legal recourse, or rights to unemployment benefits. Your family begins to starve, and you have no idea how you will find another job, or if you will get well. Wouldn't you want there to be a reason? Wouldn't you want to put the blame on someone or something? It cannot be simply fate, or chance, no one could be that unlucky. Someone must have done this to you. Maybe one of those jealous neighbors cast a spell on you to get sick and lose your job? That would be better. A neighbor you can hate, a neighbor you can blame, a neighbor you can fight. But you cannot fight fate.

This imaginary scenario, though melodramatic, is illustrative of the way many favelados feel, and is not unlike some of the cases reviewed for this dissertation. For many favelados, a sudden illness or misfortune can be disastrous. And when such misfortunes come, as they often do, on top of years of frustration and injustice, it feels like someone or something is heaping injury onto insult. Encosto provides not only a reason for the misfortune, but also an entity or person upon which the victim may focus his or her emotions, and lay the blame, something that fate and chance never provide. As Foster (1978: 69) says of illness or misfortune associated with personalistic disease theories, "the agent who lies behind the act must be identified and propitiated or otherwise rendered harmless if recovery is to be permanent." Once the reasons, entities, and agents are known, Umbanda provides the supernatural tools to fix the problem, and to protect the client from further attacks. Encosto thus gives the client *control* over problems by personifying them.

Encosto, of course, was the cause or explanation for *why* all of the informants in this study fell ill or suffered misfortune. The question then becomes *why* the encosto was sent, or attached itself, to the victims. It should be noted that in many cases multiple encosto spirits were affecting a single victim at the same time. I have treated these as single cases of encosto "infection," if you will. However, two patients reported *two different periods of suffering* from encosto, complete with different reasons for being affected, and these were treated as separate cases. So the thirty-five people I interviewed were actually treated for *thirty-seven* different cases of encosto.

Of these thirty-seven cases, the majority, twenty-three (62%), were caused by *witchcraft*. I have defined witchcraft as a living enemy purposely petitioning a spirit to attack, or send another spirit to attack, a living victim for the purpose of causing harm. Nine other cases were *accidental* in that there was no intent on the part of a living person to cause harm. But the word "accidental" here may be misleading, because in most of these cases the spirit attached itself to the victim because the victim did not have the proper spiritual protection at the time. In four other cases, the victims were told that they were natural mediums that had *failed to develop their medunity*. And that their undeveloped medunity had left them particularly vulnerable to communications and interference from spirits. For these people, proper spiritual protection is believed to be even more vital. In the *one* remaining case, the victim was an Umbanda adept that was punished by his Orixá for *failing to perform his ritual obligations*.

In addition to being the most common cause of encosto, witchcraft cases often included some of the most serious physical and emotional problems reported by the informants. Five of the witchcraft victims reported total incapacitation during the period of the encosto's attack, while one death and two near deaths were attributed to witchcraft. Witchcraft was also blamed for two

cases of prolonged “crazy” and violent behavioral episodes, in one of which, a mother stabbed her own daughter in the chest with a kitchen knife. Two near losses of a limb were reportedly the result of witchcraft, along with one case each of tuberculosis, leprosy, paralysis, and a tumor. “Accidental” cases of encosto were generally characterized by less severe conditions, though there were a few exceptions. I think it can be safely concluded then, that the more severe the illness or condition, the more likely the *cause* would be attributed to witchcraft. This makes sense from a functional perspective. The more severe the condition, the more the patient would tend to believe, or want to believe, in a malevolent cause or intent. Such an external orientation would also help to free the victim of any blame for their own misfortune.

Of course we can never know for sure if black magic rituals, or *negative trabalhos*, were actually performed against these victims, and in the majority of the cases, neither can the victims. They normally have only the word of the medium or the spirit who diagnosed or treated them as a confirmation. In only three of the twenty-three cases of witchcraft did patients claim to have talked to someone who actually witnessed the ritual that sent the encosto against them. In two of these cases, close friends of the victims, from terreiros the victims formerly frequented, confirmed the rituals. In one very unique case, the victim’s own Mãe de Santo admitted to being unwittingly used as an instrument for a curse sent by a rival filha de santo from the same terreiro. The same Mãe de Santo later treated the victim for the encosto. Her explanation for this was that she was incorporated by an exu spirit at the time, and was unaware of her actions. And the exu, as Umbandistas believe, could not resist the ritual offerings of the petitioner (see patient #7 in Appendix A: *Case History Summaries*).

In cases of witchcraft, the identification of the agents responsible takes three distinct forms. First is the identification of the *spirits* responsible. These are

almost always identified, and powerful spirits are normally named, though a lesser, *zombeiro* spirit sent by a more powerful spirit is rarely given a direct name. Second, is the identification of the living person who sent the encosto. And third is the identification of the terreiro and/or medium who performed the ritual on behalf of the client.

From the point of view of the victim, the most important of these is, of course, the identification of the living enemy who requested the witchcraft. In *fifteen* of the twenty-three cases of witchcraft, the person who requested the trabalho was directly identified by a spirit attending the victim. In two other cases the victims said they *knew* who requested the witchcraft even though they were not directly identified by spirits. And in *six* cases, the witchcraft was sent by an unknown person. Identifying who sent the encosto is the decision of the spirits who diagnose and treat the victim. As discussed in Chapter 3, the terreiro's spirit protector is usually the first entity called upon for *diagnosis* of the problem. And spirit protectors are most often caboclos and folklore spirits. In some cases where an exu spirit was used to send the witchcraft, these spirits are also called down to confirm the case and give instructions on what they will require from the victim to remove the curse. Preto velho spirits are then normally called in to perform the actual healing rituals.

In all fifteen cases where the enemy was directly identified, they were named by caboclos, exus, or folklore spirits, never by preto velhos. Preto velhos are said to be very wise, humble, and good spirits, who would never reveal such an enemy for fear the victim may want to take revenge. In fact, if they know the victim is aware of the identity of the enemy, they will often warn against taking retribution, magical or otherwise. Caboclos are generally more prideful, put greater stock in notions of justice, and might reveal the offender's identity out of a sense of duty. Folklore figures vary in personality, so that some "half and

half" spirits, like Zé Pilintra, might tend to reveal such identities, while others, such as Nego Gerson, would not. Exus, being somewhat indifferent to humans, yet enamored of ritual offerings, will not only reveal the identities of offenders, but in some cases, actually offer to take revenge on behalf of the victim on the spot. This happened in a few of the present cases. So whether the living enemy was revealed to the victim or not usually depended upon the personalities or whims of the diagnostic spirits, rather than the healing (preto velho) spirits.

The third agent "responsible" for the witchcraft would be the Mãe or Pai de Santo who performed the trabalho. These were very rarely identified. Most Umbanda leaders would take great offense at being directly accused of performing negative trabalhos at the request of clients, and identifying them as having done so may cause retribution against the treating leader or his or her followers. Such identifications only occurred a few times in the data at hand, and have more to do with direct competition between leaders over adepts- a subject that will be discussed in a subsequent section of this chapter.

Perhaps the most important issue in the explanation of encosto, as witchcraft or otherwise, is the *motive* or *reason* for the attack. Jealousy was the most often cited motive in the cases of witchcraft. It was indicated as the reason for *fifteen* of the twenty-four witchcraft cases, and for *two* other cases of non-witchcraft-related encosto. These latter two were due to the jealousy of particular spirits, rather than living enemies. The relationship between witchcraft and jealousy constitutes the strongest thematic correlation found in the data. In the other cases of witchcraft, *four* curses were sent by a known enemy who disliked, hated, or was offended by the victim, while in the remaining *four* witchcraft cases, a motive was never given.

Jealousy, or *inveja*, in the favela as elsewhere, is regarded as a petty emotion, a refuge of the weak-minded and mean-spirited. A jealous person is someone to

be pitied, or made fun of, rather than hated. People do not like their jealousies to be aired publicly. This would tend to discredit the jealous person, and lift up the victim. This is exactly the service an accusation of jealous witchcraft does for the victim. It raises up the victim, and pushes down the offender in the eyes of the community. Friends, neighbors, spirits, and Umbanda adepts will rally around the victim, feel sorry for her, and show support. The extra attention she receives, and the ridicule the offender receives, may help to mitigate her angry feelings. If this is not enough, the victim is usually assured by the spirits that the offender will "get what's coming to them" by way of the rebound effect- a widespread belief or "law" that magical curses are delivered back on the offender three times over. In a few cases, some of the victims "heard" of such instances. In two extreme cases, one of the victim's attackers reportedly killed herself, and another attacker lost a child.

Jealousy associated with witchcraft came in several types: jealousy over a lover, potential lover, or spouse; jealousy over material things; jealousy between Umbanda adepts; and jealousy on the part of an Umbanda leader. In *two* cases the source of the jealousy was unspecified. In the *single* (above) case of jealousy between Umbanda adepts, one adept was jealous of another's relationship with their Mãe de Santo. This case was discussed briefly above (patient #7), where the victim's own Mãe de Santo was the unknowing instrument of the curse. The offending filha de santo was later kicked out of the terreiro. *Two* cases involved jealousy on the part of Umbanda leaders, and the loss of their adepts. These will be discussed in a later context. In the *two* cases of jealousy over material things, the encostos were reportedly sent because the victims had each repeatedly refused to lend money or goods to a particular jealous neighbor.

But the most common form of jealousy witchcraft was carried out over a lover, and, perhaps because more women were interviewed than men, all *eight*

cases were about jealousy over a man. In most of these cases, the witchcrafts were intended to sicken or kill a wife or a girlfriend so another woman could "steal her man." In some cases, the perpetrator was identified as a husband's mistress, or former lover who wanted the man back, in others, the man had had no prior romantic contact with the offender. A typical case was that of patient #5 (see Appendix A), a 32 year old married woman. The victim had suddenly become very ill, complaining of constant vomiting, dizziness, and the inability to stand or get out of bed. After a week of these symptoms, she went to a hospital, but the doctor could not find anything wrong with her. When she got home she went to see a Pai de Santo. His protector spirit, O Marinheiro, told her that she had been cursed by a jealous neighbor who wanted to "destroy her life so that she could steal her husband." Though the woman who performed the curse was not directly named, the victim immediately knew who it was.

The Marinheiro said that with the instruction of an exu spirit, the jealous neighbor had constructed a doll in the victim's likeness, and sewn small pebbles into the doll's abdomen to make her sick. The exu had then commanded a zombeteiro spirit to accompany the victim to further enhance the magic. The Marinheiro gave her an herbal bath, a thorough cleansing with incense, and sacrificed seven live chickens to remove the black magic. He also removed two small pebbles from her abdomen, the victim said, and spit them out of his teeth. After receiving the blessings and ministrations of seven more spirits, she was sent home and quickly recovered. After seven months, however, she had a relapse of the same symptoms. She went back to the same terreiro for repeat treatment. This was apparently successful, as she had no more problems after that. She is now a filha de santo at the terreiro where she was cured.

In this case, the victim did not mention any infidelity on the part of her husband. In other cases women did. And in these cases, the victim's symptoms

were more severe. As for the *eight* women who were *victims* of this type of jealous witchcraft, *five* were able "hold on to their men," *two* lost them, and *one* "gave him up and got another."

As a final discussion for this section, I would like to make the distinction between encosto serving as an *explanation* for illness and misfortune, and encosto being *used as an excuse* for one's own behavior, or to *assuage one's guilt*. I believe these concepts apply to *six* of the *thirty-five* encosto victims I interviewed. In two of these cases the effects of the encosto were relatively benign. In one case, patient #32, a man and his wife blamed his drinking, fighting, and inability to hold down a job on an encosto. The encosto was a *malandro* or "no good," "vagrant" spirit who was attracted to the man's natural tendency to go out, get drunk, and get into fights. They believed the influence of the spirit greatly encouraged and magnified this type of behavior. The man was apparently cured. In the other relatively benign case of this type, patient #6 blamed the mother of her ex-boyfriend for the failure of their relationship. The mother always hated her, she said, and sent an encosto to make her "go crazy," get sick, and break the couple up. Now she is left with a child by her old boyfriend, and his family refuses to help.

The four other cases of this type were more serious. In two, encosto was the reason given for unstable, violent behavior. In both cases the cause was jealous witchcraft over a man. In one, the patient (#7) "went crazy" for a period of several months. Her husband was cheating on her, so she hit him, beat their daughter, yelled at and insulted her neighbors, lost her job, and had to be restrained and interned in a psychiatric ward on two occasions. In the other case, patient #1 had frequent violent episodes culminating in her stabbing her own daughter in the chest.

In the third case, a woman had several arguments with her long time live-in

maid, who was also a close friend, and ended up kicking her out of the house. The maid, a girl of 17 years, was killed in an altercation over drugs two weeks later. The woman expressed great remorse over the death of the maid, saying that if she had not "thrown her out in the street," the girl would never have died. The woman was told that her symptoms, mostly extreme headaches, were caused by the spirit of the girl. The spirit was not trying to cause the woman harm, but rather did not know that she was dead, and was trying to communicate with the woman. The treatment was that the spirit of the maid was accepted by a medium, and the two women made their peace and forgave each other. In this case, the encosto treatment helped the woman to assuage her guilt and reconcile a terrible loss (see patient #3 in Appendix A: *Case History Summaries*).

In the final, saddest case of this type, an encosto had apparently been sent to take the life of a woman's infant son. The woman was an admitted drug addict living in the most horrible, squalid conditions I have ever seen. Flies covered the dirt floor in search of bits of food and excrement, some of which were partially visible. The house was a one-room straw hut with no utilities or sanitary facilities, and only a chair, a mattress on the floor, and a straw hammock for furniture. The woman's young son had gotten "extremely thin and weak" about two years before. After a couple of weeks she took him to a Pai de Santo. He performed some rituals, then demanded she take her son to the hospital. One of his followers took them. The child was diagnosed with severe anemia, kept hospitalized for two weeks, and fully recovered. The woman is 37 years old and has eight children, three of whom live with their fathers. She lives with her boyfriend and five children. After the interview, she said that she had known her son was cursed by witchcraft because an infant daughter of hers had died of the exact same thing two years before. She had never taken her daughter to

anyone for treatment.

In this last case the woman clearly blames the death of her daughter, and near-death of her son, on encosto. It may be that encosto serves as a coping mechanism for her loss, as well as an excuse for her neglect. The child's diagnosis of encosto may also shield the mother from blame within the community for any culpability she may have with respect to the child's illness or death. Such a function has also been suggested for children who are the victims of susto, or fright sickness, in Mexico (Logan 1993: 193). While all cases of encosto involve some shift of blame to an outside entity, in these last six cases, the function of encosto is less about explanation, and more about excuses for behavior, minimizing one's guilt, and/or coping with loss.

Encosto, Umbanda Recruitment, and Leader Prestige

Encosto proved to be an excellent tool for recruiting new members and frequenters for the terreiros in which the patients were treated. Of the thirty-five encosto patients I interviewed, four became filhos de santo for the first time in the terreiro where they were healed, and two more are in the process of becoming adepts. Nine individuals are now regularly attending the terreiro where they were treated, after never having regularly attended Umbanda meetings before. Two filhos de santo from other terreiros have become adepts in the new terreiro where they were healed, and one individual who regularly attended another terreiro, has switched his attendance to the new one where he was treated. In total, then, by diagnosing and treating thirty-five patients for encosto, the Umbanda leaders have gained *eight* new filhos de santo, and *ten* new regular frequenters for their congregations, a "recruitment rate" of slightly better than 50%. And this figure does not include the handful of people who were already adepts or frequenters of the terreiro where they were treated. The

diagnosis and treatment of encosto then, next to family tradition, and the invitations of friends, is probably one of the primary ways in which Umbanda groups expand their congregations. And the more adepts and frequenters a Mãe or Pai de Santo has, the more prestige, power, and respect she or he commands within the community.

So how does encosto diagnosis and treatment help to recruit new Umbanda members? I believe one major key to understanding this lies in the concept of *lack of proper spiritual protection*- an important theme that was expressed by a significant portion of the informants. In the last section I focused primarily on cases of witchcraft as examples of encosto's explanatory function. But witchcraft was reported as the cause of encosto in only *twenty-four* of the cases. In *nine* others the encosto was labeled *accidental*, since no living enemy sent the encosto, in *four* cases the encosto was due to the *failure to develop one's medunity*, and in one other case, the encosto was the result of an adept having *failed to fulfill his ritual obligations*.

As stated previously, the word *accidental* may be misleading, because in all of these cases the true *reason* the person picked up the encosto, according to the spirits, was because of a lack of proper spiritual protection, or having an *open body*. In the *four* cases of failure to develop one's medunity, a lack of proper spiritual protection was thought to be even more dangerous. A medium, almost by definition, is believed to have the ultimate "open body," and thus to be highly sensitive to spirit communications. Without training to help one control these communications, a host of problems may ensue. These include: hearing disturbing voices, seeing visions, nightmares and insomnia, radical behavioral changes, severe headaches, and a host of other stress-related physical symptoms.

In order to stop the problems and prevent further ones, the undeveloped medium must either develop her medunity by becoming a filha de santo, or "cut

it off" by way of a series of rituals designed to "close the body." In the latter case, the undeveloped medium is believed to require constant reinforcement of spiritual protection for the body to remain closed. And one can only obtain this reinforcement by receiving the blessings and protections of spirits through the regular attendance of Umbanda services. It is not surprising then, that *three* of these people who were "diagnosed" with "undeveloped medunity" have now become full-time Umbanda adepts, while the fourth *one* had her medunity "cut off," but still frequents the terreiro at least once a week to reinforce her protection.

Of the nine cases labeled "accidental," which were all actually "diagnosed" as being due to a lack of spiritual protection, *six* of those individuals are now either Umbanda adepts or regular Umbanda frequenters- a *two-thirds* recruitment rate. And when we include the four undeveloped mediums, this means that of the *thirteen* total cases where encosto was caused by having an "open body," *ten* are now adepts or frequenters- a 77% recruitment rate. This is in sharp contrast to witchcraft victims. *Twenty-two* people were treated for twenty-four different cases of witchcraft. Of the twenty-two individuals, only *eight* are now adepts or regular frequenters of the terreiro in which they were treated. And three of these switched terreiros as a result of the treatment. So only about *one in three* witchcraft victims were recruited by the Umbanda leaders who treated them, while *three out of four* of the "open body" victims were recruited- a very dramatic difference.

In one classic example of Umbanda recruitment, patient #33, a 55 year old woman, said she had "struggled with depression all her life," had consulted with doctors about her condition many times, and frequently went through long periods of time taking prescribed medicine for the condition. About four years before the interview, however, she began to have physical symptoms. These

included swelling and itching in her skin (all over her body), and her hair and finger and toe nails began to fall out. The doctor said the swelling, as well as the hair and nail loss, was due to a type of allergy. He gave her regular injections over a period of several months, as well as a medicine for her to take at home, but the medicines apparently did not work, and her condition worsened.

After about six months with these symptoms, a friend convinced her to go to an Umbanda terreiro. She had had no previous contact at all with Umbanda. She was told by the Pai de Santo and the terreiro's spirit protector, Zé Pilintra, that her illnesses and problems were due to two spiritual causes: one that she was being followed, or *encostada*, by the spirit of her dead father, and two, that she was a strong spirit medium who had failed to develop her medunity. Her father was not trying to hurt her in any way, but her medunity made her particularly vulnerable to spiritual intrusions, and the fact that his spirit remained so close was causing her illnesses as well as the general disequilibrium in her life. The solution would be to either close off her medunity or develop it and become spiritually stronger. She decided to develop her mediumship and quickly became a filha de santo at the terreiro. She immediately began performing her regular duties to her saints- *Xango* and *Iansã*. For the immediate treatment for her skin condition, she performed a seven day obligation ritual to *Omulu* (Saint Lazarus), and consulted with and received blessings, cleansings, and passes from a caboclo of the forest god, *Oxossi*. During this time she *stopped all forms of medical treatment*, including the medicines for her skin condition and for depression.

Within a few weeks the swelling in her skin disappeared and her nails and hair began to grow back. She has had no further symptoms of this type since. She also no longer has problems with depression, and has not taken any medicine for the condition since receiving the Umbanda treatment four years before. She attributes her well being to the development of her medunity, and

to the fact that she is now "right with the gods," through the performance of her religious duties.

Here the woman had not felt right for years, struggling with depression. A physical illness prompted her to seek religious healing after the perceived failure of medical treatments. It may be that the medical treatments simply needed time to work, or it may have been that the allergen responsible was removed when she stopped taking all forms of medicine, or through some other change in her environment. At any rate, the physical symptoms appeared to disappear as a result of the Umbanda treatment. This obviously impressed her, and made her more favorably disposed to placing faith in the healer and in Umbanda cosmology. When she was then told she had an "open body" due to undeveloped mediumship, she had good reason to believe it. The suggestion might have meshed with previous suspicions, or made sense as she reflected upon past occurrences or conditions in her life. The diagnosis of undeveloped medunity also opened up for her the possibility of joining the group, becoming part of a close fellowship, and having the keys to secret mysteries. All of this may have seemed very attractive to a 55 year old single woman with no children. It may be that much of her depression was not clinical, but rather due to loneliness and the lack of something to productively occupy her time.

