

From illness to miracle: ethnography of therapeutic solutions among evangelicals in Boa Vista, Roraima¹

Da doença ao milagre: etnografia de soluções terapêuticas entre evangélicos na cidade de Boa Vista, Roraima

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Resumo

São várias as possibilidades de articulação entre doença, religião e cura. O artigo em questão constitui uma análise de narrativas sobre doença e cura pela religião, realizada a partir de abordagem etnográfica em 10 bairros de Boa Vista, Roraima, com indivíduos que afirmaram terem sido curados através de intervenção divina. Os resultados mostram que a doença não se reduz aos sintomas físicos universais da realidade empírica. Rituais mágicos de cura são, também, caminhos abertos à sua interpretação.

Palavras-chave: Cura; Milagre; Evangélicos; Boa Vista; Roraima.

Abstract

There are several possibilities of linkage between disease, religion and healing. The article is an analysis of narratives about illness and healing through religion, based on an ethnographic approach in 10 districts of Boa Vista, Roraima, with individuals who claimed to have been healed through divine intervention. The aim is to show that disease is not limited to the universal physical symptoms of empirical reality. Magic rituals of healing are also paths open to interpretation.

Keywords: Healing; Miracles; Evangelical; Boa Vista; Roraima.

Introduction

Humanity is constituted by consciousness and the ability to create its own events, based on social experiences which give meaning to the world and the surrounding reality, in order to elaborate symbolic material. As it is an intrinsically human capacity, consciousness places the individual in reality, making it food for thought (Kuper, 2002), and at the same time integrating it with the broad body of meanings of the complexity of the human race.

The body, as part of this process, means and is meant (Augé, 1988), as it also constitutes a transfigured reality, symbolically thought as divine (Durkheim, 1924). Thus, it is not only a cultural image, modified and domesticated by society and its values but, basically, form and product of the culture, a real and natural datum, as stated by Marzano-Parisoli (2004), as it allows men and women to live in the world and encounter others.

Disease, manifesting itself in the body, stands out equally for its extraordinary social symbolic value, requiring the reordering of the imbalance it produces, for the reintroduction of its balance. Whatever the therapeutic response, this will also produce consequences for the social body, and explanations will be found by ordering the facts provided by the collective consensus (Lévi-Strauss, 1975). Therefore, disease will always be an unspoken metalanguage, imposing on the patient the need to translate it into spoken terms, adjusting it to concrete reality. Religious intervention is one of the possibilities which opens up as a result of this translation, as it allows meaning to be given to the disease by determining or adjusting its arbitrary aspects, as stated by Mauss (1974), anthropomorphizing it through its capacity to transform the undetermined into determined. According to the mode of organization of the culture (Montero, 1985).

Thus, narratives on disease and religious healing are possibilities of demonstrating that, although our bodies are complex biological unit, subject to the laws of nature, according to Giddens (2005), they cannot escape social experiences and the norms of the groups to which they belong. To understand these forms of healing, the ethnographic method

was used among evangelicals², in the first half of 2011, in 10 neighborhoods of the city of Boa Vista, Roraima, with individuals who reported having been cured through divine intervention.

Boa Vista with a population of 277,684, according to the 2010 Census. Of the 14 municipalities which make up the state of Roraima, it is the most populous, containing 65.3% of its inhabitants distributed over more than 50 neighborhoods, along the banks of the rio Branco river. The city fans out northwards towards its limits at the end of the Avenida Brasil, the start of the stretch which continues the BR-174 highway, which extends up to the border with Venezuela.

In the city, the religious field is formed of a variety of churches, temples and centers of worship, added to residences which are also frequently used for religious gatherings, such as the *umbanda* religion, in which small groups of family and friends get together to practice their religion, or even the cells of evangelical churches, whose members meet at weekends for worship or bible studies in the homes of the acolytes. For quantitative purposes, we considered the following as units: those which had their own space or building, distributed in 06 Catholic units, 04 of which were located in the city center; more than three hundred evangelical; 12 centers, 04 spiritists, 01 of the União do Vegetal, 01 small on of Santo Daime and 06 of Candomblé and *Umbanda*.

The religious practices declared in the city, according to the 2002 census (IBGE), are: 66.8% of the population reported themselves to be Catholic; 23.15% evangelical; 0.04% belonged to an Afro-Brazilian religion; 0.62% identified themselves as spiritists; 0.32% as practicing an oriental religion; 1.21% other and 7.78% without religion. In 2009, the Catholic population was 46.78%, 18.28% evangelical and Pentecostal and 8.67% other evangelical, together totaling almost 27%. The final sample revealed a fourteen percent growth in the number of evangelicals compared with the first, in a situation in which there was no change in the Afro-Brazilian religions, a 0.36% decrease in the spiritist religions and a 0.33% decrease in oriental religions. It is against

this background which the almost 400 evangelical centers in Roraima stand out, making it the Brazilian state with the highest number of practicers, the Assembleia de Deus being the church which most stands out.