Her time definitely became occupied. The terreiro to which she now belongs meets four times a week, and she attends all the services regularly. She has developed very close relationships to the people there as well, and has become a principal medium. The accepting of spirits, her religious devotion, and the help and advice she gives to others as a medium, provide her with numerous therapeutic encounters each week. In sum, it is not surprising that she feels her perceived depression is well managed or no longer exists.

This patient also represents a "good catch" for the Pai de Santo who recruited

her. She is a high school graduate who teaches young children in the public school system. As such, she makes a little over two minimum salaries per month. This is not enough for her to leave the favela, since she also helps to support her mother and her sister's family, but it is enough to faithfully pay the dues and religious obligations she owes to the terreiro, and thus, the Pai de Santo. Such "religious dues" in the favela are generally informal arrangements negotiated on the basis of one's ability to pay. This woman's ability to pay is probably in the top 10% of the terreiro's congregation.

Many Umbanda leaders in the favela work primarily outside of the terreiro to earn a living, meaning they are really *part-time* Pais and Mães de Santo, but they still want the terreiro to produce enough revenue to be at least self-sustaining. Umbanda terreiros, especially the larger ones, require considerable amounts of money to cover the costs of conducting rituals. These include the cost of the ritual space, statues and figures, ritual clothing for the members, food for festivals, and copious amounts of perfume, candles, and liquor. The most successful leaders tend to be *full time* Pais and Mães de Santo (like the Pai de Santo from the above example) and earn their living wholly through the dues of adepts, and the donations and pay for services from frequenters and clients.

Not everyone can become a filho de santo. One has to have natural medunic ability, the desire to develop it, and be willing to devote a great deal of one's time to the practice of the religion. Most people connected to a terreiro are simply frequenters. These frequenters normally outnumber the filhos de santo at least three to one, and in some of the larger terreiros, perhaps as much as ten to one. Some are very regular in their attendance, while some attend only occasionally, but they are often the most important source of revenue for the terreiro.

Umbanda leaders usually press frequenters for at least donations *in kind*, such

as ritual paraphernalia to help support the terreiro, and there is an unspoken understanding that further donations, including monetary ones, are needed, wanted, and will probably enhance one's success when petitioning the spirits of the terreiro. Umbanda leaders also perform private trabalhos for clients, who generally are, or become, frequenters, and these services normally require a semi-negotiated fee or donation, not unlike paying a preacher to preside over a marriage in the United States. The trabalhos are normally performed to enlist spiritual aid for practical concerns such as one's employment, love life, health, happiness, and harmony in personal relationships. For anyone who has been successfully treated for encosto, the Mãe or Pai de Santo's power has already been demonstrated. It then stands to reason that these people will turn to this leader in the future for other concerns. And for people who were specifically treated for an "open body," further ritual participation is believed to be absolutely necessary.

So Pais and Mães de Santo often secure future resources for their terreiro, as well as income for themselves, by treating encosto victims. These resources, however, come not only from the victims themselves, but from friends and neighbors who know the victim as well. Each time an Umbanda leader performs magic which is perceived as effective, the word spreads, and the leader increases his or her number of clients. And encosto cases are perhaps the most dramatic expressions of the leader's power.

In addition to increasing their revenue and number of followers, the Pai or Mãe de Santo also enhances his or her prestige and respect within the community by performing successful magics. An Umbanda leader with a large following and a reputation for supernatural power often becomes an important leader in the community. From that position he or she may be able to mediate disputes and resolve conflicts within the neighborhood. In addition, an

Umbanda leader who is perceived as powerful can be a real deterrent to crime and violence. Though my exposure was certainly limited, in the year or so that I spent studying Umbanda in the favela I only heard of *one* crime committed against an Umbanda terreiro, a minor break-in at night that was interrupted by witnesses. The thieves ran off without managing to steal anything.

I find it surprising, amazing actually, that terreiros would attract so little crime. They certainly house some of the most valuable items to be found in the favela, and would provide far more profit, on average, than even the richest of houses, yet they are mostly left alone. The wealthier houses in the favela, on the other hand, are constantly targeted by thieves. I can only attribute this to the fear of possible supernatural retribution. That was certainly the thought that was being expressed on the street the day after the break-in. Nearby neighbors were shocked that someone would have attempted it. People who did not even attend the terreiro were saying that the thieves were very lucky they had not gotten away with anything, such as a statue of an Orixá, or they would have been terribly cursed. And most comments seemed more concerned with the future welfare of the would-be thieves than the vulnerability of the terreiro. This effectively expresses a widespread sentiment in the favela- though many people “do not really believe” in macumba, they still have a healthy respect for it, and most will not “press their luck” by challenging or insulting its sanctity.

I believe this protection extends to Umbanda members and frequenters. In addition to deriving strong feelings of personal, spiritual protection from participating in Umbanda, such practices may offer physical protection as well. If someone is known to be under the protection of a powerful Umbanda leader, he or she is probably less likely to be the target of crime and violence. Even if a would be attacker “does not really believe” in magic, he may decide to find another victim “just in case.” This may be one reason why so many openly

homosexual men choose to become Umbanda adepts. Though homosexuality is generally more accepted in Brazil than in the United States, homosexual men are still often the targets of ridicule or harassment, especially in an environment like the favela. Umbanda membership may offer some protection in this regard, as well as providing a safe refuge for self expression.

Encosto and Social Control

As described above, Mães and Pais de Santo are often regarded as important community leaders who may act as mediators, counselors, and settlers of disputes between neighbors and among family members. When speaking specifically about encosto cases, as I am here, Umbanda leaders will almost always caution the victims of witchcraft against any type of spiritual or physical retribution, emphasizing instead the idea that negative sorcery will have its own negative consequences without need of further physical or spiritual confrontation. Earlier in this chapter, I discussed how the diagnosis of someone as the victim of jealous witchcraft could provide therapeutic effects for the victim, since jealousy is viewed as a base emotion to be pitied, rather than hated, and such an accusation may serve to cool the temper of the victim on a psychological level, and avert confrontation on a social level.

But for the offender, an accusation of witchcraft is a social sanction as well as a spiritual one. Even if the offender never conducted any such ritual, an accusation that he or she did so will often bring public pressure and condemnation from the community, and perhaps even worse, it will draw attention to any inappropriate behavior that the "witch" has engaged in. Umbanda terreiros are generally seething cauldrons of gossip. Indeed, some people who have the most cynical views about Umbanda would say that gossip is the primary trade tool of Umbanda adepts. By carefully listening to the secrets

of petitioners while "incorporating spirits," Umbanda adepts collect information about many people in the congregation as well as the community. They then file this information away in their minds, casually question others about it, and then, when first speaking to a new petitioner about whom they have already gathered the information, make seemingly brilliant, accurate statements about the person to their face while "incorporated," so as to make the spirit appear to have supernatural insight. Whether this is true or not, one thing is certain: other than the private rituals enacted for members only, whatever happens in a terreiro *never* stays in a terreiro. Umbanda ceremonies last for hours, and there are many informal periods during which members and frequenters can freely discuss notable events at length. Gossip then spreads from the terreiro like fire on a prairie, reaching every corner of the neighborhood by the end of the following day. Those who have been accused of witchcraft by a powerful Mãe or Pai de Santo will probably hear about it before breakfast.

Thus is aired the dirty laundry. In this way, husbands who cheat on their wives are "outed," and find it hard to find anyone to cheat with again. Women who sleep with other peoples' husbands are suddenly exposed and called *puta* or *vagabunda*, "sluts," on the street, while heavy drinkers, wife beaters, money beggars, stingy people, jealous people, hateful people, and even drug dealers are subject to public ridicule. In the data I personally gathered, fifteen people were specifically identified as having performed witchcrafts. In this manner, *seven* women were exposed as trying to steal someone's husband or boyfriend, at least *four* husbands or boyfriends were labeled as unfaithful, *two* people were labeled as borrowers of money who never pay it back, *one* jealous adept was kicked out of a terreiro, *two* rival Umbanda leaders were named as performing negative trabalhos, *one couple* was named as a pair of *quimbandeiros* (evil sorcerers), and *one* mother in law was labeled a spiteful harridan. I suspect there were very

negative social consequences for all of the above mentioned people. I spoke earlier of the Portuguese phrase, *aqui se faz, aqui se paga*, or "here you do, here you pay," which refers to the belief that the "rebound effect" of negative magic is always paid back in this life, not the next. From what I have seen, simple gossip works quite well in this respect without the need of referring to magic. It should be clear from this brief discussion that Umbanda leaders often manipulate encosto to control social behavior. I will close this portion of the discussion with a summary of my favorite case for illustrating this point.

One Friday at lunch time about eight or nine months before the interview, the patient (#25), was suddenly stricken with very intense pains in her stomach and abdomen areas. She made herself some tea, then immediately vomited. She tried to drink some water afterwards, but vomited again. Her daughter took her to the hospital. She was crying out in pain, so the doctor gave her an injection. This seemed to help. She stayed at the hospital for four hours, and was interviewed and examined by a second doctor. The second doctor gave her another, "better," injection for pain and sent her home, telling her to return the next day if the pain did not go away.

She went home and was very sick the entire night. Her friends and family made tea from garlic and *boldo* (*Peumus boldus*) and gave it to her. The next day her husband came home around lunch time and saw her in this condition for the first time. He wanted to take her back to the hospital, but she refused. As her husband knelt by her bedside, she saw a vision of a beautiful woman with her hands on his shoulders. The woman (a spirit) laughed and told her that she was going to die, and that her husband would then belong to her. During this vision, her pain increased dramatically and "felt like a knife" pushing upwards through her ribs to her shoulders. At that point her body went limp. Her eyes were open, and she could hear everything, but she was unable to move or speak. She

remained like that all afternoon. Her family and many neighbors gathered around her house, wondering if she was going to die. At about six o'clock, a neighbor called a priest to come and hear her confession. He refused to take the confession unless the patient herself called for him, which she tried to do, but could not speak. The priest left saying she should "look to other means" for help.

Her family and neighbors borrowed a jeep and carried her to a local Umbanda terreiro. On the way, the beautiful (spirit) woman appeared again, saying she would not die now, because she had too many people who cared about her around her at the moment. At that point she cried out for the first time, yelling "*Padre!*" She was taken to see the Pai de Santo. He called down his caboclo, who told her to have faith in God, and to sit up. She did so, and the caboclo said she would not die after all. The caboclo then turned to her husband, who was standing by her side, and said, angrily, "How could you do this to your own wife?! She never brings shame to you, why would you do that to her?!" Her husband was taken aback, and visibly frightened.

The caboclo explained that her husband's mistress had put this curse on her. She had given offerings to a powerful pomba gira spirit and asked that the patient's life be destroyed. The spirit in the patient's visions was the pomba gira. The Pai de Santo then called down his preto velho spirit. The preto velho prayed over her, gave her passes, and taught her to make a tea from *erva doce* (fennel) and *boldo* (*Peumus boldus*). He said that she should take this tea every few hours and return the next day on her own two feet. Her pain lessened somewhat that night and she was able to sleep. She walked to the terreiro the next day, the preto velho repeated the prayers and passes, and told her to continue with the tea and return again the next day. She did so, arriving with her husband, a neighbor, and one of her daughters. By this time, the pain had lessened

considerably, but she still felt weak and sick. The preto velho repeated the prayers and passes and also gave her an herbal bath. He then told her to have faith in God, and this would all be over soon.

The preto velho then stuck his fingers down her throat and began moving them around. She was drooling blood at this point and the pain in her stomach returned. Finally, a ball-shaped object, about the size of a nickel, came out of her mouth. The preto velho called her husband over, picked up a razor blade, and said, "I am going to show you the consequences of your actions." He cut the ball open and revealed its contents. There were bits of the patient's hair, three fish bones, three tiny straight-pins, and a small piece of her dress. Her husband's face went pale. The preto velho then performed a ritual to "close the body," mimicking a sewing action over her stomach with a needle and thread while praying. She was told to continue drinking the tea.

She felt much better immediately after the last treatment and had no more symptoms at all within a few days. The Pai de Santo later brought the couple a large plant called *comigo ninguém pode* or "no one can harm me" (*Dieffenbaehia sp.*) and placed a photo of her and her husband below it on their living room mantle. He said that as of that moment, they could no longer cheat on one another. About two weeks later her husband came home saying that he had heard that his former mistress, the one who laid the curse on the patient, had committed suicide. The patient said she was sure her husband no longer cheats on her.

Another more specific form of social control is when an Umbanda leader uses encosto, or witchcraft, to control his or her own adepts. Or perhaps more precisely, when one Umbanda leader uses encosto to take advantage of a dispute between a rival leader and one of his or her adepts. This appeared to happen in two cases. Patient #11 was a filho de santo in another part of the favela. But the Pai de Santo there seemed to dislike him intensely. He was often rude, seemed

to be angry with him all the time, and criticized him constantly. Although the patient had seldom been sickly before, about two years before the interview he began getting very severe headaches, nasal congestion, pains all over his body, and was often sick to his stomach. After a couple of weeks with these symptoms he went to a doctor who gave him some pain medication for his headaches, and some saline solution to clear his sinuses. But the symptoms persisted for two more months, and he began to suspect that his Pai de Santo had something to do with the illness.

So he went to another Pai de Santo who called down his spirit protector, Zé Pilintra. The spirit said that indeed his Pai de Santo had sent a zombeteiro (cadaver) spirit to make him sick. In addition, he was being followed by a second spirit that had attached itself to him because he did not have the proper spiritual protection. Zé Pilintra then treated him with "unburdening baths" and he was completely well after about a week. He left his former Pai de Santo immediately and became a filho de santo in the terreiro where he was healed.

Did the former Pai de Santo really send an encosto to make the adept sick because he disliked him? It is doubtful that the Pai de Santo would have accepted him as a filho de santo in the first place if he truly disliked him. What is more likely is that the patient disliked the harsh methods of the former Pai de Santo. Perhaps he felt humiliated by his public criticisms, and then conveniently blamed what was most likely a case of the flu on his former leader. He also probably voiced his suspicions to the second Pai de Santo. But notice that it was not the second Pai de Santo that confirmed these suspicions, but rather the spirit, Zé Pilintra. Rival Pais de Santo rarely criticize each other in such a manner, as this would cause a serious rift between the two terreiros, and perhaps have negative repercussions for both groups. But they *can* do so through the voices of spirits. Spirits are capable of saying anything, especially one like Zé Pilintra.

So the second Pai de Santo would never be held responsible for something the spirit said, at least not publicly. Notice the fact that Zé Pilintra also said the patient picked up another spirit because he had an open body. To say that a filho de santo from a rival terreiro does not have the proper spiritual protection is basically to say that the terreiro, its leader, and its spirits are all incompetent. Again this sort of competition appears to be acceptable, as long as it is done indirectly, through the spirits.

The other case of this type was very similar. Patient #22 had "tentatively agreed" to become a filha de santo to her former Mãe de Santo. But part way through the process, she also began to attend a Spiritist center and expressed her desire to join them as well. She also began to miss many of the meetings at her Umbanda terreiro. The former Mãe de Santo did not like this at all, and when the patient began to get sick, she immediately suspected her former Mãe de Santo. So she went to another terreiro for treatment. And once again, a *spirit*, not the new Mãe de Santo, confirmed her suspicions and accused the former Mãe de Santo of sending the encosto. The patient is now becoming a filha de santo in the terreiro where she was healed. She said her new Mãe de Santo does not mind her experimenting with Spiritism.

In these examples, competition between Umbanda leaders over followers can clearly be seen. But the competition is carried out indirectly. The Mães and Pais de Santo are in effect *controlling themselves* to avoid ill feelings between terreiros. By not personally accusing one another of witchcraft, and letting the competition be played out on a spiritual plane, the Mães and Pais de Santo avoid hostilities between Umbanda groups, and each adept is able to choose the leader with whom he or she is most comfortable. In reference to the previous discussion of witchcraft and gossip, the encosto examples clearly demonstrate that ethnomedical disease theory is often used as an informal, yet effective, means of

social control. In the concluding chapter, I will summarize the principal themes and findings discussed in this dissertation, and highlight their significance in the context of other relevant ethnographic studies. Questions for future research on encosto will also be explored.

Chapter 6

Summary and Conclusions

This dissertation represents, to my knowledge, the first detailed scholarly inquiry, in either English or Portuguese, into the specific subject of encosto. It should be viewed then, as an initial, fact-finding, expository piece of research and writing that attempts to order and make sense of an ethnomedical belief that apparently "everyone knows about," in popular Brazilian culture, yet no one has described systematically. The present dissertation is by no means a definitive statement on encosto. Future research into the subject may stress different factors, or find that encosto manifests itself quite differently in different ethnographic settings. What I can say is that the data are new and unique in the academic literature. And I think this dissertation has considerable significance as an initial inquiry into a "well known," yet poorly understood, pervasive folk illness. I will now turn to a summary of some of the principal findings of this dissertation.

First, all the patients that were interviewed expressed satisfaction with the results of their Umbanda treatments. The majority of encosto patients, thirty (86%) were treated for physical complaints by Umbanda healers. Of these thirty, twenty-four (80%) were also treated by medical doctors for the same symptoms but were largely *unsatisfied* with these results. A major, confounding factor in judging between perceived Umbanda and medical results was the fact that most patients who pursued both forms of remedies either continued with medical treatments during the Umbanda treatments, or often did not allow enough time for medical remedies to work before pursuing religious aid. A significant minority of the patients, thirteen (37%), registered complaints that could be described as psychological, social, or behavioral. Only five of these patients did

not have physical complaints as well, and only four were treated by medical professionals for psychological or behavioral disorders. This is probably due to the fact that obtaining free medical care for non-physical conditions is very difficult, and that many favelados are likely to regard psychological or behavioral disorders as supernaturally based phenomena.

In the analysis of the conditions for which the encosto patients were treated, I applied the suggestion by Kleinman (1980) that much of the perceived efficacy of indigenous remedies can be explained by the *types* of illnesses which indigenous healers tend to treat. Specifically, Kleinman (1980) argues that indigenous healers treat primarily naturally remitting, or psychosomatic disorders that are better managed by psychosocial means. Although these suggestions cannot be tested with the data at hand, I agree in principle that the majority of the encosto cases probably fall into one of these categories. However some of the cases clearly do not, but in most of these instances, either medical treatment was also given, or biomedically active substances were administered by Umbanda healers in a ritual context.

The present data also support the general consensus that indigenous healing functions primarily in the role of psychosocial support therapy (Foster 1978; Kleinman and Sung 1979; Kleinman 1980; Finkler 1980; 1981; 1983; 1985; Moerman 1983; Simons and Hughes 1985; Anderson 1996; Lynch 1996; 2004). I think it would be wise, however, not to underestimate the important role in healing which Umbanda plays in an environment with limited access to modern health care. These include: administering effective, biomedically active substances; providing a rich source of symbolic healing which can often produce dramatic, positive results; and playing a powerful *complementary* role to fill in important gaps left by western medicine. As access to modern medicine in developing countries continues to advance, "indigenous healing systems" are

increasingly becoming replaced with more complex, *hybrid* combinations of indigenous and medical systems like we see in the favela of Pirambu. Theories which were developed to explain only indigenous healing need to be updated to better address these hybrid forms. This may prove to be one of the most fruitful and useful areas of inquiry for future research in ethnomedicine. Efforts such as the present dissertation should help to provide the necessary ethnographic information upon which such future theory construction can be based.

In Chapter 3, I described the complex decision-making processes involved when favelados choose between alternative health-seeking strategies, namely, the free clinics or the hospital versus pharmacies, herbal remedies, or Umbanda healing. In a study specifically designed to examine this issue, Young and Garro (1994) looked at such decision-making processes in the rural community of Pichátaro, Mexico. Using a frame questioning technique combined with statistical cluster analysis, they were able to construct a decision making model that, when compared with the known treatment choices of a control group, accounted for 91% of the health care choices people actually made. Though this was not the focus of my research, and my time and resources in the field would not have permitted it, the replication of such a study in urban Brazilian communities could greatly enhance our understanding of the choices that favelados make in determining health seeking behavior.

In the section on *survey style responses* in Chapter 5, I presented the results of a very brief eight-question survey designed to get *some idea* of how encosto patients felt about the quality of their own social role performance, their interactions in personal relationships, and their potential for positive change. With the exception of monetary concerns, the responses to these questions indicated that encosto victims were quite positive about their performance in important social roles, as well as in personal relationships. Most (67%) also

indicated positive attitudes about their potential to create positive change in their lives. I found this surprising given the conditions in which most of them live. Social role performance has been shown to be an important factor in studies of folk illness. Most notably, the ground-breaking work of Rubel et al. (1984), showed that the victims of *susto*, or fright sickness, in Mexico all suffered from feelings of *failure at social role performance*. From the (albeit very limited) data I was able to gather on encosto victims, this does not appear to be the case. While I suspect that this impression is correct for the population I studied, I would caution the reader about interpreting these findings as definitive, since they are based on a very small number of questions, and a limited sample of respondents. Likewise, the present data do not include responses from an appropriate control group with which to compare those of the encosto victims. I also suspect that the successful *treatment* of encosto may have had important bearing on the positive responses to these questions. Future inquiries into encosto could benefit greatly from a study specifically designed to address these issues.

Also in this section, I presented the results of a *locus of illness control survey* (Coreil and Marshall 1982; Logan 1991). The findings indicated that there were no significant differences in external or internal orientation, with respect to either disease prevention or cure, between the responses of encosto victims, and those of an appropriately matched control group of favelados. This would appear to indicate that treatment for encosto, or participation in Umbanda, has no significant effect on perceptions of the degree of control one has over disease onset or cure. However, the data did reveal very dramatic differences in locus of illness control scores between the two favelado groups on one hand, and the two middle and upper class groups which also participated in the survey on the other. In fact, the level of *externality* expressed by the favelado groups appeared to be roughly *twice as much* as the middle and upper class populations (Lynch

2002). These findings are in complete agreement with other authors (Coreil and Marshall 1982; Logan 1991) who have stressed that perceptions of locus of illness control appear to be effected primarily by educational and economic levels, as well as the type and frequency of the population's disease load.

Encosto was used as an explanation for illness and misfortune in all the cases reported on in this dissertation. The label of *encostado* provides not only a *reason* for one's misfortune, but also an entity or person upon which the victim may focus his or her emotions, and lay the blame. Umbanda then furnishes the tools to fix the problem, and to protect the victim from further attack. As one can imagine, this is particularly important to people who live in the favela, where so much of what happens to them feels completely out of their control. Umbanda takes what must be a natural inclination of favelados to *externalize* threats and misfortunes, given their experiences in life, and turns this externality to an advantage. By externalizing and personifying the problem in a believable way, yet also placing it in a context where there is a strong, common belief that it can be affected, Umbanda healers can then symbolically remove the stressor, so the mind of the victim can provide the cure. This process can produce dramatic, positive results, and the manner in which they are achieved conforms to many of the leading theories about how symbolic healing works (Frank 1961; Moerman 1979; Kleinman 1980; Csordas 1983; Dow 1986).

Encosto also effectively removes any responsibility the patient might feel about his or her condition, illness, or misfortune. I found this particularly interesting in cases where the patient's own behavior was the cause of the problem, such as episodes of extreme violent behavior, excessive drinking of alcohol, perceived culpability in the death of a friend, and (probable) parental neglect. In the latter two cases, encosto may function as a powerful coping mechanism to help deal with the death of a loved one, similar to what Scheper-

Hughes (1992) found about beliefs surrounding certain children who were not "destined to live" in a favela in the Brazilian state of Pernambuco. In all of the above cases, encosto helps to assuage the guilt of the victim, and provide an excuse for inappropriate behavior, either perceived or real.

The most common cause of encosto (twenty-three cases, 62%) was believed to be witchcraft. By witchcraft I mean the intentional petitioning of a spirit to cause harm to another human being, or performing *negative trabalhos*. These cases tended to be associated with more serious illnesses and behavioral disorders. "Accidental," or inadvertent cases of encosto, and those attributed to "undeveloped medunity," tended to be associated with less serious symptoms, and were most often attributed to a lack of proper spiritual protection. Witchcraft cases were associated with the motive of *jealousy* in fifteen of the twenty-three cases- one of the strongest thematic correlations found in the data. Jealousy, as a base, petty emotion, brings discredit to the jealous person, while lifting up, and generating sympathy for the victim in the eyes of the community. Both of these processes may have therapeutic benefits for the encosto patient.

Encosto also proved to be an excellent tool for recruiting new members and frequenters for the terreiros in which they were treated. Of the thirty-five encosto patients treated, *eighteen* are now either members or regular frequenters, a recruitment rate of better than 50%. I believe one way Umbanda leaders attain such a high rate recruitment is through the concept of a *lack of proper spiritual protection*. Those patients who were given this concept as a cause or reason for being affected by encosto were much more likely to attend Umbanda sessions regularly or become filhos de santo (75%), than those who were not (33%). This is because an "open body" (one that is not spiritually protected) is believed to require constant maintenance in order to ward off unwanted spiritual intrusions.

But successful treatment of encosto victims has implications beyond the patient herself. Word soon spreads about such successful magics, former patients bring their friends and family members for consultations, and the reputation of the Mãe or Pai de Santo is enhanced. As membership and the number of frequenters and clients rise, more revenue is produced for the terreiro, and thus, for the Mãe or Pai de Santo. It is in this manner that highly successful Umbanda leaders in the favela are able to support themselves solely through the practice of their religion. As the reputation of the Umbanda leader rises, so does the perception of his or her power. As described in Chapter 5, I believe this power not only serves a protective function in a spiritual sense, but also in a physical one, for both the leader and his or her followers. To date, I know of no other scholarly work which has focused specifically on Umbanda recruitment or the benefits such recruitment brings to Umbanda leaders, much less the role that encosto plays in such recruitment. I hope the present work will spark further interest in this fascinating, and little explored, subject.

Finally, I discussed encosto in the context of social control. I see encosto as exerting control in three primary ways. First, it frequently involves the accusation of witchcraft. But this process does not work in the same way as is traditionally described in classic studies of witchcraft and sorcery (Stevens 1996). For one thing, the people who petition spirits to send encosto spirits against other people are never referred to specifically as "witches." Nor is the accusation of practicing "negative trabalhos" grounds for any informal negative sanctions. The negative sanctions, I believe, only appear as a result of the *revealing of improper behaviors* that lay behind the accusation of witchcraft. It is the *behaviors* which people are informally brought to account for, not the witchcraft. The accusation of witchcraft merely *brings them to light*, where they spread rapidly, through the highly effective medium of *gossip*. Witchcraft in the favela is also

totally unlike the interpretations of the structural-functionalist school of thought (Evans-Pritchard 1937; Gluckman 1944; Douglas 1970) where accusations of witchcraft are thought to indicate a "sickness," or that "something is wrong" with the collective community (Stevens 1996). In a favela of 250,000 people, there really is no single, "collective community." Accusations of witchcraft in Pirambu are about Umbanda leaders constructing believable scenarios of blame for the treatment of patients, and the informal sanctions that may occur as a result of revealing inappropriate social behaviors on the part of the perpetrators.

The second type of social control I see associated with encosto is represented in the Umbanda "rule" that states, *aqui se faz, aqui se paga*, or "here you do, here you pay." In other words, whatever evil you do with witchcraft in this life will be paid for three times over *in this life*. In three different Umbanda terreiros in Pirambu I have personally seen those words, *aqui se faz, aqui se paga*, displayed prominently on the wall as a warning against performing negative trabalhos. Likewise, in almost all Umbanda treatments, at least one "wise" spirit will warn against the taking of supernatural or physical revenge against an enemy, regardless of what they may have done to the victim. In this sense, the Umbanda healer is walking a very thin, precarious line. On one hand, the healer must construct a believable scenario in order to effect successful symbolic healing, and the best way to do that is to play upon the suspicions of the patient; on the other, naming the agents responsible may result in unwanted violence, especially in an area where people are crowded in on top of one another in tense, stressful living conditions. These warnings have become fixed in belief over time, I think, in order to prevent matters from getting out of hand. It has been stated elsewhere that *personalistic* disease theories are most common in societies where formal institutions (courts, a police force, etc.) of social control are lacking (Foster 1978; Logan 1996). I believe this notion also applies in Pirambu, where

such formal institutions may not be *totally* absent, but are frequently ineffective.

Finally, the third type of social control appeared in the use of encosto as an excuse for a filho or filha de santo to move from one terreiro to another. I found it particularly interesting in these cases that Mães and Pais de Santo never directly accuse each other of performing negative trabalhos, but rather work entirely through the “words of the spirits” to relay such insults, and that this is considered acceptable competition. Here once again I believe we see traditions and beliefs in place that tend to control potentially volatile situations.

In conclusion, I would like to reiterate that the findings of this dissertation represent only initial impressions of a fascinating subject that had previously not received the academic attention it deserved. I believe the above discussion shows that I have at least partially developed a wide variety of theories about encosto that could each serve as potentially fruitful points of departure for further inquiries. And I certainly look forward to such efforts in the future. As for myself, I look forward to developing some of these ideas further and publishing them as separate papers. For my next period of fieldwork, having already interviewed Umbanda leaders and patients about encosto, I would now like to interview the *spirits themselves* (through incorporated mediums), to see how their views of encosto may differ from, or parallel, those of the living. I believe the views of spirits would offer a complementary perspective on encosto, as well as a novel approach to studies in Umbanda.

I believe this dissertation enriches the ethnographic literature on Umbanda by focusing on a pervasive aspect of the religion which, up to this point, was apparently well known only among Umbanda practitioners themselves. The study likewise makes a significant contribution to the general ethnographic literature on folk illnesses by taking the first steps toward understanding ethnomedical beliefs about encosto and its treatment, as well as how these beliefs

are integrated into a hybrid system which includes both western medical, as well as indigenous, health seeking strategies. The processes involved in encosto healing also conform to many of the leading theories in studies of symbolic healing, and may prove valuable in continued efforts of theory-building in this fascinating area. Finally, I believe this dissertation helps bring to light the tremendous struggles of the favelados, and some of the strategies they pursue for health, empowerment, and comfort in a harsh, unforgiving world that is all too frequently beyond their control.

List of References

List of References

- Anderson, Robert
1996 Magic Science and Health: The Aims and Achievements of Medical Anthropology. Harcourt Brace & Company. Fort Worth, TX.
- Araújo, José
1988 Salve Umbanda. Videorecording. University of California Extension Media Center. Berkeley.
- Barreto, Adalberto
1994 Os Espiritos que Governam o Brasil, 500 Anos Depois. Apresentado no Congresso Brasileiro de Psiquiatria em Goiana, Brazil.
- Bastide, Roger
1978 The African Religions of Brazil. Johns Hopkins University Press. Baltimore.
- Bernard, Russell H.
2002 Research Methods in Anthropology: Qualitative and Quantitative Approaches. AltiMira Press. Walnut Creek, CA.
- Birman, Patrícia
1985 O Que é Umbanda. Editora Brasiliense. São Paulo.
- Bramly, Serge
1977 Macumba: The Teachings of Maria-José. St. Martin's Press, New York.
- Brandão, Carlos Rodrigues
1986 Os Deuses do Povo: Um Estudo sobre a Religião Popular. Editora Brasiliense. São Paulo.
- Brown, Diana
1994 Umbanda: Religion and Politics in Urban Brazil. Columbia University Press. New York.
- Brown, Diana G. and Mario Bick
1987 Religion Class and Context: Continuities and Discontinuities in Brazilian Umbanda. American Ethnologist, 14(1):74-93.
- Burdick, John
1990 Gossip and Secrecy: Women's Articulation of Domestic Conflict in Three Religions of Urban Brazil. Sociological Analysis, 50(2):153-170

- Burns, Bradford E.
1980 A History of Brazil. Columbia University Press. New York.
- Camargo, Cândido Procópio Ferreira de
1961 Kardecismo e Umbanda. Livraria Pioneira. São Paulo.
- Carr, J.E.
1978 Ethno-behaviorism and the culture-bound syndromes: the case of amok. Culture, Medicine and Psychiatry, 2:269-293.
- Centers for Disease Control
2004 Homicide Trends and Characteristics. Morbidity and Mortality Weekly Report. March 5, 2004. 53(8)169-171. Web address: www.cdc.gov/mmwr/PDF/wk/mm5308.pdf
- Chesnut, Andrew R.
2000 Born Again in Brazil: Spiritual Ecstasy and Mutual Aid. In On Earth as It Is in Heaven: Religion in Modern Latin America. Edited by V. Garrard-Burnett. Scholarly Resources Inc., Wilmington, DE.
- Clark, Peter B.
1993 Why women are priests and teachers in Bahian Candomble. In Women as Teachers and Disciples in Traditional and New Religions. Edwin Mellen Press, New York.
- Coreil, Jeannine and Patricia A. Marshall
1982 Locus of Illness Control: A Cross Cultural Study. Human Organization. 41:131-138.
- Csordas, Thomas J.
1983 The Rhetoric of Transformation in Ritual Healing. Culture, Medicine, and Psychiatry, 7:333-375.
- Da Silva, Vagner
1994 Candomblé e Umbanda: Caminhos da Devocão Brasileira. São Paulo University Press.
- Diário do Nordeste
2003a Falta de Moradia em Fortaleza. Newspaper article appears in the October 9, 2003 edition. Fortaleza. Ceará.
2003b Preço da Cesta Básica Continua Subir em Fortaleza. Newspaper article appears in the February 24, 2003 edition. Fortaleza. Ceará.
2003c Newspaper article on child workers in Ceará. Appears in the November 27, 2003 edition. Fortaleza. Ceará.

- Douglas, Mary ed.
1970 Witchcraft Confessions and Accusations. Association of Social Anthropologists Monograph No. 9. Tavistock Press. London.
- Dow, James
1986 Universal Aspects of Symbolic Healing: A Theoretical Synthesis. American Anthropologist 88:56-69.
- Droogers, André
1995 Identity, Religious Pluralism and Ritual in Brazil: Umbanda and Pentacostalism. In Pluralism and Identity: Studies in Ritual Behavior. Edited by Jan Platvoet and Karel Van Der Toorn. E. J. Brill. New York.
- Evans-Pritchard, E. E.
1937 Witchcraft, Oracles, and Magic Among the Azande. Clarendon Press. Oxford.
- Finkler, Kaja
1980 Non-medical Treatments and Their Outcomes. Culture Medicine and Psychiatry 4:301-340.

1981 Non-medical Treatments and Their Outcomes, Part Two: Focus on Adherents of Spiritualism. Culture, Medicine, and Psychiatry 5:1-38.

1983 Studying Outcomes of Mexican Spiritualist Therapy. In The Anthropology of Medicine From Culture to Method. edited by L. Romanucci-Ross, D. Moerman, and L. Tancredi. Preager Scientific. New York

1985 Spiritualist Healers in Mexico: Successes and Failures of Alternative Therapeutics. Bergin and Garvey Publishers, Inc. South Hadley, Massachusetts.
- Foster, George M.
1978 Medical Anthropology. John Wiley and Sons. New York.
- Frank, Jerome D.
1961 Persuasion and Healing. Schocken Books. New York.
- Glaser, B. G. and A. Strauss
1967 The Discovery of Grounded Theory: Strategies for Qualitative Research. Aldine Press, New York.

Gluckman, Max

- 1944 The Logic of African Science and Witchcraft. Rhodes-Livingston Institute Journal. (June 1944): 61-71.

Greenfield, Sidney M.

- 1987 The Return of Dr. Fritz: Spiritist Healing and Patronage Networks in Urban, Industrial Brazil. Social Science and Medicine. 24(12):1095-1107.
- 1990 German Spirit Doctors in Spiritist Healing in Urban Brazil. In Ethnobiology: Implications and Applications. Proceedings of the First International Congress of Ethnobiology. Vol. 2. Pp. 241-256. D. Posey and W. Overal, organizers. Belem, Pará, Brazil: Muesu Pareense Emilio Goeldi.
- 1992 Spirits and Spiritist Therapy in Southern Brazil: A Case Study of an Innovative, Syncretic Healing Group. Culture, Medicine and Psychiatry. 16:23-51.

Health Statistics from the Americas

- 1995 The World Health Organization Regional Office for the Americas: Washington.

Hess, David

- 1987 The Many Rooms of Spiritism in Brazil. Luzo Brazilian Review. 24(2):15-34.
- 1991 Spirits and Scientists: Ideology, Spiritism and Brazilian Culture. Pennsylvania State University Press. University Park, Pennsylvania.
- 1992 Umbanda and Quimbanda Magic in Brazil: Rethinking Aspects of Bastide's Work. Archives de Sciences Sociales Des Religions. 79:135-153.
- 1994 Samba in the Night: Spiritism in Brazil. Columbia University Press. New York.

Kardec, Allan

- 1989 Spiritualist Philosophy: The Spirits' Book. Trans. Anna Blackwell. Brotherhood of Life. Albuquerque N.M. (1st Ed. 1857)

Kleinman, Arthur

- 1980 Patients and Healers in the Context of Culture. University of California Press. Berkley.

- Kleinman, Arthur and Lillias H. Sung
1979 Why do Indigenous Practitioners Successfully Heal? Social Science and Medicine 13B (1):7-25.
- Kiev, Ari
1964 The Study of Folk Psychiatry. In Magic, Faith and Healing. edited by A. Kiev. Free Press. New York.
- Krippner, Stanley
1987 Cross-Cultural Approaches to Multiple Personality Disorder: Practices in Brazilian Spiritism. Ethos 15(3):273-295.
- Langguth, A. J.
1975 Macumba: White and Black Magic in Brazil. Harper and Row, New York.
- Library of Congress
2004 Brazil: Health Status and Health Care Profile. Library of Congress Federal Research Division. lcweb2.loc.gov/frd/cs/brtoc.html
- Logan, Michael H.
1991 Locus of Illness Control Beliefs Among Brazilian Herbalists: Findings and Methodological Suggestions. Human Organization 15:82-88.

1993 New Lines of Inquiry on the Illness of Susto. Medical Anthropology 15:189-200.

1996 Ethnomedicine. In The Encyclopedia of Cultural Anthropology. Vol. 4. Edited by Levinson, D. and M. Ember. Henry Holt and Company. New York.
- Lynch, Darrell W.
1996 Patient Satisfaction with Spiritist Healing in Brazil. Unpublished M.A. Thesis. University of Tennessee, Knoxville.

1999 Patient Outcomes of Spiritist Healing in Brazil. Paper presented at the annual meeting of the American Anthropological Association.

2002 Locus of Illness Control among Spiritist and Umbanda Patients in Urban Brazil. Paper presented at the annual meeting of the American Anthropological Association.

2004 Patient Preparation and Perceived Outcomes of Spiritist Healing in Brazil. Anthropology of Consciousness. 15(1):10-41.

Moerman, Daniel E.

1979 Anthropology of Symbolic Healing. Current Anthropology 20 (1):59-66.

1983 Physiology and Symbols: The Anthropological Implications of the Placebo effect. In The Anthropology of Medicine: From Culture to Method, edited by L. Romanucci-Ross, D. Moerman, and L Tancredi. Preager Scientific. New York

Municipal de Fortaleza

2001 Boletim de Saúde de Fortaleza. Secretaria Municipal de Desenvolvimento Social. 4(4). Fortaleza. Ceará.

Montero, Paula

1985 Da Doença á Desordem: a Magia na Umbanda. Graal, Biblioteca de Saúde e Sociedade.

Munn, Nancy

1973 Symbolism in a Ritual Context: Aspects of Symbolic Action. In Handbook of Social and Cultural Anthropology, edited by J.J. Honigsmann. Rand McNally. Chicago.

Nations et al.

1997 Women's Hidden Transcripts about Abortion in Brazil. Social Science and Medicine. 44(12):1833-1845.

Negrão, Lisias

1979 A Umbanda como Expressão de Religiosidade Popular. Religião e Sociedade. 4:171-180.

O Povo

2002 Brazil- Pais mais Desigual no Mundo. Newspaper article appearing in the June 30, 2002 edition. Fortaleza. Ceará.

2003 Newspaper article on child workers in Ceará. Appears in the January 28, 2003 edition. Fortaleza. Ceará.

Redko, Christina p.