Part of the units of the evangelical cult can be found in the most recently constructed neighborhoods, formed of migrants on low incomes, largely from the North and Northeast regions, especially Maranhão. The dynamic of migration to Roraima, in the second half of the 20th century was directly linked to economic pressures in the states of origin and to attractive offers, such as settlements and agricultural colonization, or even due to government aid policies, initiated at the start of the 1990s, as indicated by Pereira (2005). The predominant contingent can be broken down as follows: 92,042 from Maranhão; 34,250 from Paraná; 27,888 from Amazonas; and 14,018 from Ceará.

The neighborhoods researched extend in the direction of Avenida São Sebastião and in the direction of Avenida Princesa Isabel. The neighborhoods are: Prof^a. Aracelis Souto Maior, Nova Canaã, Dr. Silvio Botelho, Caranã and Jardim Primavera, created at the end of the 1980s; and Operário, Equatorial, União, Alvorada and Dr. Silvio Leite, mainly created by land invasions from the 1990s until recently.

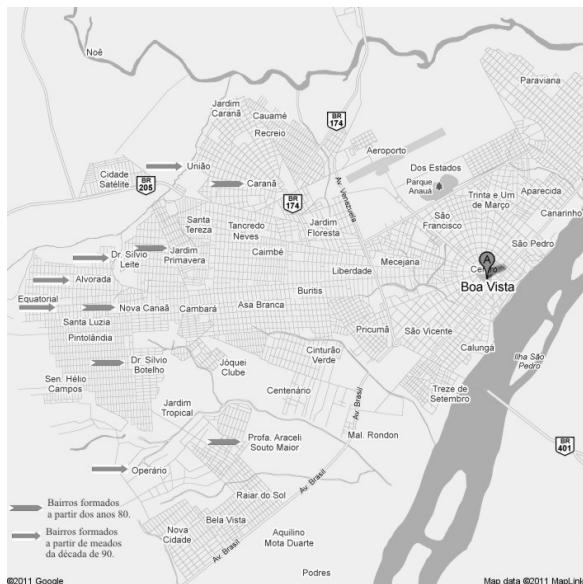
In the following map, the green arrow shows those neighborhoods which are at found at the city limits, formed by the influx of migrants arriving recently, largely working in low paid jobs, who invariably have their income supplemented by resources from federal and state government social programs, such as the *Bolsa Família* and the *Vale Solidário*. Those indicated with a red arrow are more established, and part of their population is made up of civil servants with low and medium levels of schooling, together with small and medium sized businesses. Many are the children of previous migrants now established in the city.

Something these neighborhoods have in common is the fact that they were all created without municipal urban planning, coming about through land invasions and occupations. Streets, plumbing

² The category 'evangelical' is used according to IBGE methodology, which classifies them, according to doctrine, as: historical, pentecostal and other.

and electricity were only established much later, and are still precarious in some places, during elections and they are of invariably poor quality, becoming compromised during the winter, when the whole state experiences heavy rain.

Figure 1 - Location of the neighborhoods studied in the city of Boa Vista (months 5 and 6 of 2011)



Source: Google Maps³.

They form a region which is well known for appearing in police reports and for having the highest rates of violence and crime in the city. In general, this population has access to public health care; there are two hospitals, a maternity ward and a children's hospital, as well as health care centers in the neighborhoods. However, given the precariousness of the health care services, other treatment solutions are often sought. Although it is not possible to affirm that there is a direct link between the health care service structure and healing through other therapeutic procedures, it can be suggested that such a situation reinforces certain types of popular treatments (Travassos et al., 2000).

It is against this background that the field

research took place. It was part of a wider observation which aimed to understand non-biomedical healing in the city, through blessings, through the Afro-Brazilian religions, through Santo Daime and through União do Vegetal, healing through miracles in the Pentecostal churches was also shown to be a significant type of healing. Each of these foci were analyzed separately. In the case of miracle cures in the evangelical churches, the research began by visiting the centers of worship and meetings of the cells for religious teaching, in which mentions of miracle cures were frequently reported. At the beginning we introduced ourselves and explained the purposes of the research to the attendees in the generally small cells or churches, who then spontaneously sought us out to report their experiences of healing.