1997 Religious Idioms of Distress in Urban Brazil. Psychiatry on Line Brazil. November (2) 1997. www.polbr.Med.br/arquivo/relig.html

Ortiz, Renato

1989 Ogum and the Umbandista Religion. In: Africa's Ogun: Old World and New. Indiana University Press.

1991 A Morte Branca do Feiticeiro Negro. Editora Brasiliense. São Paulo.

- Pressel, Ester
 1974 Umbanda Trance and Possession in São Paulo, Brazil. In Trance, Healing and Hallucination. Edited by Goodman F. D., Henney J. H. and E. Pressel. John Wiley and Sons. New York.
- Rede Globo
 1998 Television special aired in June which interviewed individuals on whether they believed in encosto.
- Renshaw, Park J.
 1969 A Sociological Analysis of Spiritism in Brazil. Unpublished Ph.D. dissertation. University of Florida. Gainesville.
- Richeport, Madeline
 1984 Macumba Trance and Spirit Healing. Videorecording. Filmmakers Library, New York.
- Rubel, Arthur J., O'Neill Carl W. and Rolando Collado-Ardón
 1984 Susto: A Folk Illness. University of California Press, Berkeley.
- Scheper-Hughes, N.
 1992 Death Without Weeping: the Violence of Everyday Life in Brazil. University of California Press, Berkeley.
- Simons, Ronald C. and Charles C. Hughes eds.
 1985 The Culture Bound Syndromes: Folk Illnesses of Psychiatric and Anthropological Interest. D. Reidel. Hingham, MA.
- St. Clair, David
 1971 Drum and Candle. Doubleday. Garden City, New York.
- Stevens, Phillip JR.
 1996 Sorcery and Witchcraft. In The Encyclopedia of Cultural Anthropology. Vol. 4. Edited by Levinson, D. and M. Ember. Henry Holt and Company. New York.
- Strauss, A. and J. Corbin
 1990 Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Sage Press. Thousand Oaks, CA.
- Trotter, R. T.
 1991 A survey of four illnesses and their relationship to intracultural variation in a Mexican-American community. American Anthropologist. 93(1):115-124.

Turner, Victor

1967 The Forest of Symbols: Aspects of Ndembu Ritual. Cornell University Press. Ithaca, New York.

World Development Report

1993 Investing in Health. The World Bank: Oxford University Press.

World Health Organization

2004 Brazil. WHO Statistical Information System. Web site detailing current health indicators for member states:
www.who.int/whr/2004/annex/country/bra/en/print.html.

APPENDICES

Appendix A

Case History Summaries

Summaries Guide

The following appendix contains summaries of each of the thirty-five cases reviewed for this paper. The cases are presented in narrative form, while striving to keep the correct chronological progression of the events in each case in order. The first line or two in each case presents the basic personal data of each encosto patient. Listed first is the sex of the individual, followed by age, marital status, number of children, and employment/occupation. Each of these responses are separated by commas.

The narrative summaries which follow are separated by sub-headings indicated in bold type. The first of these is most often entitled, "**Condition/s and Context.**" This section gives a detailed summary of the patient's account of his or her symptoms, the factors which convinced the patient to pursue treatment through Umbanda, and any contextual data which the patient felt was pertinent to the decision to seek treatment. In some cases, this section is broken into two sub-headings, where the patient felt that a "**Context**" was needed first to explain what symptoms she or he felt afterwards. In these cases, the "**Condition/s**" immediately follow in a separate section. This happened most often when the patient had a long history with Umbanda, or with perceived spirit communication, before actually having any major problems that required treatment. In some cases, events which occurred many years before the encosto, such as the death of a loved one, are given first because they are believed to have caused, or to have had bearing, on the symptoms the patient later experienced.

The next section is usually listed is "**Non-Umbanda Treatment/s**" or "**Medical Treatment/s.**" In the majority of the cases reviewed, the encosto is believed to have caused physical illness. In the majority of these, most patients sought help from the medical profession. Medical consultations usually took place *before* the patient turned to Umbanda, typically because the patients were not satisfied with the treatment they received from doctors, although in many cases, medical treatment continued during and after Umbanda treatment was administered. In cases where no medical treatment was sought, this section is omitted.

The largest section follows, that of "**Umbanda Diagnosis/Treatment.**" Every effort was made to list all the important details the patient could remember about the diagnosis and treatment, though the completeness of this data varies a great deal from case to case. In some cases, patients had been treated several years before, and had trouble remembering certain details. In still others, the patient was not that familiar with Umbanda and could not tell me which spirit had been called down for which purpose, or what each herbal remedy may have contained. Nevertheless, the section does contain a wealth of sometimes confusing information which requires a short explanation.

After the patient initially meets and talks with the Mãe or Pai de Santo of the temple or *terreiro*, the first spirit to come in contact with a patient is usually the *terreiro's spirit protector*. The spirit protector is normally the entity which

performs the diagnosis, while other spirits are usually called in for the actual treatment. The spirit protector is the lord or lady of the terreiro, and it is through him or her that all other spirits are allowed into the terreiro as guests. Spirit protectors are usually caboclos or figures from Brazilian folklore, though in some cases, preto velhos are spirit protectors. Although dozens of different spirits can be spirit protectors, in the favela of Pirambu, the most popular appear to be *Zé Pilintra* (a caboclo/folklore figure), *O Marinheiro* ("The Sailor," a caboclo), *Nego Gerson* ("Black Gerson," usually identified as a preto velho, but at least one terreiro, was considered a caboclo), and *Rei Salomão* (believed to be the spirit of the biblical King Solomon).

Although an Umbanda leader may accept many different spirits, each Mãe or Pai de Santo will normally have a certain affinity with one particular spirit of each of the three major types, and will accept these particular spirits on a regular basis. These types are a caboclo, a preto velho, and an exu. The caboclo or preto velho is the spirit protector, never the exu, and the preto velho is usually the one called in for spiritual cures. This is what I mean when I say, "the pai de santo then called down *his* preto velho," referring to that individual spirit with which the leader has a very close relationship. In a typical diagnostic healing ritual, the sequence of events might go as follows. Let's say the terreiro's spirit protector is *Zé Pilintra*, a very powerful caboclo that works as a *meta meta* or "half and half" spirit (half spirit of light, half exu). As a spirit protector, he is the spirit of light aspect, who has great power over exus and *zombeteiros*. *Zombeteiros* are "cadaver spirits" which are individuals who were evil in life, and are doomed to haunt the realm of the living in death. These are the spirits normally used for sorcery. They are sent, usually by someone who petitions an exu to send them, to harm another person. They can also be "picked up" by accident by a person who is not properly protected spiritually.

Zé Pilintra, as spirit protector, will be the first spirit accepted by anyone at an Umbanda session. He will then invite the spirits accepted by his filhos and filhas de santo. After this, he typically begins seeing clients. The patient will then go up to *Zé Pilintra* with a small offering, a candle, some *cachaça* (liquor), or such, and ask for help. *Zé Pilintra* will then see the *zombeteiro*, and diagnose the patient. He may send the encosto away immediately, with a specific ritual, or he may simply diagnose the patient and rely on other spirits for treatment. In some cases, if an encosto was sent by a powerful exu, the Pai de Santo, or an assistant called a *cambone*, may have to accept the spirit of the exu which performed the witchcraft, or *trabalho*. The exu may then require certain actions or offerings from the patient before he will agree to lift the spell, or send the *zombeteiro* away. In almost all cases, however, the Mãe or Pai de Santo will later call down a preto velho to actually cure any ailments that the encosto may have caused, and most patients will receive blessings and protections from multiple preto velhos accepted by the terreiro's filhos and filhas de santo.

Patients are often given various types of *banhos* or "baths," by spirits which heal, especially preto velhos. This typically means that perfume or water, often mixed with various types of herbs, is passed over the patient's body. The spirit/medium typically wets his or her hands in the mixture, and passes them over the head and face, and sometimes a particular area that was hurt, on the patient's body. In these cases the patient is actually touched and gets wet. When

passes are performed, the spirit passes his or her hands around and very near to the face, arms, and downward towards the legs, of a patient. In these cases, the patient may or may not be physically touched. Passes are also often done with pipe, cigar, or cigarette smoke, where the spirit typically blows the smoke in and around the face of the patient. Both banhos and passes are typically given with blessings and prayers being uttered by the spirit all the while. Banhos more often treat illnesses, while passes bestow protection from spiritual intrusion, or clear away negative energy. As masters of traditional medicine, *preto velhos* also often prescribe herbal remedies for victims to apply at home. I have listed all the specific herbs used in all cases where the patient knew or remembered them. The herbs are listed first in colloquial Portuguese. Where possible an English translation is provided, and if not, the Latin botanical name is given.

The next section deals with results, and are self explanatory. The section simply records the responses the patient gave with respect to the results of the Umbanda treatment as they perceived them. For example, whether the pains associated with a physical illness have disappeared or diminished, whether disturbing visions or voices have stopped, or whether unwanted or violent behavior continues or not. Where patients stated that they believed the "cure" or partial cure was enacted or helped by modern medicine or other means, this is recorded in each case.

The next section entitled, "Closed-Ended," lists the responses to the closed ended questions discussed in the Methods chapter, and included for ease of reference in Appendix B. A short-hand system was used to save space. For example, when the question asked was, "Do you consider yourself a good mother/father?," the response is appended as simply, "good mother?- yes." The questions which were asked about whether the patient relates well with their neighbors and family are likewise appended as, "relates well with neighbors?- no; with family?- yes." Responses to each question are given after a dash, while questions are separated by a semi-colon. Where it was decided that a question was not appropriate to ask, "NA" is given to indicate "not applicable." The final section entitled "LICS," lists the numerical score each patient received on the Locus of Illness Control Survey, with respect to cure, prevention, and total. The ranges of these scores are as follows: Cure- 6-18, Prevention- 9-27, Total 15-45. Higher scores indicate greater externality with respect to locus of illness control. As with the closed-ended questions, the Locus of Illness Control Survey is discussed in the Methods chapter, and the questions are listed in Appendix B for ease of reference.

Case Histories

#1. Female, Age 54, Divorced, Mother of 1 son & 1 daughter, Currently Unemployed.

Condition/s and Context:

The patient describes herself as having had "bad nerves," which she originally thought were caused by depression. Her husband left her several years before to be with her own sister. She claims her sister remains very jealous because her ex-husband still maintains a close friendship with her.

- The patient engaged in frequent, violent episodes for almost two years, 1998 through 1999. Alcohol and/or drugs were *not* involved. These episodes included breaking things in the house and fighting with her family. At one point she tried to kill her own daughter, stabbing her in the upper-chest and shoulder area with a kitchen knife. Her daughter (age 13 at the time) had to be hospitalized for two weeks. The patient said she wanted to commit suicide, but couldn't bring herself to actually do it.

Non-Umbanda Treatment/s:

1. Group Therapy: In 1998 she began going to regular group therapy sessions at a community center in the favela. These are led by a psychiatrist who volunteers his time there one day a week. The sessions are free. She said the therapy did not help.

2. Massage Therapy: During her time at the community center, she also received massage therapy and herbal baths from a therapist and herbalist. The patient said the massages sometimes helped to temporarily ease her nerves, but did nothing to cure the problem.

3. Medical Treatment: Shortly after stabbing her daughter, she was hospitalized and held there for about a month. The doctors ran many tests but were unable to find anything physically wrong with her. She was given a controlled medicine called *Rivotril*, which the doctor said was for "nerves and depression." She was told to continue taking this medicine after coming back from the hospital, but soon stopped- claiming the medicine had side effects which frequently gave her "almost seizures."

Umbanda Diagnosis/Treatment: Two weeks after she got out of the hospital, she began having a particularly violent episode. Her daughter (who was back from the hospital by then, after having been stabbed as above) ran to get a trusted neighbor, who then brought over a friend who is a Mãe de Santo. The Mãe de Santo first incorporated the spirit of her *caboclo*. The spirit said that the patient's sister had gone to a *pomba gira*, given the spirit offerings, and asked for help to destroy the patient's life and "make her go crazy," so that her ex-husband would no longer want anything to do with her. The *pomba gira* had then sent a *zombeteiro* to accomplish the task.

- The Mãe de Santo incorporated the spirit of her *preto velho*, who communicated with the *zombeteiro*, asking it to leave the patient alone. The *preto velho* then prayed over the patient 21 times and gave her 7 consecutive herbal baths. The next day the patient felt much better. The Mãe de Santo then returned and the *preto velho* performed a thorough cleansing of the house, using rock salt, garlic, and eucalyptus. Her children were also given *passes* with pipe smoke and blessed.

Results: The patient no longer has the violent episodes described above, and she and her daughter have become very close. She now frequents an Umbanda center regularly, and is thinking of becoming a filha de santo.

Closed Ended: good mother? yes; earn sufficiently?- no; satisfied with life?- no; friendships?- yes; relate well with neighbors?- no; with family?- more or less; can change life?- yes.

LICS: Cure= 14, Prevention= 21, Total= 35.

#2. Male, Age 44, Widowed, No Children, Vegetable Gardener.

Condition/s and Context:

About a year before the interview, the patient was walking one day and fell to the ground at a crossroads in the street. He landed on a sharp rock which cut into his lung. Before the "accident," he had been feeling poorly, with cold chills, fever and headaches. He says he felt like something deliberately pushed him down.

Medical Treatment/s:

He was taken to a hospital where he was given an IV, stitched up, and interned there for 10 days. The doctor performed an endoscopy, but the patient was unclear about the results. He saw the same doctor frequently over the next six months. During this time, many exams were taken, and he was given various medications, mostly for pain. He began to feel better, but was still plagued with severe pains all over his body and a general feeling of weakness and exhaustion.

Umbanda Diagnosis/Treatment:

About two months after coming home from the hospital, he went to see a local Mãe de Santo at the urging of friends. He was told to bring a candle as an offering. The Mãe de Santo called down her spirit guide (probably a caboclo) who diagnosed the patient. The spirit said he had indeed been pushed down by a *zombeteiro* accompanied by an *exu*. The *zombeteiro* was still following him, however, and causing his pain and weakness. There was no particular reason for this, other than passing by a crossroads without proper spiritual protection (he had had a *corpo aberto*, or "open body").

- The mãe de santo then called down another spirit (probably a preto velho, the patient could not identify the spirit) who had him light the candle he had brought and pray. The spirit then prayed over him, gave him *passes* with pipe smoke, and an herbal bath over the injured area of his body.

Results: He said he immediately felt much better, and the pains went away completely within a week.

Closed Ended: earn sufficiently?- no; satisfied with life?- yes; friendships?- yes; relate well with neighbors?- yes; with family?- yes; can change life?- yes.

LICS: Cure= 12, Prevention= 21, Total= 33. All responses "yes," suspect.

Notes: His neighbors say the patient drinks too much and is "not quite right in the head." They privately suggested that he may have been drunk the day he fell. He takes a controlled medicine, *Diazepam*, for depression and to sleep. Although this medicine is supposed to be "controlled," it is commonly sold to anyone who asks for it at a pharmacy. He attends Umbanda ceremonies only once and awhile now, the "cure" was his first real exposure.

#3. Female, Age 24, Separated, Mother of two boys, Seamstress.

Condition/s and Context:

This patient was treated through Umbanda twice, for similar symptoms, but for different reasons- three years ago and one year ago, respectively.

Three years ago the patient had "terrible," "excruciating" headaches for a period of three months straight. She was unable to sleep without taking medicine (*diazepam*), and even then she would wake up frequently at night in pain. She originally thought the headaches were caused by a violent break-up with her ex-husband. He had beaten her during the short period of the break-up, just before the headaches began. She is now convinced the break-up and beatings had nothing to do with her condition. She never sought medical help, noting that it would have been too expensive.

Umbanda Diagnosis/Treatment:

She called on a local Mãe de Santo who came and prayed over her, but said she would need to come to the terreiro for treatment. The patient said that on the day she went to the terreiro she was in such pain she was, "beating her own head against a wall." The Mãe de Santo called down her Orixá (guardian spirit, probably a caboclo), who then proceeded to physically tie her to a chair with a white cord/rope. The spirit prayed for a short time, during which the patient's pain got even worse. The spirit then commanded assistants to untie the patient. The patient then fell onto the floor in a faint. According to her boyfriend at the time (she was unconscious for this part of the treatment), the spirit/Mãe de Santo laid a black mantle over her face and tied a cord of St. Francis (like a belt or sash) around her waist. She then prayed over her for some ten minutes. The Mãe de Santo/caboclo spirit identified the encosto as a *zombeteiro* spirit (*exu Caveira*, or "cadaver exu"), and ordered it to leave the patient. It apparently did, and the patient awoke at that moment, with no memory of what had just happened. The Mãe de Santo then called down other spirits, whom the patient identified as "caboclos of cures," who continued to pray over her and give her passes. The Mãe de Santo said that the encosto, the *zombeteiro*, had been sent by someone, but did not say who it had been. The patient did not inquire further, saying she really did not want to know who had sent the encosto.

Result: She immediately felt much better and her headaches went away completely until two years later.

2nd Treatment: About one year before the interview, the patient began to experience the same kinds of terrible headaches. Within a week she went to another Mãe de Santo for treatment. This time the encosto was actually a young live-in maid/friend of her's who had recently been killed during a drug-related altercation at a local bus station. The patient had kicked her friend out of her house shortly before her death, for using drugs, stealing, and breaking things in her home. The Mãe de Santo accepted the spirit of the dead girl, who asked forgiveness for her drug use and for the problems she had brought into the patient's home. The headaches were apparently not sent intentionally, they were only a by-product of being *encostada*. The patient forgave the spirit of the dead girl, and the Mãe de Santo advised the patient to hold a mass for her on the spot where she was killed. The patient called a catholic priest and held the mass.

Result: She had no further headaches, and the encosto is apparently gone.

Closed-Ended: good mother?- yes; earns enough money?- only when she gets enough work; satisfied with life?- yes and no, family and friendships= yes, money= no; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?-yes.

LICS: Cure= 12, Prevention= 16, Total= 28.

#4. Male, Age 27, Married, No Children, School Cook.

Condition/s and Context:

This patient was possessed by the "negative side" of the spirit *Zé Pilintra*. (*Zé Pilintra* is a figure from Brazilian folklore, apparently known in life to be a gambler, heavy drinker, and womanizer, as well as, a great friend but a deadly enemy. Now, in the afterlife, he works as a *meta meta*, or "half and half" spirit-half exu, half spirit of light.) The following actions were witnessed by the patient's sister in law, who was also present at the time of the interview. The patient himself remembers little if anything of the possession.

- About five months before the interview, the patient went to a local restaurant and bar. He is normally not a heavy drinker, but on this night he was drinking a lot of beer very rapidly. He was frequently and loudly making toasts, alternatively, "this one's for me!" and, "this one's for Ze Pilintra!" The patient also does not smoke, but was smoking all the time that night. After a few hours, his sister in law and some friends walked him home. He was not staggering, or acting drunk, but he was speaking as if he were not himself- loudly and obnoxiously. When he got home, he found a bottle of *cachaça* (a very cheap liquor made from sugar cane) and began to drink it very rapidly while eating raw onions. This was very strange because he never drinks *cachaça* and has a very strong aversion to onions. After an hour or so he went into his room and began yelling very loudly. He then pulled the door to his room off it's hinges and began breaking things in the house. His sister in law called over some of their friends to help. She said that although the patient is slight of build, that night he was very strong, and it took four strong men to hold him down. His sister in law ran to get help from a nearby Mãe de Santo whose terreiro she frequents.

Umbanda Diagnosis/Treatment:

When the Mãe de Santo arrived, she began to pray. As she did so, the patient began to calm down and was released by their friends. The Mãe de Santo then began to talk to *Zé Pilintra* through the patient. The spirit said that he had actually been sent by someone to attack the patient's sister in law (the one mentioned above). The sister in law, however, had had a *corpo fechado*, or "closed body," and was too strong to influence, so *Zé Pilintra* had settled on the patient instead. The Mãe de Santo then prayed continually for the patient's body to be closed, and for *Zé Pilintra* to leave and to not come back. This period of prayer lasted for almost two hours, during which the patient was speaking partly as *Zé Pilintra*, and partly as himself, until he was finally, completely, himself.

Result: The patient has had no more problems since the above episode.

Notes: Neither *Zé Pilintra*, nor the Mãe de Santo, ever revealed who had sent the encosto, only that they were "jealous" of the sister in law. The patient now regularly frequents the terreiro of the Mãe de Santo who treated him.

Closed-Ended: good husband?- yes; earns enough money?- more or less; satisfied with life?- more or less; friendships?- yes; relate well with neighbors?- yes; with family?- yes; can change life?- yes.

LICS: Cure= 12, Prevention= 19, Total= 31.

#5. Female, Age 32, Married, One Child, Homemaker.

Condition/s and Context:

About two years ago she got very ill, vomiting constantly, unable to stand, dizzy, and bed-ridden. After about a week of these symptoms, she went to the hospital and was checked out by a doctor, but the doctor couldn't find anything wrong with her. When she got home she went to see a local Pai de Santo who was known by some of her friends. This was her first contact with Umbanda.

Umbanda Diagnosis/Treatment:

The Pai de Santo incorporated his spirit guide/protector- *O Marinheiro*, or, "the Sailor," a Caboclo-type spirit which is very popular in the favela. The Marinheiro said that one of her neighbors had performed a *trabalho* against her to destroy her life so that the neighbor could steal her husband. The jealous neighbor had constructed a doll to represent the victim, and placed small pebbles in the doll to make her sick. The Marinheiro gave her an herbal bath, a thorough cleansing with incense, and sacrificed seven live chickens to remove the black magic. According to the patient, he also removed two small pebbles from her body with his mouth, spitting them out afterwards. The Pai de Santo then proceeded to incorporate six additional spirits, including exus, caboclos, and preto velhos, who each prayed over her and gave her herbal baths and/or passes. This constitutes the common ritual treatment known as *sete curas*, or "seven cures." The whole treatment lasted from four o'clock in the afternoon until about midnight that night.