From these provisional reports, we selected individuals able to receive us in their homes, with 20 of them being consulted. In the end, visiting the houses of those who volunteered to participate in the research proved to be an efficient means of facilitating communication with the participants (Geertz, 1978; Fravret-Saad, 1990).

Thus, data collection was based on observation visits to churches and cells in the residences of the acolytes, with direct and indirect interviews carried out one single time. In the direct interviews, equivalent questions were used for each of the interviewees, presented in the form of a questionnaire, aiming to capture general data about their lives, economic aspects and characteristics of the respective households. Pre-defined questions were also asked, with the responses being recorded. The indirect interviews aimed to understand the profile of the interviewees, as well as the terms used, the forms of miracle cure and, especially, the family members who ended up being part of the observation. The arrangement of these interviews in this way shows an intentional perspective of the sample since, as in direct observation, it opens up the possibilities for other readings, allowing the interstices of the interviewees life to be known, such as routines, personal and family relationships, expectations and dreams for life.

³ Available: <<http://maps.google.com.br/maps?client=firefox-a&channel=s&hl=pt-R&q=mapa+boa+vista&ie=UTF8&hq=&hnear=Boa+Vista++Roraima&gl=br&ll=2.816,-60.711136&spn=0.083498,0.154324&z=13&pw=2>>. Acesso em: 21 fev. 2011.

Figure 2 - Characteristics of the interviewees, Boa Vista, RR (months 5 and 6 of 2011)

Pa	Age	G	M S	E	NC	N	O	SO	YER	C
MB	56	F	Married	Pardo	5	Alvorada	Housewife	MA	1984	Igreja pentecostal do Movimento Mundial
MC	56	F	Married	Black	3	Alvorada	Shop assistant	PA	2002	Assembleia de Deus
Ce	44	F	Married	Indigenous	5	Aracelis	Housewife	RR	-	Assembleia das nações
El	29	F	Single	Pardo	3	Aracelis	Housewife	MA	2001	Assembleia de Deus
SV	41	F	Divorced	Pardo	3	Caranã	Receptionist	MA	2000	Evangélica Quadrangular
MC	43	F	Married	Pardo	3	Caranã	Housewife	AM	1990	Batista
AM	16	F	Single	Pardo	0	Equatorial	Student	PA	2002	Pentecostal
Na	17	F	Single	Pardo	0	Equatorial	Student	AM	2000	Quadrangular
Ma	46	F	Single	Black	2	J. Primavera	General services	MA	1971	Viva em Cristo Jesus
Ei	46	F	Single	Black	2	J. Primavera	General services	MA	1971	Viva em Cristo Jesus
Eb	79	F	Widowed	Pardo	4	N. Canaã	Housewife	MA	1991	Assembleia de Deus
VS	70	M	Married	Black	7	N. Canaã	Self-employed	MA	1996	Assembleia de Deus
Ho	49	F	Married	Indigenous	8	Operario	Cleaner	RR	-	IURD
JD	50	M	Single.	Indigenous	0	Operário	General services	RR	-	IURD
Ne	50	M	Married	Pardo	3	Silvio Botelho	Self-employed	RR	-	Assembleia de Deus
Ba	48	F	Widowed	Black	2	Silvio Botelho	Housewife	CE	1998	Assembleia de Deus
ZM	38	F	Married	Pardo	0	Silvio Leite	Attendant	MA	1997	Assembleia de Deus
Fa	59	F	Widowed	Pardo	12	Silvio Leite	Housewife	MA	1997	Assembleia de Deus
Ir	34	F	Married	Indigenous	5	Bairro União	Maid	RR	-	Assembleia de Deus
Mi	35	F	Married	Black	3	Bairro União	C. Servant	PA	1980	Assembleia de Deus

Results and Discussion

The interviewees from the religions in the neighborhoods studied, the material of this study, explained the disorders of the body through reports of afflictions and misfortunes as well as indicating its posterior re-establishment through divine intervention, which they called miracles. In general, the reports highlighted the initial moment of the disease as a chaotic mix of disorder in life and in the body, with incomprehensible feelings, vague and difficult to deal with, especially faced with the failure of medical cure:

I didn't know what to do next, as the doctors and the neurologist couldn't do anything (MB).

It was a problem which the doctors did not know how to solve (Na).

There was no way out for him, he had two blood clots on the brain. He had a broken cranium and the

doctor said there was nothing else to be done. (El).

They are, above all, reports which make dramatic references to the unintelligibility of the morbidity on the body and disenchantment with medical solutions.

Following this, the divine appears as a response to the need to explain the disease, to understand it beyond attempts to formalize medical evidence, by the argument that it is unfeasible to understand this. Therefore, they are stories which trace an itinerary which passes from medical failure, after a long and painful experience of disease, to a magical cure through divine intervention, as seen in the following reports:

Then my mother began to take me with her to the church. I prayed there and my mother spoke to the pastor. And I continued going to church, and after a while I began to breathe normally and the pains stopped (AM).

...I arrived there, the pastor prayed and used holy oils, and at the same time he was praying my fever got better, much milder (Na).

...the pastor invited us to the front, the sick, and I went. He said I should do the examination again, so I did, and the doctor said there was nothing there anymore, I was cured thanks be to God (Ma).

...then the pastor began to pray, he talked about the word of God. It was the start of my path towards the house of God, and it was there that the Lord started to work in my life and there that I received it, because I was going to go to Manaus to have treatment when the Lord carried out his work in my life (El).

...she fell sick, and the doctor said it was cancer of the uterus. The church prayed a lot and God sent a miracle. The doctor operated, you know. But when they operated, it was gone, and she was cured last year (Eb).

...and I didn't go there, I went to church and I prayed: Lord, don't let my son die. And it seemed like he heard me. It was a prayer from a mother's heart, you know. I was crying while I was praying. When I arrived, he had been discharged from the ICU (Ho).

...when medicine couldn't do anything, I turned to God. And he had problems with his nerves too, because we were depressed. And I turned to God and I asked: Heal me Lord. The minimum I can do is to obey you and follow the laws of your holy word in my way. Because we are not perfect, but He, he is so good and marvelous, He forgave me when I did stupid things. But when I had problems in my kidneys I wasn't yet in the faith. But with the hepatitis and dengue, then I was in the faith (MC).

...I was suffering from fainting fits, I was fainting a lot. I went to the doctor and the doctors didn't know what to do. He cured me after I accepted him. It was a spiritual illness (Mi).

In 1995 I went to Teresina and the doctor said one of the valves in my heart was blocked. A while later, there was a pastor, she wasn't from the church, she was there visiting. She embraced me and said the Jesus was curing my blocked vein. She said this while she held me. She was touched by the divine. I used the medicines they gave me, then I went back

and had the tests again, but then I stopped taking the medicine (Fa).

What becomes evident is that, firstly, the medical solution proved to be uncertain and random, being dependent on unforeseen circumstances of the action of the medicine on the body and the incompatibility of the medical diagnosis with the real sensations experienced by the body; and secondly, that this randomness is ordered by divine action, re-establishing balance in the body, translating the symptoms in terms of the language of miracles and cures. Thus, it is understood that if *I was sick*, if *I was constantly at the doctor's*, if *I was disappointed*, the causes lie in disorders not of the body but, principally, of the spirit. Therefore, the way in which the initial stages of the disease were described although revealing expressions of a total disorder in life, projected by disappointment with medicinal resources, balance and overcoming, both physical and spiritual, are due to divine action and intervention, culminating in the cure itself.

The reports collected show that divine intervention, aiming at curing, is a process which gives intelligibility to the disease. Manifested and felt in the body, not understood by medical knowledge, it becomes transcendent material, which is projected into the dimension of the metalanguage of the divine. So much so that, once cured and with order restored to the body, simultaneously, adherence to and acceptance of the codes of the religion which provided the cure occurs. However, the process which leads from disease to religious cure requires negotiation between the sufferer and the religion, the language of which is the idiolect of sharing of the church to which the sufferer adheres. Absolute acceptance of this idiolect consubstantiates what is called by those of the faith, a fundamental step in the occurrence of the miracle and subsequent cure. Thus, the miracle occurs by establishing a trajectory beginning with accepting the idiolect, which is the faith, to the subsequent cure which reorders the imbalance produced by the disease, reintroducing the healthy body.

When I began to get sick I fell and passed out. This is why I stopped working. From one day to the next, I lost my mind, and each day got worse and worse. I couldn't walk around alone, because I could have

passed out. I began to forget everything and I fell in the street many times. When I was cooking I took ill and, if I hadn't held on to something I would have fallen. This was happening five or six times a day, and I was desperate. I went to the doctor, was treated, had tests, took medicine. But nothing worked, I took ill at home, fell and wet myself. It was a moment of real desperation. Then, in church, I asked God for help, and Lord Jesus Christ cured me. The Lord cured me, miraculously (Ba).

As they are mental projections, the material which gives form to the miracle of the cure is a complex, ritual dramatization, a scene, as Quintana (1999) says, an oral-gestural language (Gomes and Pereira, 2004) which will be legitimized in the set of social relationships, giving meaning to disease and misfortunes. Thus, dialogue which emphasizes cures from miracles follow a pattern in the individuals interviewed, which goes from illness to the treatment itinerary, culminating with the miracle cure, as reported:

I had pain. The doctor said it was asthma. My mother gave me water. I started to go to church with an aunt, and after a while, with the help of Lord Jesus Christ I didn't have any more pain, I was cured, and today I am a follower (ZM).