Result: She immediately felt better, but did not get completely well until another six days had passed. During this time she was frequently attended to (blessed and prayed over) by the Pai de Santo.

Notes: Seven months after having gotten well, she had a relapse of some of the same symptoms, yet these were nowhere near as severe as before. The same Pai de Santo came and incorporated the Marinheiro spirit again, who removed a single (final, he said) pebble from her body. She has had no further problems since then. She also began attending the terreiro of this Pai de Santo soon after her first cure, and is now one of his filhas de santo (an Umbanda adept).

Closed-Ended: good wife?- yes; good mother?- yes; earns enough money?- no, husband drinks every day; satisfied with life?- yes, now filha de santo; friendships?- yes, but little luck with these; relates well with neighbors?- yes; with family?- yes; can change life?-yes. She used to have bad problems in the home. Her husband used to beat her and her son, but this abuse ended more than six years before.

LICS: Cure= 12, Prevention= 21, Total= 33.

#6. Female, Age 24, Single, Two Children, Waitress.

Condition/s and Context:

This patient describes herself as having been "afraid of everything." She felt depressed, and could not stand to be alone, yet had never developed close relationships with anyone- a kind of fear of intimacy. She also had frequent insomnia. About two years ago, she began to "drink and party way too much." She went out to drink and dance almost every night, mostly to get the attention of men, many of whom she slept with. This uncharacteristic behavior went on for about six months, just after her boyfriend (who is also the father of her first child) had left her and married another woman. During this time she also cried frequently, neglected her household chores, and lost her job. Her mother thought it was just depression over her ex-boyfriend, but her brother thought it might be something more, and suggested that she see a Pai de Santo that he knew (the same one that treated patient #5).

Umbanda Diagnosis/Treatment:

She went to the Pai de Santo and told him the whole story. He incorporated his spirit guide, the *Marinheiro*, who said that she had gained the envy of many women around her, especially the woman who had married her ex-boyfriend, and that this had made her particularly vulnerable to a spiritual attack. A zombeteiro spirit had then been sent against her by the mother of her ex-boyfriend. The patient said that her "mother in law," had always hated her. She was jealous, and had tried to break her and her ex-boyfriend up since the relationship had started. She blames this woman for the break-up even now. The Pai de Santo accepted many different spirits over seven days of treatments. Treatments included prayers, passes, herbal baths and ritual cleansings. The actual cure was primarily performed by the spirit *Seu Sibamba*, but the *Marinheiro* and *Nego Chico Feiticeiro* (all caboclos) had also played important roles.

Result: She felt much better after the first day of treatment, but also followed the rest of the treatments. She is now completely better, has found a new boyfriend, and has a new baby. She says she is very happy. She and her new boyfriend were scheduled to get married two months after the interview.

Closed-Ended: good mother?- yes; earns enough money?- no; satisfied with life?- more or less; friendships?- yes; relates well with neighbors?- some of them; with family?- yes= much better than before; can change life?- in most things yes, others no.

LICS: Cure= 10, Prevention= 15, Total= 25.

#7. Female, Age 52, Married, Five Children, Massage Therapist.

Condition/s and Context:

Until about three and a half years ago the patient was working at a peanut factory and regularly participating in Umbanda as a filha de santo. She was aware that some people in her terreiro were jealous of the relationship she had with her Mãe de Santo, but paid little attention to this at the time. About five years before the interview, the patient's life "fell apart." She began to "go crazy," (become violent, scream, break things in the home, etc.) and was frequently hospitalized, often having to be restrained in her hospital bed. This really bad time lasted for about eight or nine months, during which stopped going to her terreiro, and experienced many misfortunes. She lost her job, she fought with her husband regularly, her fifteen-year-old daughter was raped, her sister began to have "crazy episodes" and slept with her husband, she could not work, and her husband refused to put food on the table for their family. Her health also deteriorated. She was unable to sleep, was tired all the time, and frequently got sick.

Umbanda Diagnosis/Treatment:

The patient went to seven different Umbanda terreiros asking the spirits what had gone wrong with her life. While all acknowledged something was seriously wrong, none gave her any answers. At the urging of her father, she decided to return to her own terreiro and talk to her Mãe de Santo. Her Mãe de Santo then incorporated her spirit guide, who said that the patient had been cursed by a "friend" (really an enemy) within the terreiro out of jealousy, and that *she*, her own Mãe de Santo, had unknowingly been used as the instrument of this curse.* Shortly before the "bad period" began, the patient failed to attend a meeting because of a previous engagement. While the Mãe de Santo was incorporated by an exu spirit (and thus, unaware of the goings on in the terreiro), the patient's enemy had put various belongings of the victim into the ritual *bruxaria*, or "cauldron." These included a photo of the victim with her name on it, some of her hair, some dog and cat hair, olive oil, and talcum powder. The enemy then asked the incorporated exu to send a spirit to destroy her life. A zombeteiro spirit was sent.

*For her treatment, her Mãe de Santo received the exu who had sent the zombeteiro, gave it offerings of candles and cachaça, and convinced the exu to command the zombeteiro to leave the victim alone. She also received preto velho spirits which engaged in extensive prayer, herbal baths, passes, cleansings and blessings.

Result: The patient said she immediately felt much better, as if a great weight had been lifted from her shoulders. She had no more "crazy episodes," and was never hospitalized again. Her sister moved away and her husband stopped seeing other women. The daughter of the woman who had put the curse on her became very sick, and the woman sold her house and moved away as well—having been ostracized by the other people at the terreiro. The patient still has some resentment toward her husband, but they manage to live together harmoniously. She loves her job, and the fact that she is able to help people with it, but is still often distressed over a lack of adequate money.

Closed-Ended: good mother?- yes; good wife?- more or less; earns enough money?- rarely; satisfied with life?- much more now; friendships?- yes; relates

well with neighbors?- yes; with family?- yes; can change life?- yes.
LICS: Cure= 9, Prevention= 17, Total= 26.

#8. Male, Age 22, Single, No Children, Unemployed.

Condition/s and Context:

This patient was experimenting with both Umbanda and Candomblé. He had been involved with Umbanda since childhood, but had just begun attending Candomblé when the problem occurred a little over a year before the interview. At the Candomblé terreiro he was attending, he had been told that he would be accepted as a devotee to the Orixá, Iansá. But first, he had to pay his first yearly obligation (including monetary and service obligations, as well as ritual offerings) to the goddess Iansá, and then return for a formal initiation ceremony. He did not have the money for this, however, and neglected his other duties as well. When he told his Pai de Santo from Umbanda about the situation, the Pai de Santo from Umbanda insisted on performing the initiation ceremony himself. The Pai de Santo from Umbanda had some experience with Candomblé, but was not an adept. When his Pai de Santo began to dance and attempt the ceremony, the patient went into a deep trance and began shaking violently and out of control. The Pai de Santo got frightened, and not knowing what to do, threw a white cloth over the patient and tried to break off the spiritual contact. The patient lost all memory until the next day.

Umbanda Diagnosis/Treatment:

- His Pai de Santo from Umbanda then, out of worry, took him to see a Pai de Santo from Candomblé (not the same terreiro the patient had first attended). At the Candomblé temple the patient began to tremble, break into a cold sweat, and felt heaviness in his legs. He felt particularly bad when the group began to sing hymns to Iansá. The Candomblé Pai de Santo then told him that his problems stemmed from the improper performance of the initiation ceremony, and gave him a list of materials to buy for a correction ceremony. He did not have the money for this, but charitable collections were taken up at both his new Candomblé and old Umbanda terreiros for the next several weeks. After about a month, he collected the materials, had the initiation ceremony performed, and became a filho de santo in Candomblé.

- But his problems continued. He became very irritable and was the center of many fights in his household. He also developed a severe rash under his left eye. A medical doctor told him it was a minor skin disease, but the medicine he gave the patient did not seem to help. He also began to get painful headaches and nose-bleeds whenever he attempted to accept the spirit of Iansá.

- Then he went to see an old friend of his who was a filha de santo from yet another Candomblé temple. She took him to see *her* Pai de Santo. This (third) Pai de Santo did a divination with *búzios* (bone runes) to find the problem. It turned out that the patient had forgotten to pay his original, first annual obligation to the Orixá, the exact obligation he had tried to avoid with the Pai de Santo from Umbanda in the first place. His problems were diagnosed as punishment from the Orixá for this failure. Over the next few of weeks, he worked diligently and paid off all the obligations.

Result: He was completely cured. He no longer has trouble accepting his Orixá, no longer has a rash under his eye, and has stopped causing problems at home.

Note: He still participates in both Candomblé and Umbanda.

Closed-Ended: earns enough money?- no, but he has no family to support; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with

family?- yes, but only since he was cured; can change life?- not completely, but can help matters.

LICS: Cure= 12, Prevention= 17, Total= 29.

#9. Female, Age 51, Widowed, Three Children, Homemaker.

Condition/s and Context:

About two years before the interview, the patient began getting severe pains in her neck, back, and stomach. After three days she decided to go to a medical doctor. The doctor did not say anything about what the problem might be, but did give her some medicine for the pain. She said the medicine did not help at all. After three more days she went to see a Pai de Santo from a terreiro near her house. This Pai de Santo works not only with Umbanda, but also with *Mesa Branca* or "White Table-" a form of Spiritism. He is very popular as a healer in the immediate neighborhood.

Note: After attending several of this Pai de Santo's meetings, and talking with him extensively, it is the author's opinion that the "Mesa Branca" he practices, is really mostly Umbanda, with a few elements of Spiritism thrown in on the side. It certainly bears little resemblance to the Spiritism practiced at centers in other parts of the city, which are members of the State's Spiritist Federation. This pai de santo also treated patients 10, 11, and 12. For ease of reference, I will call him *Pai R.* in these accounts.

Umbanda Diagnosis/Treatment:

- Pai R. first accepted the spirit protector of his terreiro- *Rei Salomão* (believed to be the spirit of the real, historical King Solomon). King Solomon said that the patient's problems were caused by an errant encosto spirit, who did not know it had died, and was unaware that it was causing harm. The primary treatment would be to educate the spirit as to this fact, and then ask it to leave. *Mesa Branca*, he said, would be the best way to treat this type of encosto. King Solomon then disincorporated and Pai R. began arranging the room for a *Mesa Branca* session. A table covered with a white cloth was brought in, along with white candles, flowers, incense, perfume, and water blessed by a priest. Pai R. then incorporated another spirit, *Urubatan da Guia*, the spirit of a former doctor who also works in Umbanda. The spirit gave her a "bath" with water and white rose petals. He then instructed all in attendance to form a circle and hold hands around the patient while leading a prayer- thus forming a "circle of energy." The spirit of the former doctor then disincorporated and Pai R. accepted the spirit of the encosto. A *combone*, or assistant, was then given the job of educating the errant spirit, continually praying and saying that the spirit had really died and must move on to the next life. After about an hour of conversation, the spirit left, asking for forgiveness from the patient for any harm it had caused by its presence.

Result: She gradually got better over the next few days. After that she had no more problems.

Note: Pai R. later told the patient that there was no particular reason the spirit had attached itself to her. She could have picked it up anywhere, such as a crossroads, a hospital, a cemetery, or a church.

Closed-Ended: good mother?- yes; earns enough money?- no; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- no, life is based on fate.

LICS: Cure= 12, Prevention= 17, Total= 29.

#10. Female, Age 72, Married, Seven Children, Homemaker.

Condition/s and Context:

About three months before the interview, the patient began to feel a constant itching sensation all over her body. Her skin would alternately feel hot then cool, she could not get any sleep at night, and painful red rashes began to break out all over her body. After suffering through this for about one week, she went to see *Pai R.* (see previous patient), whom she had consulted on numerous occasions before. The patient is also an Umbandista, and she used to do a lot of *trabalhos*, but says she has little energy for that now at her age. She did try to cure herself first, however, through prayer and herbal baths, but had no success.

Umbanda Diagnosis/Treatment:

- *Pai R.* incorporated the spirit protector of his terreiro, King Solomon, for diagnosis. King Solomon said that the patient was being inflicted by *Exu Pimenta* (literally, "Exu Pepper"), one of the chiefs of the crossroads, and that she could only be cured through Umbanda. He said she most likely picked up the exu by passing a crossroads unprotected. There was no particular reason for the affliction. King Solomon gave her a bath with white rose petals while praying to God for healing. He also gave the patient particular instructions to follow. These included doing a ritual cleansing of her house with sage and rock salt, taking an herbal bath at home, and lighting a white candle each night for seven nights while praying.

Result: The night after she performed the first of the above rituals, her symptoms disappeared and did not return.

Closed-Ended: good mother?- yes; good wife?- yes; earns enough money?- no; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- no.

LICS: Cure= 8, Prevention= 21, Total= 29.

#11. Male, Age 19, Single, No Children, Student.

Condition/s and Context:

The patient used to be a filho de santo at a terreiro in another part of Pirambu. But the Pai de Santo there seemed to dislike him intensely. The Pai de Santo was often rude, seemed angry at him, and criticized him constantly. Although the patient had never been sickly before, about two years ago he got very sick. He had severe headaches, pains in his body, was often sick to his stomach, and had several episodes of flu-like symptoms. This all lasted for about three months. He suspected that his Pai de Santo had something to do with his illnesses.

Medical Treatment:

He went to a doctor after about two weeks of being ill. The doctor gave him some pain medicine for his headaches, and some saline solution to take up his nose to clear sinuses. The patient said the medical treatments did little to help, and his conditions got worse.

Umbanda Diagnosis/Treatment:

- He came to Pai R. (see patients 9 and 10) who incorporated the spirit of *Zé Pilintra das Almas* (the appended *das Almas*, or "of souls," is used by some groups in the favela to indicate the good, "spirit of light," aspect of *Zé Pilintra*, rather than the exu, or, neutral "force of nature" aspect). *Zé Pilintra* said that the patient actually had two different encosto spirits. One was a zombeteiro, or cadaver spirit, that had been purposely sent by his Pai de Santo to inflict harm, and another "dead spirit," which did not know it was doing harm. *Zé Pilintra* then gave the patient three consecutive *banhos de descarrêgo*, (baths of "discharge," or "unburdening"). One bath was with rock salt, one with herbs, and one with rose petals. *Zé Pilintra* then told him to go home to rest and pray, then come back the next day for *Zé* to see how he was doing.

Result: When the patient returned the next day, he was feeling a little better, the headaches had subsided, but he was still feeling very weak and run down. *Zé Pilintra* simply told him to continue resting. After five more days, he felt completely better, and has had no illnesses since.

Note: Soon after his cure, the patient became a filho de santo at Pai R.'s terreiro. He never returned to his former terreiro.

Closed-Ended: earns enough money?- no, high school student; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- no.

LICS: Cure= 10, Prevention= 17, Total= 27.

#12. Female, Age 22, Married, No Children, House Maid.

Condition/s and Context:

About one year before the interview, the patient began feeling very severe, intense pains in her stomach, chest, and back- making breathing very difficult. Her stomach also swelled way out of proportion.

Medical Treatment:

After about a week with this condition, she went to a doctor who ran some tests and gave her an injection. After another week she was still in great pain and returned to the doctor. He told her he had done what he could, and not to come back. He never gave her a diagnosis, or any medicine other than the initial injection.

Umbanda Diagnosis/Treatment:

After a few more days the patient went to see Pai R. (see patients 9, 10, and 11) in desperation. He incorporated the spirit of Zé Pilintra das Almas. Zé Pilintra said that someone had performed a *macumba* (in this case *trabalho*, or witchcraft) against her by throwing a small *víbora* (viper) into a *bruxaria* so that it would pass into her stomach and eventually kill her. He said the pain she was feeling was caused by the movement of the viper. He then made her drink a medicine which he called *azeite de carrapato*, a mixture of crushed ticks and *cachaça*. He also gave her instructions to take *azeite de mamona* (castor oil) mixed with coffee grounds, three times a day for the next three days, or until the snake passed through her stool. He warned her that taking this mixture would cause severe stomach pains, but would also make her well.

Note: Castor oil is a very strong purgative, commonly taken among the poor to flush out the system and pass intestinal parasites.

Result: The mixture did indeed cause intense stomach pains. The first time she took it she had severe diarrhea. The next morning she had the same result. However, the third time she took the mixture, later that evening, she passed a solid, white stool with a *live viper* embedded in it. She immediately felt completely better and has had no more problems since then.

Note: After discussing this case with a doctor in Fortaleza, and some other knowledgeable people in the favela, it is probable that this patient actually passed a *solitaria* (tapeworm) in her stool. This intestinal parasite is fairly common among favelados and can grow to be quite large. It could easily be mistaken for a tiny snake to someone not familiar with them.

- Soon after this treatment the patient became a *filha de santo* at Pai R.'s terreiro.

Closed-Ended: good wife?- yes; earns enough money?- no; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- no.

LICS: Cure= 10, Prevention= 19, Total= 29.

#13. Female, Age 27, Single (but has lived with the someone for 12 years), Four Children, Homemaker.

Condition/s and Context:

About three months ago the patient became very sick. She had very bad headaches, chills, a sore throat, sinus congestion, high fever, coughing and chest pains. She could not eat, and was bed-ridden for two days. Just before this, she had also become unusually rude and cross with everyone, and had gotten into several fights with her boyfriend. This behavior continued through her illness.

Medical Treatment:

She went to the Hospital and the doctor told her she had been infected with a particularly strong strain of the flu. She remained hospitalized for seven days. The doctor kept her on an IV with antibiotics and other various medicines during this time. He then sent the patient home, but she still felt very sick. After three days of not feeling better, she began to suspect it was a macumba, and went to see a Pai de Santo.

Umbanda Diagnosis/Treatment:

The Pai de Santo incorporated the spirit of Zé Pilintra das Almas. The patient asked the spirit what was wrong with her, and if someone had sent a macumba against her. He said that no trabalho had been done against her, but that she had a *corpo muito aberto* (open body) and had probably passed by a crossroads at night and became *encostada* by a *zombeteiro* spirit that was causing the illness. She had picked up the encosto by accident, but the zombeteiro was evil and was purposely making her sick. Ze Pilintra gave her passes with pipe smoke, had her drink cachaça after him, and lit candles for her. He told her to come back over the next several days for herbal baths. She went back the next day and Zé Pilintra gave her an "unburdening" bath with rock salt. That night she felt much better, like a weight had been lifted from her shoulders. The second day he gave her a bath of protection, with fresh rue and basil leaves. The third day he gave her a bath of cleansing and prevention, with white rose petals.

Result: After these three treatments her symptoms disappeared and she has had no more problems. She has also stopped fighting with her boyfriend and family.

Closed-Ended: good mother?- yes, but her children live with her mother, who is raising them; good "wife"?- yes, but was not during the time of the encosto; earns enough money?- no, does not work; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes, since the treatment; can change life?- yes.

LICS: Cure= 10, Prevention= 17, Total= 27.

#14. Female, Age 33, Married, No Children (one died), Homemaker.

Condition/s and Context:

About one year before the interview the patient fell (though it felt to her as if she had been pushed) into a well and cut her leg very deeply. She was bleeding profusely and was taken to the hospital.

Medical Treatment:

The doctor gave her several medicines and applied pressure to stop the bleeding. She was sent home after a few days, but the wound did not heal. After three weeks the wound still bled occasionally, and she had discharges of a clear liquid. The medicine the doctor had given her seemed to make the condition worse, and her leg had swollen to two or three times its normal size. She went back to the doctor for a check-up. He said the the wound was badly infected and that she should be prepared for the possibility of amputation if the condition got much worse. She was given some more medicine (antibiotics) and sent home. The patient became very frightened at this point and went to see a Pai de Santo.

Umbanda Diagnosis/Treatment:

The Pai de Santo incorporated his preto velho spirit protector. The preto velho said that someone had sent a particularly evil spirit to punish her- *Exu Canela Seca*, who was trying to dry out her leg and make it fall off. The Spirit did not say who had sent the encosto, nor did the patient ask, for fear that she would get mad and want to retaliate. The preto velho put cachaça and chewed-up tobacco from his mouth into the wound, then told the patient to stand up. She did so and the wound began to hurt much worse and to discharge more clear liquid for about an hour. After this hour, both the pain and the discharge stopped. The Pai de Santo then accepted the spirits of seven different preto velhos in succession who each told the patient their names (which she wrote down that night), and passed their hands over the wound in a sewing motion. The Spirits names were: Preta da Virada, Taçiana, Mãe Maria, Pai Antonio, Pai Joaquim, Mãe Salomé and Preta Mãe Dinga.

Result: The wound closed almost immediately and she had no further discharges. The swelling in her leg slowly went down over the next couple of weeks, and she has had no more problems since.

Note: At the request of the Pai de Santo, the patient had brought a candle, some cachaça, and some coffee as offerings to the preto velhos who were to treat her. She had been to this terreiro before, but was not, and is not, a filha de santo. She does, however, frequent that terreiro more often now.

Closed-Ended: good wife?- yes; earns enough money?- no, does not work; satisfied with life?- sometimes yes, sometimes no; friendships?- yes; relates well with neighbors?- yes; with family?- yes, but fights with her husband about moving, and does not get along with her mother-in-law; can change life?- yes.

LICS: Cure= 8, Prevention= 15, Total= 23.

#15. Female, Age 27, Married, 2 children, Homemaker.

Condition/s and Context:

When she was 19 years old she became very ill. She was seeing a boyfriend at the time who liked to take pictures of her in her bikini. He took the original picture to make a poster, but returned saying he lost the original. Shortly thereafter, she broke up with that boyfriend and began to get sick. Her symptoms included a dry cough, severe headaches, and a fever. She remained sick, mostly bed-ridden, and unable to do much work for 3 months. During this time she became very thin- losing 16 kilograms (she went from 54 to 38 kilos, about a 35 pound weight loss).

Medical Treatment:

After being sick for two months, she went to a free Catholic hospital. A doctor performed a check-up, and took an x-ray, but found nothing seriously wrong. He gave her a course of antibiotics, saying it was probably a cold, and some medicine for her headaches. The medicine did not improve her condition during the next month, however, and because of the nature and length of the symptoms, her family thought it was Tuberculosis, though the doctor had never diagnosed her with such. She did not return to a medical doctor again for this problem.

Umbanda Diagnosis/Treatment:

Toward the end of the 3 months, her sister came and visited from out of town. She had had connections with a nearby Umbanda center before she had moved away a few years before. Her sister suspected black magic, and brought a Pai de Santo to the house to examine the patient. The Pai de Santo incorporated his Caboclo spirit who said she had been made ill by a group of 7 exus- the principal and most dangerous of which was an exu known to send Tuberculosis. The Pai de Santo then incorporated each of the 7 exus. All but the last were convinced to leave, but the final one, the exu of Tuberculosis told her that he had been sent to kill her by an individual who had given him offerings. She would have to have the same offerings in order for him to be able to leave. The person who had sent the black magic against her was a homosexual filho de santo who was a member of the same terreiro (not the same one run by the Pai de Santo that treated her) that her former boyfriend frequently attended. The filho de santo apparently had a crush on her former boyfriend and wanted him for himself. He had stolen the above mentioned photo, and used it to perform a macumba against her. He had also offered the exu seven black and seven red candles, a bottle of cachaça, some palm oil, manioc flour, gunpowder, and a live chicken that was sacrificed. The exu told her to come his terreiro the next day with these ingredients, and ordered her mother to look for the photo in a nearby cemetery under a loose rock. Her mother went and found the photo that afternoon. The photo was intact, but the patient's image seemed slightly faded. The Pai de Santo later told them that if the photo had been left there for seven years, she would have died, and her image would have disappeared from the picture.

She went to the terreiro the next day to be treated. The Pai de Santo incorporated the Tuberculosis spirit immediately. He drank some of the cachaça, sacrificed and arranged the chicken in a *bruxaria*, and had the patient light the candles and pour the palm oil and manioc flour over the *bruxaria*. The patient's photo was also placed on top of the *bruxaria*. He took some blood from the

chicken and smeared it on the patient's body while chanting. The patient was then ordered to stand in the center of the terreiro, and the exu made an "almost-circle" of gunpowder on the floor around her (leaving a small space open). She was then told to step out of the circle. She did, and the exu closed the circle but did not light the powder. Instead it was swept away. The exu then said he would no longer trouble her and left. After disincorporating the exu, the Pai de Santo called down his preto velho spirit. The preto velho said that although the exu had left her body, he was still nearby and angry about having to reverse his magic, and could still cause problems for her or her loved ones if she did not receive further treatment- a very common remedy called the *Tratamento de Sete Banhos*, (seven bath treatment). The preto velho then gave her passes and an herbal bath while praying. She was told to come back once a week over the following six weeks to receive the same treatment.

Result:

She says she felt much, much better after the first treatment, and returned each week for the following treatments. She said she recovered completely and has had no problems since.

Closed-Ended: good mother?- yes; good wife?- yes; earns enough money?- NA, does not work; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- yes.

LICS: Cure= 12, Prevention= 19, Total= 31.

#16. Female, Age 57, Widowed, 3 children, Part-Time Maid/Retired Grocery Store Cashier.

Condition/s and Context:

About 15 years ago she began to hear voices in her head and see images of spirits (faint and indistinct). She was not sure she believed in them, and began to challenge one particular spirit that often visited to prove its existence by helping her, usually with money problems. For example, one night this spirit visited, and she said to it, "if you are really there, help me get some money to travel and see my parents" (who were very sick at the time). The next day, while cleaning up around the store where she worked, she found a R\$100 bill on the floor. Someone had probably dropped it from their wallet, but there was no way to know whose it was, so she kept it and bought a bus ticket to visit her parents the next day.

These phenomena did not bother her, and often worked in her favor, until about 5 years ago when she began feel more symptoms. She suddenly became "worried about everything." She became very preoccupied with death, was constantly in fear of falling, and frequently experienced dizziness. She became very depressed, afraid to leave her house, and began to get severe headaches. These symptoms caused her to miss work on many occasions over a period of several months until she finally decided to retire. During one of her particularly bad "episodes," a friend of one of her neighbors showed up at her house and took her to an Umbanda center on Francisco Sá street (a primary street in Fortaleza which borders the favela, but would be considered a lower middle class neighborhood).

Medical Treatment:

She never went to a doctor during her episodes, but often took over the counter medicine from the pharmacy for her headaches, and to calm her nerves.

Umbanda Diagnosis/Treatment:

At the Umbanda terreiro, a preto velho spirit who identified himself as *Nego Gerson* began to talk to her through the center's Mãe de Santo. He said that her problems came from the fact that she had failed to develop her medunty earlier in life. He said she had strong medunty, but since she had not learned how to control it properly, the voices and images could be confusing, distorted, and even painful. The spirit said that it was probably too late in her life to begin medium training, but that he would do what he could to relieve the symptoms. He gave her passes, lit candles, and performed a ritual to "close the body," and protect her from spiritual forces. She has been frequenting the same Umbanda center since then, and often receives passes, protections, and blessings from spirits there.

Result:

She said the voices, headaches, and dizzy spells stopped almost immediately. She believes she can still sense the presence of spirits, but much less strongly than before, and they do not talk to her or disorient her any longer.

Closed-Ended: good mother?- yes; good wife?- NA; earns enough money?- yes, but only very recently, has retirement check, part-time income, and youngest son works and lives with her; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- yes.

LICS: Cure= 10, Prevention= 19, Total= 29.

#17. Female, Age 37, Single/lives with boyfriend, 8 children= 5 live with her, and 3 with their father, she washes clothes for people in the favela.

Notes:

This interview is unique in that the victim's mother was interviewed rather than the victim, her son, who was only three years old at the time of the interview. It is important to note that this woman also lost an infant daughter about six months prior to her son's illness. She blames her daughter's death, as well as her son's near-death, on encosto.

This woman and her family represent the *poorest of the poor* within the favela. She, her boyfriend, and her children live in a thatch and plywood hut on the beach. It is a square structure about fifteen by fifteen feet in size, with a few old bed sheets hung up to form a partition in the middle. There are no floors (just sand), and no utilities, water or sanitary facilities. There were two hammocks strung up in the front "room" of the hut, and an old mattress on the ground in the back room. Furniture consisted of a wooden cabinet in the back for food and cooking utensils, a small table in the front room, and two wooden chairs. An outside fire pit was used for cooking. The ground immediately in front of the hut, as well as inside, was covered with flies on the day of the interview, and bits of food and excrement were visible under the sand.

Condition/s and Context:

Her son became very sick about a year before. He got very, very thin and weak, and was often hot to the touch. Flies covered his body. The mother did not take the child to the hospital at first because she was sure it was a case of black magic. She believes the curse was laid by a neighbor to whom she had refused to give milk because she had none to spare.

Umbanda Diagnosis/Treatment:

She called upon a local pai de santo who first called down/ accepted the spirit of the encosto who was afflicting her son. The encosto said he had been sent to attack her, but she had been too strong, so he had attacked her son instead. The encosto said he had been offered beer, candles, and cigarettes to perform the curse. The Pai de Santo then disincorporated the encosto and asked the mother if she had the means to get the candles, beer, and cigarettes that would be needed to remove the curse. Some friends of hers chipped in and they were able to get the materials. The Pai de Santo returned later that day and accepted the spirit of a preto velho- Mãe Tutu. Mãe Tutu prayed over the boy and gave him an herbal bath. The Pai de Santo then accepted the spirit of Zé Pilintra, who actually performed the cure. She doesn't remember all that Zé Pilintra said, but it appeared to her that he spoke to the encosto spirit and gave him the offerings. After disincorporating, the Pai de Santo insisted that the woman take the boy to the hospital.

Medical Treatment:

She took the boy to a hospital immediately and the doctor said he was suffering from severe anemia. The boy was then given blood and stayed in the hospital for 15 days. He received blood again on at least one other occasion during the stay at the hospital.

Results:

By the time her son was discharged, he was perfectly fine, and has been since.

Closed-Ended: good mother?- yes; good wife?- NA, earns enough money?-

no, satisfied with life?- no; friendships?- yes; relates well with neighbors?- mostly; with family?- yes; can change life?- rarely.

LICS: NA, because the actual victim was too young to be interviewed.

#18. Female, Age 40, Married, 3 daughters, Homemaker.

Condition/s and Context:

About three years ago a large spot appeared on her elbow. She could touch it, prick it with a pin, even make small cuts in it with a knife, yet feel nothing. She went to the doctor who diagnosed the condition as Hansen's Disease (leprosy). She received medical treatment (several medicines) for one year and seven months and was completely cured.* About one year into the medical treatments she began to run a fever, have hot and cold flashes, and experience a sensation of burning on her skin. She also became tired all of the time, and was bed ridden for two weeks.

Umbanda Diagnosis/Treatment:

At that point her sister in law called an Umbanda practitioner who reads cards. The lady said that a witchcraft had been preformed against her with the intention of killing her. The patient immediately thought that it had been her husband's "whore" (as she described her) with whom he had had a child, and who still wanted him back.

After discovering this, she went to a local Umbanda terreiro and talked to the Pai de Santo. He received a spirit (unidentified) who told her the witchcraft had been done with hot peppers, thus the burning sensation on her skin. He gave her three "baths" with gunpowder on three consecutive days. She said she felt a little better after this but was still not cured.

Four days later another Umbanda healer who had heard about her condition (a friend of her sister), came by and gave her some instructions. The healer said she should go out into her backyard, take off all of her clothes, take a bath in Angola leaves (an herb), then dress in new clothes, burn the old ones, then, without entering her house again, go to a store, buy something and receive change, then return home entering through the front door only.

Medical Treatment: above and below*

Results:

She performed all of the above instructions, immediately felt much better, and experienced no more symptoms.

Notes:

- The medical treatment continued for seven more months and the doctor said she was fine.* She believes both the leprosy and the "extra symptoms" she experienced a year into the medical treatment were caused by witchcraft. She believes the physical disease (leprosy) was cured mostly through modern medicine, but the extra symptoms could only have been cured through supernatural means.
- The first lady she went to, who read her cards, later said some materials used in the witchcraft could probably be found in her house. Her husband went to look for any such materials, and found a rotten toad with its mouth sewn shut, with a kind of animal hair placed around it in the eaves of her roof.
- She and her husband had had many problems with the woman whom she believes sent the curse. Four years before her Umbanda treatment, her husband spent six months in jail after the woman accused him of beating her. The patient said the woman lied about this. Also, because her husband has a daughter with this woman, he would often see her. They would fight, he would then get drunk, and end up becoming abusive with the patient. All of this stopped, she

said, after the Umbanda treatment.

Closed-Ended: good mother?- yes; good wife?- yes, earns enough money?- no, satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- yes, she hopes so.

LICS: Cure= 12, Prevention= 24, Total= 36.

#19. Male, Age 19, Separated, 2 daughters, Guards cars.

Condition/s and Context:

About one year before the interview, the patient woke up screaming with a terrible pain in his upper back between his shoulders. It felt as if his spine had a hole or wound in it. His mother prayed for him, but the pain continued. After about two to three months, it seemed to him that the "wound" in his back had done something to his spine, and left him virtually paralyzed in his legs. It got to the point that he couldn't walk at all.

Medical Treatment:

He went to the hospital several times. On one occasion he stayed there, bed ridden, for 15 days. Though the doctors ran many tests, they couldn't find anything wrong with him. Yet his symptoms persisted.

Umbanda Diagnosis/Treatment:

His mother, who had by this time decided that it must be an encosto or witchcraft, took him to a local Mãe de Santo. At the terreiro, he was told to sit in the center of the floor, while three different mediums incorporated preto velhos at the same time and proceeded to give him *passes*. The Terreiro's members then formed a circle around him, creating a *corrente* (chain) of energy, chanting and praying all the while. He said he felt the energy and began to be a little frightened. Then one of the preto velhos physically grabbed him from behind and lifted him up. This hurt very badly, he said, as if the preto velho was, "breaking him all up inside." Suddenly one of the other preto velhos began to go crazy- yelling and hitting himself. The patient later learned that the medium was by that time incorporating the encosto that was bothering him. Supported by the preto velho that had lifted him up, he was then made to turn around in circles seven times. At that point, he says, he felt much better, like a great weight had been lifted from his shoulders, and he could stand by himself.

After the session, the mãe de santo had him light a white, seven-day candle (one that will burn for seven days), and told him to come back after a week. He did, but the candle that he had lit had not burned clean. The left-over wax was streaked with black, or, had "burned dirty," signifying that he still had an unclean spirit with him. She incorporated the preto velho once more, prayed, gave him passes, and a "bath" with perfume. She then had him light another seven-day white candle, and told him to come back in a week. He did so, and the candle burned clean.

Results:

He believes he was totally cured and has felt no such symptoms since. He said he never believed in Umbanda before, but does so now, and often frequents the same terreiro where he was cured.

Note:

He did not learn the reason why the encosto had affected him until after the entire treatment process was over. Then the mãe de santo told him that the encosto was actually his best friend who had recently been killed. He had been shot in the back by accident during a drug-related incident. The patient had been very depressed about his friend's death. His friend's spirit was not trying hurt him, but simply didn't know that he was dead, and the patient was feeling a kind of sympathetic pain that his friend had felt upon his death.

Closed-Ended: good father?- yes; good husband?- NA, earns enough money?-

no, satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes;
with family?- yes; can change life?- no.
LICS: Cure= 10, Prevention= 19, Total= 29.

#20. Female, Age 71, Widowed, 7 children, Homemaker.

Condition/s:

About three years before the interview, her face and nose swelled up, became red, and was very painful. This condition continued for about a month. The patient went to an Umbanda center to pray directly to a pomba gira for help with her condition.

Context: Many years before, in the late 1960's, she was a spirit medium. She used to spontaneously incorporate spirits, and see and talk to them all the time. But her husband did not approve, and thought she was crazy. She said she also did not have the time, with 5 children already, to devote to the development of her medunity, thus, she had little control over it. She went to an Umbanda center at the time who performed a ritual to cut her medunity. This was mostly successful, she no longer would see spirits, or incorporate them, but would still often hear them. One persistent spirit had always been her friend and companion- a pomba gira named *Elebara da Encruzilhada* (Elebara of the Crossroads). When she became ill a few years ago, she had no doubt that it was this spirit that was causing the problem.

Medical Treatment:

None.

Umbanda Diagnosis/Treatment:

Once she became ill, she began attending Umbanda sessions almost daily. She also communicated with the pomba gira day and night, giving her offerings, and asking her to help her and forgive her for cutting off her medunity. The pomba gira talked to her directly and said that she would help, but that she must never cut her hair again.

Result:

The swelling and the pain in her face and nose slowly went away in the space of a week. She has had no further problems and she no longer hears the voices of spirits. She has also kept her promise not to cut her hair.

Closed-Ended: good mother?- yes; good wife?- NA, earns enough money?- no, satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- sometimes.

LICS: Cure= 10, Prevention= 23, Total= 33.

#21. Female, Age 49, Separated, 12 children, House Maid/Homemaker.

Condition/s:

About one year before the interview, the patient began having terrible headaches that lasted for two months. Sometimes they went away for a short time, but they always came back. She went to the local hospital on many occasions, but never received any lasting help.

Context:

The patient used to live with a man who had another woman whom she knew nothing about. As it turns out, this man had had a child with this woman. The woman found out about the patient and got very angry. She later found out that the woman had done a trabalho against her using a picture of her that she had stolen.

Medical Treatment:

She went to the local hospital when she experienced her first headache episode. The doctor gave her some medicine that helped ease the pain somewhat, but did not cure the problem. She said she went to the hospital "several times" during the two months of episodes, but the medical treatment only gave her partial and temporary relief.

Umbanda Diagnosis/Treatment:

After these two months she went to a local Pai de Santo who accepted the spirit of Zé Pilintra. He told her that a trabalho had been done against her and that he would remove it. She said that Zé Pilintra then bit her on the scalp seven times in seven different places. Each time, he spat out a black coffee seed into a small white basin held by an assistant. He then prayed over her and gave her an herbal bath of cleansing. He then sent her home with instructions for another herbal bath to perform on herself. She followed the instructions and stopped having headaches within a few days. A year has passed now and the headaches have not returned.

Notes:

A few days after the treatment she went to the same terreiro and talked with Zé Pilintra. It was then that he told her who had done the trabalho against her, though she had suspected the woman before. The spirit also asked her if she would like to do a trabalho against the woman in retaliation, but she refused. The woman has since moved away from the city, and the patient broke up with her boyfriend.

The patient has twelve children with three different fathers. Only two children live with her, the rest with their fathers. The daughter that lives with her is seventeen years old, and is constantly fighting with her over money. The son that lives with her is fifteen and tried to kill her once after he got out of jail. She had reported him to the police for robbing a neighbor's house. She admits she once had a bad addiction to drugs and alcohol, and that was the main reason for her failed relationships, but she says has now quit.

Closed-Ended: good mother?- yes; good wife?- NA, earns enough money?- no, satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- no; can change life?- yes (her victory over drugs and alcohol makes her believe this).

LICS: Cure= 10, Prevention= 19, Total= 29.

#22. Female, Age 36, Separated, 1 child, Homemaker.

Condition/s:

The patient got very sick about eight months before the interview. Her symptoms included severe back pains, stomach pains, nausea, trembling, and headaches. These symptoms grew gradually worse over a period of about a month. Toward the end of this period, she also began to have pains and swelling in the joints of her hands and feet. These became so severe that she was unable to walk or get out of bed.

Medical Treatment:

She went to the hospital where they took five syringes of blood, performed an endoscopy on her stomach, and took x-rays of her back and joints. She was sent home with no medication, pending the results of the tests. Another month went by with no change in her symptoms. She then heard back from the hospital, they said that all the tests had come back negative. At this point she and her friends became convinced that the cause of her problems was spiritual rather than physical.

Context:

The patient said she had always had strong visual medunity- seeing all manner of spirits. She learned to develop this medunity many years ago when she frequented a Spiritist center. She later began to regularly attend a local Umbanda terreiro, and tentatively agreed to become a filha de santo there. She missed some important meetings, however, prior to getting sick, and the Mãe de Santo was angry with her, since the patient told her she was considering going back to Spiritism.

Umbanda Treatment:

Since her relationship with her own Mãe de Santo had deteriorated, she decided to go to a different Umbanda healer for treatment. The Mãe de Santo of this terreiro then received/incorporated the terreiro's spirit protector- a caboclo named Gerson. The caboclo said that a black magic had been sent against her at another terreiro, the one she used to frequent. He prayed over her and gave her a *limpeza* or "cleansing" with cachaça and fresh herbs. She was told to come back a week later for a *descarrego* (unburdening or discharging) within a circle of gunpowder and more prayer. She did this and the symptoms left her completely.

Results: She no longer has any symptoms and believes she is completely healed.

Notes:

The patient later made contact with some friends of her's at the first terreiro. One friend said that the mãe de santo had been furious with her because she had stopped coming to the meetings. This woman, a filha de santo, said that the Mãe de Santo had called upon the Terreiro's spirit protector, a caboclo named Sibamba, to call down illness on the patient in retaliation. Sibamba, however, through the mediumship of the second Mãe de Santo which performed the healing, denied he played any part in the black magic, saying the curse was solely enacted by the first Mãe de Santo.