I broke my leg and had five operations. It became infected. One time I went to the hospital three times in one week. We held a week-long prayer campaign in the houses of the sisters of the church nearby, and the Lord cured me for His honor and glory (IC).

It also shows a therapeutic trajectory, or itinerary, which can be defined, according to Fassin (1992), as the path followed by the sufferer in search of a diagnoses, which, however, does not follow a pattern. Due to its inter-subjective character, it is constantly negotiated in terms of its meaning, as demonstrated by Loyola (1984a), in studies of doctors and healers in New York and in the Santa Rita neighborhood, Rio de Janeiro. From his point of view, the “neighborhood effect” partially shuffles the socio-economic variables distinguishing its inhabitants, due to the multiple treatment options: in addition to churches and temples, there are also terreiros, healers and medicine men, where the therapeutic itinerary may involve a complex social

network (Magnani, 2002). For Gerhardt (2006), these itineraries embody therapeutic pluralism, as they are the result of social relationships not controlled by individual behavior.

The therapeutic itinerary also shows that disease is part of a system of representations with a logic which is not absolutely determined by instrumental explanations, precisely for the open possibility of transcending it through religious connotations. In the cases in question, once medical intervention or medicine failed, the sufferer moved to explaining the disease using resources outside of medicine. It shows that, despite increasingly advanced equipment and surgical techniques, together with revolutionary medications treating disease which used to be deadly, a considerable proportion of bodily disorders and diseases are still treated outside of hospitals and medical competence, as indicated by Kleinman et al (1978), viewing cure through religion as deserving more explanations, as also found in Wachsmann (1953), given its therapeutic importance. The problem, according to Lévi-Strauss (1989), is that scientific knowledge, being posterior to this type of knowledge, always included, magically speaking, an embryonic type of science, not perceived as a well-organized system; irrespective of the form in which the science was constituted.

The individual's capacity to project the causes of the imbalance outside of the body shows, firstly, the symbolic nature of the disease, demonstrating it does not exist in exclusively scientific treatment or only in magic-religious practices (Laplantine, 1991), as curing through miracles permeates and even correlates with the so-called official medicine or biological universe; and, according to Loyola (1984a, 1984b), it is not lack of economic resources which leads the individual to seek a religious cure, but that which proves itself to be incompatible with medicine as legitimized by the canons of science. The meaning given to diseases and misfortunes through miracle cures, therefore, does not exclude other types of treatment.

By suggesting that establishing order in the body can sometimes be put into action by religious (or magic) explanations, we wanted to highlight that cures in the area of religion are undoubtedly paths which are open to understanding many diseases and

imbalances in the body. It also demonstrates that the individual's capacity to project the causes of the imbalance outside of the body shows the symbolic nature of disease, which corresponds, according to Lévi-Strauss (1989), more to intellectual demands and less to satisfying needs, operating in a belief system which explains disease in terms of socially acceptable language.

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Final considerations

It is known that the fact that the human race challenges the world through language, and not through its genetic characteristics, as animals do, making it an unfinished animal. Thus its extreme dependence on learning, to give reality scientific meaning, letting them spill over to the interior consciousness, forming memory which projects time, and within it, the body too. The diverse religious concepts, such as reincarnation, assumption or transmigration are topological projections and stratagems of religious meaning, inscribed in the memory of each individual by the social grammar of their culture.

The statements about pain and suffering and later religious cure are, thus, efficient evidence that the body should not be seen only as a biological unit, as it is an inseparable part of comprehensive social relationships and that, outside of them, it would only be a not body. These are revelations which demonstrate the divine as a response, given the need to explain events which are outside the natural order of things. They are, then, projections of an imagined dimension, constructed not on facts and evidence but with materials found at a level of understanding beyond any scarcity.

Thus, the way in which individuals deal with misfortune, afflictions and all forms of imbalance in the body and soul indicate therapeutic trajectories in which scientific canons are often inadequate. For this reason, they are launched to the dark depths of cognitive experience, a place of superstition, beliefs and

all sorts of supernatural thinking, losing sight of the evidence that the body, being part of a social and moral order, is part of a greater order; the world. Changes in one, therefore, provoke changes in the other.

Finally, we suggest that the bias of the anthropological reading, captured by ethnography, can be defined for rethinking many health and disease patterns, and to demonstrate that the two important dimensions of illness, social and personal life, be intrinsically related in an order of phenomena.

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