Closed-Ended: good mother?- yes; good wife?- NA, earns enough money?- no, satisfied with life?- yes; friendships?- yes; relates well with neighbors?- most of the time; with family?- yes; can change life?- yes.

LICS: Cure= 10, Prevention= 19, Total= 29.

#23. Female, Age 43, Single, 4 children, Self-employed seamstress.

Condition/s:

The patient received spiritual treatment for an illness about ten years before the interview. After returning from a trip across the favela to her aunt's house, she suddenly had very severe stabbing pains in her stomach. She went to the local hospital and the doctor said it was probably just menstrual cramps and sent her home with some aspirin.* Her condition worsened over the following week. The stomach pains continued, and she also began to feel very cold and sick to her stomach. She became very weak as well, and had difficulty eating. She lost about ten pounds over the two weeks she was ill. After the first week a friend of her's who was a *filha de santo* came by and prayed over her using a pine cone. She said that her illness was not physical, but was caused by black magic, and that she should go to an *Umbanda terreiro* for treatment. Her symptoms continued over the next week, and the pains in her stomach grew so bad that she was crying out in pain and couldn't sleep or eat.

Medical Treatment:

Above*

Umbanda Diagnosis/Treatment:

After two weeks of suffering, the Mãe de Santo of the patient's above mentioned friend came by to see her and spent five hours performing healing rituals. She first accepted the spirit of a *caboclo* (unidentified) who said that *exus* had been called upon to kill her. The Mãe de Santo then accepted three *exus* in succession. The first was an *exu* of pain, who gave only his name (not remembered). The second was a "spirit of cold and confusion," and while accepting this spirit, the mãe de santo convulsed and thrashed around on the floor as one experiencing fever and chills from a tropical disease. The third spirit accepted was *exu Caveira* ("skull spirit" or a spirit of death), who confirmed that they had been sent to kill her, and that they would have succeeded within the next few days had she not gotten help, but that she would now be okay. Suddenly the mãe de santo disincorporated and all of the spirits left. At this point she felt much better, and thought that the treatment was over. During this time many people had gathered outside her home to pray for her. Her sister also tied a cord of Saint Francis around her wrist. But after the "bad" spirits left, a good spirit, *Cego Alderado* (a *caboclo*) incorporated and told her she had not yet been cured. He asked her if she wanted to know who had laid the curse on her. She did, and this story is given below under *context*. Then the Mãe de Santo incorporated another spirit, *Menina do Bagaço* (a *preto velho*) who took her to the beach and gave her a "bath of seven waves" in the ocean. She then returned to her house and received a bath of perfume.

Result:

She got better immediately and had no more symptoms.

Context:

According to *Cego Alderado*, the *caboclo*, the curse had been sent by the neighbors (a couple with a little girl) of her aunt the day before the patient first became ill. The neighbors had been fighting with her aunt when the patient had arrived to visit. The patient yelled at them to stop it, and that people who fight in the street "are like dogs." The husband in this couple had also flirted with and propositioned the patient on several occasions, but she had always rebuffed him.

This couple is apparently involved with the "negative side of Umbanda" (she used the word *quimbanda*) and it was they who sent the spirits.

Notes:

The patient said she had never believed in such supernatural phenomena before this experience. She does now, but does not attend Umbanda meetings. She says she is afraid of it.

She had no other health problems prior to the treatment described above, but has recently been diagnosed with Tuberculosis and is receiving medical treatment.

Closed-Ended: good mother?- yes/more or less; good wife?- NA, earns enough money?- sometimes; satisfied with life?- no, current health problems, can't work enough; friendships?- yes; relates well with neighbors?- yes; with family?- yes, but some problems with her 16 year old boy, calls him a vagabond; can change life?- no.

LICS: Cure= 12, Prevention= 21, Total= 33.

#24. Female, Age 54, Married, 1 child, Homemaker.

Condition/s:

About one year before the interview she began feeling pains in her groin area. After a few weeks she noticed a hard knot near her vagina which she began to scratch. After another week, the area became more painful and she decided to go to the hospital.

Medical Diagnosis/Treatment:

Upon examination the doctor said she had a tumor (growth) there which would have to be monitored closely to see if it would be malignant. The doctor did not give her any medicine or other treatment.

Umbanda Diagnosis/Treatment:

The tumor continued to grow and the area became more inflamed. Two weeks after seeing the medical doctor, she decided to go to an Umbanda healer. She went to a local Mãe de Santo who received the spirit of a preto velho named *Mandinga*. The preto velho said that the illness had been sent by another person who had petitioned a spirit. The preto velho did not say who the person or the spirit had been. When the preto velho began the treatment, the patient says she fainted immediately. When she awoke, the tumor had broken apart and was at that point an open, bleeding wound. She also noticed there was sand, bits of hair, and a piece of her dress on the floor at her feet at that moment. She was given some oil mixed with herbs and told to put some of the mixture on the wound each day. The wound scabbed over after a day or so. She was also told to come back for the next seven consecutive days to receive treatments from preto velhos. On each of these visits the preto velhos prayed over her and gave her *passes* with pipe smoke and a piece of *pião* [*Latropha gossypipolia*] (a type of plant burned in Umbanda centers for ritual purification). The pipe smoke was blown toward her crotch area in each case. On her seventh visit she received the same (above) treatment, and then a cleansing or discharge with gunpowder was performed. For the discharge she was made to stand in a circle of gunpowder that was spread on the floor, and then lit. She was then given an herbal bath and sent home.

Result/s:

She says she began to feel better almost immediately and has had no more problems since.

Closed-Ended: good mother?- yes; good wife?- yes, earns enough money?- no; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- yes.

LICS: Cure= 14, Prevention= 19, Total= 33.

#25. Female, Age 60, Married, 4 children, Retired (was a dressmaker).

Condition/s:

One Friday about lunch time, about eight or nine months before the interview, the patient was suddenly stricken with very intense pains in her stomach and abdomen areas, "from her ribs to her back." She made herself some tea, then immediately vomited. She tried to drink some water afterwards, but vomited again.

Medical Treatment:

Her daughter took her to the hospital. She was crying out in pain, so the doctor gave her an injection for pain. This seemed to help. She stayed at the hospital for four hours, was interviewed and examined by a second doctor. The second doctor gave her another, "better," injection for pain and sent her home, telling her to return the next day if the pain did not go away.

Condition/s continued:

She went home and was very sick the entire night. Her friends and family made tea from garlic and *boldo* (*Peumus boldus*) and gave it to her. The next day her husband came home around lunch time and saw her in this condition for the first time. He wanted to take her to the hospital, but she refused. As her husband knelt by her bedside, she saw a vision of a beautiful woman with her hands on his shoulders. The woman (spirit) laughed and told her that she was going to die, and that her husband would be her's. During this vision, her pain increased dramatically and "felt like a knife" pushing upwards through her ribs to her shoulders. At that point her body went limp. Her eyes were open, and she could hear everything, but she was unable to move or speak. She remained like that all afternoon. Her family and many neighbors gathered around her house, wondering if she was going to die. At about six o'clock, a neighbor called a priest to come and hear her confession. He refused to take the confession unless the patient herself would call for him, she said she tried, but couldn't speak. The priest left saying she should look to other means to help her (perhaps meaning a doctor?).

Umbanda Diagnosis/Treatment:

Her family and neighbors borrowed a jeep and carried her to a local Umbanda terreiro. On the way, the beautiful (spirit) woman appeared again, saying she would not die after all, because she had too many people who cared about her around her at the moment. At that point she cried out for the first time yelling, "father!" She was taken to see the Pai de Santo, who is also her godfather. He called down his caboclo, who told her to have faith in God, and to sit up. She did so, and the caboclo said she would not die. The caboclo then turned to her husband, who was standing by her side, and said, angrily, "How could you do this to your own wife?! She doesn't shame you, why would you do that to her?!" Her husband was visibly frightened and taken aback. The caboclo explained that her husband's mistress had put this curse on her. She had given offerings to a powerful pomba gira spirit and asked that the patient's life be destroyed. The spirit in the patient's visions was the pomba gira. The Pai de Santo then called down his preto velho spirit. The preto velho prayed over her, gave her passes, and taught her to make a tea from *erva doce* (fennel seed) and *boldo* (*Peumus boldus*). He said that she should take this tea every few hours and return the next day on her own two feet. Her pain lessened somewhat that

night and she was able to sleep. She walked to the terreiro the next day, the preto velho repeated the prayers and passes, and told her to continue with the tea and return again the next day. She did so, returning the next day with her husband, a neighbor, and one of her daughters. By this time the pain had lessened considerably, but she still felt weak and sick. The preto velho repeated the prayers and passes and also gave her an herbal bath. He then told her to have faith in God, and this would all be over soon. The preto velho then stuck his fingers down her throat and began moving them around. She was drooling blood at this point and the pain in her stomach returned. Finally, a ball-shaped object, about the size of a nickel came out of her mouth. The preto velho called her husband over, picked up a razor blade, and said, "I'm going to show you what you were doing." He cut the ball open and revealed it's contents. There were bits of the patient's hair, three fish bones, three small pins, and a small piece of her dress. The spirit then admonished the husband. The preto velho then performed a ritual to "close the body," mimicking a sewing action with button pushed up against her stomach and a needle while praying. She was told to continue drinking the tea.

Result/s:

She felt much better immediately after the last treatment and had no more symptoms at all within a few days.

Notes:

She asked the Pai de Santo (her Godfather) if she should pay him but he refused, saying she had suffered too much already. The Pai de Santo also brought them a plant called "*comigo ninguem pode*" or "with me no one can" (*Dieffenbaehia sp*) and placed a photo of her and her husband below it on their living room mantle. He said that now, they could not cheat on one another. The patient said they have not. About two weeks later her husband came home saying that he had heard that his former mistress, the one who laid the curse on the patient, had committed suicide. The patient said she was sure her husband no longer cheats on her. The patient is not an Umbanda adept, but does now frequent her Godfather's terreiro. Her husband does not go with her, however, she says he's afraid of it.

Closed-Ended: good mother?- yes; good wife?- yes, earns enough money?- no; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- not really, some things you cannot change, like her son's addiction to drugs.

LICS: Cure= 14, Prevention= 21, Total= 35.

#26. Female, Age 71, Widowed, 5 children, Homemaker.

Condition/s:

One day about four months before the interview, the patient woke up with a sharp pain in her arm. She got up and was opening the bedroom door, when she suddenly felt something push her. She fell to the ground. She got up and thought little about it, but her arm continued to hurt very badly. She told some friends about it and had massages done with a salve made from camphor about a week later, but her arm continued to hurt.

Medical Treatment:

After a few more days, she went to a doctor who did an x-ray and said that her arm wasn't broken, but it was badly swollen, and she still could not raise it. He gave her an injection, she says "for pain" and sent her home.

Umbanda Diagnosis/Treatment:

Another week went by but she was still in pain and could not raise her arm. Then a young man from the neighborhood came by her house asking if he could help. He was a filho de santo at a local terreiro, and had been a friend of her youngest son when they were younger. The next day he brought his Pai de Santo to the patient's house. The Pai de Santo called down his preto velho who said that a trabalho had been done against her to hurt her arm, and to push her to the ground. He told her that there was an object in her arm and that he would have to pull it out. He did so with his mouth, and she felt her arm being cut open. The preto velho then spat out a piece of iron with hair wrapped around it. This was apparently what had been in the patient's arm. Her arm bled at the time and there was a wound there for about three more days. He cleaned the wound with alcohol mixed with crushed rue plant, and gave her the mixture to take home, telling her to apply it every few hours. He then gave her an herbal bath, prayers, and passes and sent her home.

Result/s:

Her arm gradually got better as the days went by. The pain and inflammation lessened and her movement returned. She was perfectly fine within four or five days and has had no further problems.

Notes:

Although the preto velho did not tell the patient who had performed the trabalho against her, she is pretty sure about who it was. She believes it was a neighbor, a woman, who is always asking to borrow money. The patient almost always refuses, saying she doesn't have it, but the woman often gets mad at her. She said that this woman often performs black magic, and had recently put a curse on the patient's cousin causing severe stomach pains. Her cousin was not available for an interview.

Closed-Ended: good mother?- yes; good wife?- NA, earns enough money?- no; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- yes.

LICS: Cure= 12, Prevention= 21, Total= 33.

#27. Male, Age 19, Single, No children, Student.

Context:

About six years before the interview the patient's older brother was murdered by accident in drug-related shoot out. About five years before the interview, the patient's family moved into a new house. They did not know it at the time, but the house they rented was haunted. They later found out that one brother had killed another in the house, and the previous family had moved out immediately after. The patient's family was the first to live in the house since the murder had happened. They lived there for two years. During this time they heard many stories from neighbors about hearing strange noises, and seeing apparitions. Many people were afraid to enter the house.

Condition/s:

Toward the end of their stay there, the patient (a boy of sixteen at the time) suddenly began to act completely differently. He didn't want to eat, he had nightmares and trouble sleeping, he became very irritable and argumentative, and he did not want to interact with his family or friends. Then one morning he simply got up, ran out of the house, and was not seen again that day or night. Some neighbors found him sleeping on the beach the next morning. They brought him home. He appeared disoriented, was verbally abusive, and spoke incoherently- constantly repeating himself. This type of behavior continued for about a month and his mother became very worried. They decided to take him to a local pai de santo.

Medical Diagnosis/Treatment:

None.

Umbanda Diagnosis/Treatment:

When the patient entered the terreiro, the Pai de Santo incorporated his preto velho. The preto velho tried to pray over the patient and give him an herbal bath, but he didn't want to accept it. He kept trying to get away from the preto velho. After a couple of hours the patient calmed down and accepted the prayers, passes, and an herbal bath. When the patient returned home, one of his sisters fainted and fell to the ground, while another ran out of the house screaming that she had seen an encosto (a shade) with him. The next day the patient was sitting outside the front door when the Pai de Santo came by to check on him. The patient told the Pai de Santo not to go in the house because there was a dead man (spirit) lying in the floor in the living room. The patient was horrified, because he thought it was his own brother that had been killed several years before. The Pai de Santo called down his preto velho immediately and began to pray over the patient. The preto velho then called forth the spirit that was inhabiting the house, and the pai de santo incorporated it. The Pai de Santo/incorporated ghost then chased the patient all over the house yelling, screaming, and breaking things, saying that he was doing this because someone had taken his life away. The ghost then left the Pai de Santo and he incorporated the preto velho again. The preto velho gave the patient some passes and told him to take regular baths with garlic and rock salt, and to sleep each night with his clothes turned inside-out. The preto velho took a cord of Saint Francis (like a sash or belt), tied seven knots in it, and tied it around the patient's waist, telling him not to take it off for at least seven days. He then lit a seven day candle by the patient's bedside, prayed some more and left.

Result:

The patient felt much better immediately, had no more episodes, and was soon "back to his old self." He has had no further problems.

Note:

The family moved out of the house and now lives in a different part of the favela.

Closed-Ended: good son?- yes; good husband?- NA, earns enough money?- NA; satisfied with life?- yes; friendships?- yes; relates well with neighbors?- more or less, new to this particular neighborhood; with family?- yes; can change life?- yes.

LICS: Cure= 12, Prevention= 21, Total= 33.

#28. Female, Age 63, Single (but has lived with the same man for 20 years), No children, Homemaker/Retired.

Condition/s:

About twelve years before the interview, a large (5 liter) glass bottle fell on her big toe. There was not that much pain at first, but the next day it was badly swollen. After three days the toe was even more swollen and had turned black. She went to the hospital. The doctor said it wasn't broken but that they had to get the swelling down. He gave her some pills and told her to apply cold compresses and to stay off her feet as much as possible. He sent her home and told her to return in a week if the swelling had not gone down. After a week, the swelling had spread up her leg all the way to her knee and she was completely unable to walk. She went back to the hospital and saw a different doctor. This doctor kept her in the hospital, saying that they might have to amputate her lower leg if it did not respond to treatment. She was kept in bed, given two shots and regular pills, as well as frequent cold compresses. After a week the doctor said the swelling had gone down some, but the patient did not believe this was the case, and she was still unable to walk. She was given some ointment for her leg, told to stay off her feet, and sent home. A few days later, a friend of her's, who was a *filha de santo*, came by and said she did not believe the problem was physical, and convinced her to go to an Umbanda terreiro.

Umbanda Diagnosis/Treatment:

The Pai de Santo incorporated the spirit protector of his terreiro, Zé Pilintra. The spirit said that a *demanda* (another word for *trabalho*, where a petitioner "demands" an action from a spirit in exchange for gifts) was performed against her through an exu spirit. The exu had then sent a zombeteiro spirit to cause her injury. The demanda had been performed by a jealous woman who wanted to cripple her and take her boyfriend (the woman was never identified). Zé Pilintra gave her a type of passe with cigarette smoke and a shot of cachaça. He then commanded the zombeteiro spirit to leave her and never return. The Pai de Santo then accepted the spirit of a preto velho. The preto velho prayed over her, gave her a passe with pipe smoke, rubbed an ointment made from the *confrei* plant (*Symphytum officinale*), and gave her a bath of various herbs and roots (the only ingredients she was able to recall were *cardeiro* (*Cereus giganteus*) and *arruda* (*Ruta graveolens*). She was given some of the *confrei* (a type of rose) ointment to take home and use to keep from getting dry skin. She was also told to return to each meeting over the next several weeks for further treatment from the preto velhos. During the next two months, she received a total of twenty-one treatments consisting of prayers, passes, and herbal baths from the preto velhos.

Result/s:

At that point the preto velho said she was cured, and she believed him. The swelling in her leg had gone down completely and she was no longer in pain. She could still not walk properly, however, and had to use a walker, and later, a cane. She continued to attend Umbanda meetings but was not treated again specifically for her leg.

Medical Treatment continued:

After about one year, a preto velho recommended that she see a doctor. The Pai de Santo gave her the name of a doctor he liked. The doctor put her on a program of regular physical therapy. After about two years, she was able to

walk unaided and completely normally again.

Result/s continued: She is fine now, after a terrible three-year ordeal. She believes the preto velhos were entirely responsible for her cure, but admits the physical therapy helped her regain her ability to walk properly.

Note: She has had problems with depression at several points in the last several years. She has consulted extensively with preto velhos about this, as well as a psychiatrist who donates his time to helping people in the favela. She has had no other serious health problems.

Closed-Ended: good mother?- NA; good wife (girlfriend)?- yes, earns enough money?- yes, her and her boyfriend both receive retirement checks; satisfied with life?- yes; friendships?- no, there are many bad people in her neighborhood; relates well with neighbors?- some yes, some no; with family?- yes; can change life?- yes.

LICS: Cure= 10, Prevention= 20, Total= 30.

#29. Female, Age 25, Single (but has lived with the same man for 7 years), Two children, Homemaker/Maid.

Condition/s:

About one and a half years before the interview, her face got very red and full of sores. She felt strong burning sensations and itching, and she scratched the areas often.

Medical Diagnosis/Treatment:

She went to a doctor and he gave her some medicated cream to put on her face. She did not remember the name of the cream, and she said the doctor never said what had caused the problem. She used the cream as directed and also applied tooth paste and cold water regularly. After about a week her face had gotten worse and more painful.

Umbanda Diagnosis/Treatment:

She went to an Umbanda terreiro that she occasionally frequented. The Mãe de Santo there accepted the spirit of the terreiro's protector, Nego Gerson, a preto velho. Nego Gerson said that a *demanda* (trabalho) had been done against her by her boyfriend's ex-wife. Her boyfriend's ex-wife and gone to another Mãe de Santo and paid for the service. The Mãe de Santo had accepted the spirit of *Exu Pimenta*, "Exu Pepper," who accepted the woman's offering of red pepper, cachaça, and fish skin in exchange for sending the illness. The same trabalho was performed against her boyfriend, but the magic did not take, because her boyfriend was spiritually strong and had a *corpo fechado*. Nego Gerson then talked to Exu Pimenta and got instructions to cure the illness from the exu. He gave her a bath of cachaça and a cleansing bath of herbs. Then he told her to go to the beach each Friday morning and take a "bath of nine consecutive waves," then go home without looking back. (When each wave came, she was to duck her head under, and then come back up.) She was to repeat this for the following nine consecutive Fridays.

Result/s:

After two weeks her condition was much better. By the ninth bath of waves, she was completely cured.

Note:

Some time later, her boyfriend's ex-wife placed a picture of him in a bottle of cachaça to make him drink himself to death. She has a friend who sometimes attends the terreiro of the rival Mãe de Santo who helped perform the above trabalho against her. Her friend claimed to witness this second trabalho. But this curse apparently backfired. The patient says that her boyfriend has now "almost quit drinking."

Closed-Ended: good mother?- yes; good wife (girlfriend)?- yes, earns enough money?- no; satisfied with life?- mostly; friendships?- yes;; relates well with neighbors?- most of them; with family?- yes; can change life?- yes.

LICS: Cure= 14, Prevention= 17, Total= 31.

#30. Female, Age 84, Widowed, One daughter, Retired.

Context:

About nine years ago, shortly before her husband died, she became "almost paralyzed" in her legs for about three months. She went to a doctor who gave her some medicine, but it did not help. So she went to a Pai de Santo who tried to cure her. He and his spirits took out "seven evils" from her legs over a seven week period. Specific objects included chicken feathers, needles, hair, and bits of her clothing. In each case, the articles came out in the Pai de Santo's mouth. But each time he cured one leg, the other would get worse. So her husband got angry and drunk one day and went to the terreiro complaining that she had given them lots of money, cigarettes, liquor, candles, and such, without getting any better. She believes that the Pai de Santo then got angry with her husband and successfully sent an illness to kill him. She hates this Pai de Santo, who has recently denounced Umbanda, and become a leader in a fundamentalist, Pentecostal, Protestant church.

Current Conditions and Treatments:

She has a great deal of pain in her legs and joints, and is often unable to walk. She also has frequent, severe headaches. Her granddaughter takes her to the hospital whenever her conditions worsen, but she says the many medicines the doctors give her rarely if ever work, and she mostly goes to the doctor for her granddaughter's sake. But she does go to an Umbanda terreiro at least once a week to take passes and receive cures. She says these treatments do work, and that she always feels better after an Umbanda session. She gave the example of the last session she attended before the interview. She had been feeling particularly bad that day, and was barely able to walk. She made it to the session, however, where Zé Pilintra told her that someone had been jealous of her, and had performed a trabalho to hurt and kill her. The curse had not succeeded however, he said, and that only God would take her when her time comes. He prayed over her and gave her a passe. She felt much better after the session, and was able to walk back home with ease.

Note:

Attempts were made to elicit answers to the closed-ended questions as well as the Locus of Illness Control Survey. However, it soon became apparent that the patient, perhaps due to her age, did not understand the questions or their purpose. So these attempts were abandoned and the information was not collected for this patient.

#31. Female, Age 49, Separated, Eight children (one has died), Homemaker/Maid.

Condition/s:

About seven or eight months before the interview, the patient began experiencing extreme headaches, pains in her chest and shoulders, as well as hot and cold chills all over her body.

Medical Consultation:

She went to the hospital, where the doctor asked to run some tests. She refused, saying that she knew her symptoms were "not for a doctor." She was told to take aspirin for her headaches and pains.

Umbanda Diagnosis/Treatment:

She went to an Umbanda center where the Pai de Santo accepted the terreiro's protector, Nego Gerson, a preto velho. Nego Gerson said that someone had sent a *má carga* or "negative energy" to weaken her and make her sick. After this diagnosis, the Pai de Santo received a different spirit to actually treat her. She didn't know the name of the spirit, but she said it was male, and described it as a "drunk spirit" (probably Zé Pilintra). The "drunk spirit" asked her for offerings of cachaça, cigarettes, and candles. He then prayed over her, gave her an herbal bath for cleansing, and performed a passe with cigarette smoke. He also instructed her to give herself herbal baths with *pião rocha* (*Latropha gossypipolia*, an herb used for ritual purification at Umbanda terreiros), garlic, and lemon juice at home each night for a week. He told her to return to the terreiro after this, and he would visit her house to do a *descarrego* (unburdening or discharging) with gunpowder. He has yet to do this. She has visited the terreiro many times to try and talk with the "drunk spirit," but he apparently rarely incorporates there.

Result/s:

She woke up the morning after the initial treatment with no more pains at all. She has had none since.

Closed-Ended: good mother?- yes; good wife?- NA, earns enough money?- more or less; satisfied with life?- yes; friendships?- yes;; relates well with neighbors?- most of them; with family?- yes; can change life?- yes.

LICS: Cure= 10, Prevention= 13, Total= 23.

#32. Male, Age 42, Married, Three children, Carpenter (makes cabinets and small furniture).

Note: This interview was not conducted with the encosto victim. In fact, he was not even present at the time. The interview was with his wife, a *filha de santo*, who performed a *trabalho* about four years before to make her husband stop drinking and find a good job. Some friends and neighbors were present during the interview and verified the story.

Conditions/Context:

Her husband (the victim) used to drink excessively. He would sneak off from work at noon on Fridays, begin drinking immediately, and continue through each Sunday night- spending the entire weekend in a blind-drunk stupor. He would often miss work or go in very late on Mondays. After a while, he lost his job. To make things worse, he usually went looking for trouble when he drank, often getting into fights with neighbors and people he met in bars. He was stabbed during two such altercations, and chased after and shot at by a man with a gun on another occasion.

Umbanda Diagnosis/Treatment:

Being a trained *filha de santo*, his wife could see that he "was not alone," or, was accompanied by an encosto. The encosto was an *espírito malandro*, or a "no good," "marginal" spirit, that was encouraging and increasing his desire to drink, as well as his apathy toward work. The spirit was not apparently sent by anyone, but was probably picked up by chance- perhaps being attracted to him through his lack of spiritual protection, and his natural inclination toward this type of behavior. First she bought the appropriate offerings for the spirit, *Tranca Rua* (an exu that is said to rule the crossroads). These were candles, *cachaça*, and cigarettes, which were placed in a bowl along with a photo of her husband, and a piece of paper with his full name written on it. She then accepted the *Tranca Rua* spirit and asked him to perform the work.

Result/s:

She watched her husband very closely over the next several days. He immediately cut way back on his drinking, and within a few months, quit completely. After four years, he still does not drink at all. Also, shortly after she performed the *trabalho*, a person called asking if he wanted a job. He took the job making cabinets. It pays well and he still works there.

Notes:

Her husband believes he quit drinking of his own volition, after suffering the shock of loosing his job. She says it was her *trabalho* that did the trick. He does not like Umbanda, or the fact that his wife is a *filha de santo*. She says that if her husband were to find out about the *trabalho*, it would "break the spell," and he would start drinking and loose his job all over again. She says that although her husband makes pretty good money now, she is thinking about doing a *trabalho* to get him a pay raise. Note also that the closed ended and Locus of Illness Control questions were not asked since the interview was not with the actual victim.

#33. Female, Age 55, Single, No children, School Teacher.

Condition/s and Context:

She has struggled with depression all of her adult life. She has always consulted with doctors about her condition, and has often gone through long periods of time taking prescribed medicines to control the depression. About four and a half years ago, however, she began to have swelling in her skin, all over her body, and her hair, and finger and toe nails began to fall out.

Medical Diagnosis/Treatment:

The doctor said the swelling and loss of hair and nails was due to a type of allergy. He gave her regular injections over a period of several months, as well as a medicine to take at home. She says the medical treatment did not work, and she continued with the symptoms.

Umbanda Diagnosis/Treatment:

After about six months with these symptoms, a friend of her's convinced her to go to an Umbanda terreiro. She was told by the Pai de Santo and the terreiro's spirit protector, Zé Pilintra, that her illnesses and problems were due to two spiritual causes: one that she was being followed or *encostada* by the spirit of her dead father, and two, that she is a strong spirit medium who had failed to develop her mediumship. Her father was not trying to hurt her in any way, it was just that her mediumship made her particularly vulnerable to spiritual intrusions, and the fact that he remained so close was causing her illnesses and general disequilibrium in her life. The solution would be to either close off her mediumship, or develop it and become spiritually stronger. She decided to develop her mediumship and quickly became a filha de santo at the terreiro. She immediately began performing her regular duties to her saints- *Xango* and *Iansá*. As for the immediate treatment for her skin condition, she performed a seven day obligation ritual to *Omulu* (Saint Lazarus), and consulted with and received blessings, cleansings, and passes from a caboclo of the forest god- *Oxossi*. During this time she stopped all forms of medical treatment, including the medicines for her skin condition and for depression.

Result/s:

Within a few weeks the swelling in her skin disappeared and her nails and hair began to grow back. She has had no further symptoms of this type since. She also no longer has problems with depression. She stopped taking the medicine for depression during her Umbanda treatment four years ago, and has not felt the need to return to the doctor or take any more medicine since then. She attributes her well being to the development of her medunity, and to the fact that she is now "right with the gods," through the performance of her religious duties.

Closed-Ended: good mother?- NA; good wife?- NA, earns enough money?- yes; satisfied with life?- yes, very much so; friendships?- yes; relates well with neighbors?- yes; with family?- yes; can change life?- yes. (the patient noted she would have answered "no" to many of these questions before becoming a filha de santo)

LICS: Cure= 9, Prevention= 15, Total= 24.

#34. Female, Age 54, Married, Six Children, Restaurant Owner.

Condition/s, Context and Medical Treatments:

She first began having problems when her first husband was killed about twenty years ago. At the time, she was pregnant with her second child. She had episodes of depression, extreme anxiety, and nervousness. She also began to have disturbing visions and nightmares, to feel the "presence" of spiritual entities, and to hear voices in her head. Nothing seemed to be going right in her life as well. She was struggling with work and constantly fighting with her family and friends. She received occasional treatment from a psychiatrist, but nothing seemed to help. She says she suffered badly for about five years. At that point she remarried and soon became pregnant again, but her psychological problems became worse. During her pregnancy she became virtually paralyzed. She also developed a hematoma in her leg which swelled up dramatically. Attending doctors believed she may have picked up an infection in the maternity ward at the hospital. She said that the doctors said that her leg would never fully recover, and were seriously discussing the possibility of amputation.

Umbanda Diagnosis and Treatment:

At that point she decided to go to a local pai de santo that was recommended by a friend. The Pai de Santo called down his preto velho, Mãe Joanna. The spirit said that she had a very strong medunic gift, and because of her untrained medunity, she had absorbed a great deal of negative energy over the years—mostly due to the hatred and jealousy of others. The spirit said that she needed religion to balance her life, and to develop her medunity to help direct and control this spiritual energy. The treatment for her leg began on the last quarter-moon of the month, and lasted for seven months. She was treated for twenty eight consecutive sessions, and the treatments varied depending on the phase of the moon. These treatments included the prayers and blessings of many, many different spirits, various types of herbal baths, and a myriad of specific prescribed rituals.

Result/s:

After about three months of treatment, her leg became much better, and eventually healed completely. She went on to become a filha de santo at the terreiro where she was treated. She says everything is great now. She has learned to control her visions, and to understand the voices in her head. She no longer has any fear of these phenomena. She separated from her second husband after five years of marriage. The spirit protector of her terreiro, Zé Pilintra, said she she would meet another man to spend her life with. She did, and was married again to a man she describes as her "spiritual mate." She is very happy with her life now.

Closed-Ended: good mother?- yes; good wife?- yes, earns enough money?- yes; satisfied with life?- yes, she feels a sense of victory; friendships?- yes, but is very careful about who she confides in; relates well with neighbors?- yes; with family?- yes; can change life?- yes.

LICS: Cure= 7, Prevention= 15, Total= 22.

#35. Male, Age 36, Single, No Children, Retired/Student.

Note: This patient is a diagnosed schizophrenic who believes he is a spirit medium. He has received treatment from many different psychiatrists and psychologists since his diagnosis at age 21. He has also sought treatment from Spiritism and Umbanda. He is very bright and well read.

Condition/s and Context:

The patient has always been bothered by what he considers the "craziness of humanity." He said he has heard voices in his head since he was a child, but in 1986, when he was a 21 year old college student, the voices greatly increased in frequency. At the time, he was dating an older woman who said she would "put his life in order," but she soon became demanding and controlling. She told him that he was very important to the third, great, Catholic secret, that of Fatima, and that if he didn't obey her, she would have him tortured by the federal police. Her father, he claims, was a federal agent. It took him a while, but he finally got out of this relationship. Later that year, Jesus appeared to him, and said that in order to make things right, he would have to listen to the voices and do what they said. The trouble was, he said, that other, lesser spirits would often fill his head with false messages, designed to put him off track to his true goals. For example, he believes he was responsible for Brazil winning the world cup against Italy in 1994 on a penalty kick. He was watching the game on television, when a spirit voice asked him if he wanted Brazil to win, and told him that it was up to him. He willed that Brazil win the game, and Italy's penalty kick failed that instant. He feels that medunity is completely normal, and that everyone hears voices, it just that most people choose to ignore them. He believes his illness, though he hesitates to call it that, simply makes his medunity a bit stronger than that of most people.

Medical Treatment/s:

When he was first diagnosed with schizophrenia in 1986, he was placed in a sanitarium for three months. He was released after the doctors determined that he was not a threat to anyone. At that time, he was declared legally incompetent and receives a monthly check from the government for his living expenses. He says he has been given various types of medicine by psychiatrists over time, but often does not take them, since he believes they may inhibit his medunity. There is currently no medicine prescribed for him, and he is seeing a psychologist rather than a psychiatrist. He says it is pretty easy to fool psychologists into thinking he is acting "normal," under their definition of the term. But his purpose and theirs are at odds. He says that he only wants to control the bad voices that try to keep him from attaining his goals, while they want to destroy his medunity altogether, or to convince him that it does not really exist. He says he knows it exists. He has also often received medical treatments for depression and asthma.

Umbanda Treatment:

The patient first tried Spiritist treatment about ten years ago. He studied their doctrine and went through spiritual disobsession therapy. It did not work. About a year later, he went to an Umbanda terreiro where the Pai de Santo said that he could cure him of the bad voices over a period of time. The treatment showed no signs of working, however, and the Pai de Santo, he says, quickly became jealous of him. The Pai de Santo began sending bad spirits against him,

rather than trying to help him. In retaliation for this, he says, he "destroyed" the terreiro by setting the leader's own filhos de santo against him.

Result/s:

A few months later he went to a different terreiro. There the Pai de Santo received his exu, João Caveira. The spirit said that a kind of demon had been sent against him through witchcraft, and that he had many powerful, hidden enemies. He personally believes this "demon" was sent by the "secret world government," which operates on the spiritual as well as physical planes. He has been attending the terreiro ever since, receiving passes and blessings from spirits two or three times a week on a regular basis. He says that he has not been "cured," but that the sessions help him to understand and control the unwanted voices, and that he has less "static" in his head. His study with Umbanda has lead him to conclude that all successful people use magic, and that he can also use it to achieve his ends. He is now also clear on his spiritual and life mission goals. They are as follows: 1) to prove that homosexuality is normal (he says that he is not homosexual, however); 2) to find out if Jesus's mother Mary was really a virgin, and to liberate women; and, 3) to liberate all the poor and oppressed people of this world.

Closed-Ended: good father?- NA; good husband?- NA, earns enough money?- yes, but he would like more; satisfied with life?- yes, but he still has much to do; friendships?- yes; relates well with neighbors?- yes; with family?- yes, better now that his (alcoholic) father has died; can change life?- yes.

LICS: Cure= 10, Prevention= 17, Total= 27.

Appendix B

Interview Schedule (English)

Name:

Neighborhood:

Sex:

Age:

Telephone:

Occupation:

Marriage Status:

#Children:

Initial Request:

1. Please tell me about your experience/s with encosto.

(We normally explained what we wanted in greater detail than is indicated by the initial question, see Chapter 4: *Methods*. Notes on the initial narratives were begun here, and continued on the blank, reverse sides of the four sheets of paper that made up the interview schedule.)

Follow-Up Questions:

1. Who was the encosto spirit?
2. Who made the diagnosis of encosto?
3. In what way/s did the encosto harm (or bother) you?
4. Why did the spirit harm (or bother) you?
5. From whom did you seek treatment for your problem? Was it from more than one source?
6. What was the result of the encosto treatment?
7. Do you have problems in the household?, if so, What kinds of problems?
8. Do you have (other) health problems?, if so, What kinds of problems?

Closed-Ended Questions:

1. Do you consider yourself a good father/mother?
2. Do you consider yourself a good husband/wife?
3. Do you earn enough money to sustain your family?
4. In general terms, are you satisfied with what you have accomplished so far in life?
5. Do you make and maintain friendships easily?
6. Do you have good relations with your neighbors?
7. Do you get along well with your family?
8. Do you believe you can change things you don't like about your life?

Locus of Illness Control Survey:

Please respond simply with either *Yes* or *No* to indicate whether you agree or disagree with the following statements.

(Note: A "C" after the statement indicates that it addresses the *Cure* of an illness, while a "P" indicates the statement addresses *Prevention*. An "I" after the statement indicates that it is oriented toward an *Internal* locus of control, while an "E" indicates an *External* orientation.)

1. When people get sick, there is usually not much they can do about it. (C, E)
2. If you lead a good life, you will rarely get sick. (P, I)
3. Almost all diseases have a cure. (C, I)
4. If the lord wants to send you an illness, there is nothing you can do to stop it.
(P, E)
5. Some people get sick often while others always seem to stay healthy. (P, E)
6. Most illnesses will be cured in a matter of time regardless of which treatments are used. (C, E)
7. People who stay in good health are just lucky. (P, E)
8. If you become ill, it is because you live under a lot of pressure. (P, E)
9. In the future modern medicine will find a cure for all diseases. (C, I)
10. Most people get sick because they worry too much. (P, I)
11. When people eat right and take care of their bodies, they seldom get sick.
(P, I)
12. When people get sick, it is up to God whether or not they will get well.
(C, E)

13. There is no use worrying about illness. What will be will be. (P, E)
14. When people are sick, it is usually a result of bad luck. (P, E)
15. Most diseases can be cured by a good doctor with the right medicines. (C, I)

Appendix B

Interview Schedule (Portuguese)

Nome:

Bairro:

Sexo:

Idade:

Telefone:

Ocupação:

Estado Civil:

#Filhos:

Initial Request:

1. Por favor, conte-me sobre sua experiência/s com encosto.

Follow-Up Questions:

1. Quem era o espírito?
2. Quem diagnosticou?
3. Como o encosto lhe atrapalhou?
4. Por que o espírito esta/estava lhe atrapalhando?
5. Procurou quem para tratamento? Procurou um médico também? Dê detalhes, por favor.
6. Como foi (ou está indo) o tratamento? Dê detalhes, por favor.
7. Tem problemas em casa? Tipo de problema?
8. Tem (outros) problemas com saúde? Tipo de problema?

Closed Ended Questions:

- 1. Você se considera um bom pai/boa mãe?**
- 2. Você se considera um bom marido/boa esposa?**
- 3. Você ganha o suficiente para sustentar sua família?**
- 4. De um modo geral, você está satisfeito/a com o que você realizou na sua vida?**
- 5. Você faz e mantém amizade facilmente?**
- 6. Você se relaciona bem com seus vizinhos?**
- 7. Você se relaciona bem com sua família?**
- 8. Você acha que pode mudar as coisas que você não gosta na sua vida?**

Locus of Illness Control Survey:

Responda, por favor, simplesmente com *sim* ou *não*, se você concorda ou não com as seguintes afirmações.

1. Quando as pessoas ficam doentes, normalmente tem poucas chances para mudar a situação. (C, E)
2. Se você conduz uma vida saudável, raramente fica doente. (P, I)
3. Quase todas as doenças tem cura. (C, I)
4. Se Deus quiser mandar-lhe uma doença, você não pode fazer nada. (P, E)
5. Algumas pessoas ficam doente freqüentemente, enquanto outras parecem ser sempre saudáveis. (P, E)
6. A maioria das doenças será curada com o tempo independente do tratamento usado. (C, E)
7. As pessoas que sempre são saudáveis simplesmente tem sorte. (P, E)
8. Se você fica doente, é porque você vive sob muita pressão. (P, E)
9. No futuro, a medicina moderna encontrará uma cura para todas as doenças. (C, I)
10. A maioria das pessoas fica doente porque as pessoas se preocupam demais. (P, I)
11. Quando as pessoas se alimentam corretamente e cuidam bem do corpo, raramente ficam doentes. (P, I)

12. Quando as pessoas ficam doentes, depende de Deus se elas ficarão boas ou não. (C, E)
13. Não há razão para preocupar-se com doenças. O que for, será. (P, E)
14. Quando as pessoas ficam doentes, normalmente é um resultado de má sorte. (P, E)
15. A maioria das doenças pode ser curada por um bom médico com os remédios corretos. (C, I)

VITA

Darrell Lynch was born in Knoxville, Tennessee on August 26, 1964. He attended schools in the public system of Morristown, Tennessee where he graduated from Morristown-Hamblen High School East in 1982. He entered Emory and Henry College in Emory, Virginia in 1982 and graduated with a Bachelor of Arts degree in English in 1986. After spending several years in the private sector, he decided to enter graduate school at the University of Tennessee where he was awarded the Master of Arts degree in Anthropology in December 1996. He conducted field research for his doctoral dissertation during two extended stays in Fortaleza, Ceará, Brazil in 2001 and 2002. He has taught a variety of anthropology courses at the University of Tennessee, and was awarded the Graduate Student Teaching Award by the University in 2000. His primary research interests are medical anthropology, comparative religions, international development, and Brazil. He will be a course instructor at the University of Tennessee in the Fall of 2005.