Religion in a Context of Transformation, The Case of Jarê in Brazil

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Abstract

Starting out from the assumption that there is a dimension of indetermination and unpredictability in every human action, the present paper analyses the dynamics of transformation within the Jarê, a traditional Afro-Brazilian religion in the interior of the Northeastern state of Bahia. Based on research carried out in Nova Redenção, located in the upper Paraguacu Valley, the paper examines the relation between the main structure of the cult and the practices of its leaders (curadores). Jarê leaders do not undergo a special period of initiation and training and are not holders of a formal or secret body of knowledge. Rather, their knowledge is situational, developed through practice and sensitivity to context. In this sense, one can say that both their formation and their daily practice are characterized by a marked fluidity. Or in other words, they must be understood as open processes that involve a creative appropriation of relations, events and transformations that occur in the wider environment. This feature of the leadership is particularly important in a society – such as that of the interior of Bahia – where socio-political transformations and changes in the religious field have been highly significant.

Keywords: Afro-Brazilian religion, Folk healers, Jarê, Practice, Social action.

Introduction

Contemporary social sciences have been characterized by attempts to reformulate both interpretive models that privilege individuals and their strategies, and analytical frameworks that focus on the internal logics of structures and institutions. Refusing any form of dogmatism or reductionism, studies neither deify the subject nor dissolve subjectivity in the logic of overarching structures. Many are guided by the idea that human beings are endowed with the capacity to initiate new and unprecedented processes out of given situations, whose results can be uncertain and unpredictable. The defining feature of human experience is its openness or capacity of going beyond [1]. As Annemarie Mol [2] has argued, reality does not precede mundane practice, but is rather shaped within the practices. “These suggest a reality that is done and enacted rather than observed. Rather than being seen by a diversity of watching eyes while itself remaining untouched in the centre, reality is manipulated by means of various tools in the course of a diversity of practices”.

Following these assumptions, the present paper focussed on people’s lived capacity to remake their own circumstances from the challenges posed by different forms of otherness (things, spirits, other humans). Thus, the position adopted is that the reality people live is performed via a variety of practices. It is based on the presupposition that there is an inherent indeterminate aspect to all action.

The paper addresses the formation and practice of traditional healing practitioners linked to an Afro-Brazilian cult known as Jarê, from the Chapada Diamantina in the interior of the Northeastern state of Bahia, Brazil. I analyse briefly the practical lives of its inhabitants, privileging their practices and trajectories in order to unveil the inherent plasticity of human action and its essentially indeterminate character.

The research was carried out in the Nova Redenção (1989), a small village with about 400 households surrounded by several rural communities, located in the upper Paraguacu Valley, in the state of Bahia. At the time, important socio-economic and political changes in Brazil were affecting life in the area. After twenty-one years of military rule, the “New Republic” was installed in March 1985, bringing new hopes, promises and expectations. In 1987 a new health reform was launched – the Unified Health System (SUS).
and Descentralized Health System, known as SUDS (subsequently designated SUS) – which was expected to represent a breakthrough in official policy formulation [3]. Embracing the principle of community diagnosis, this policy emphasized the creation of links between medical care and local culture.

In Chapada Diamantina, the health care system’s professional and folk sectors (curandeirismo) provided fairly comprehensive frames of reference and specific practices which, in different ways, legitimised medical beliefs and ascribed expectations to the sick person [4]. As a traditional healing practice, curandeirismo (from curador, “the person who cures”) in Nova Redenção was strictly associated with an Afro-Brazilian cult – Jarê - which had its origin in the diamond districts of Chapada Diamantina, particularly in urban zones like Lençóis and Andarái. The discovery of diamonds in the region (late 19th century) created a high concentration of whites, mixed-bloods, ex-slaves, and slaves of different ethnic origins, favouring the emergence of a specific religious and “medical” syncretisms. Jarê is centred on possession by African and Amerindian spirits (generally referred to as caboclos, guias or encantados). The Jarê of Nova Redenção was marked by this orientation toward healing. Being a curador was not a full-time, nor particularly profitable, occupation for most of the local peasants who undertook it. They were usually squatters, leaseholders, sharecroppers and/or day labourers. Curadores were usually men, illiterate or barely literate. According to Senna [5], the inferior status of women in rural society was reproduced in the religious sphere, where the highest position most women managed to achieve was that of rezadeira or benzedeira (a person who heals by praying and brushing sprigs of leaves over her patient). As people usually say in Nova Redenção, “the role of the woman is always weaker, that of the man, stronger”. For instance, women could not go in the cult house during certain periods (menstruating women were not allowed in Jarê houses).

The Folk Healer and The Jarê

Professional biomedical care in Nova Redenção cannot be dismissed. Practically everyone in the region made regular visits to the doctor and popular demands on the health sector focussed basically on the extension and democratization of cosmopolitan medical services. Of a random sample of 105 householders interviewed in the district, 90.5% of respondents had been to the doctor in the period 12-months prior to the interview [4]. The professional medical organisational structures and services in Nova Redenção were a recent development. During the research, there was only a Health Post, opened in November (1986) and supported by the Andarái’ Rural Worker’s Trade Union - the Health Post - which was visited weekly by a general practitioner (four hours of work on Friday afternoons). However, in accordance with the growing state intervention in promoting health programmes, the professional health services in the region were improving: a hospital near the city of Andarái, closed soon after its construction in 1950, recommenced its activities in 1990, and several pharmacies and local Health Posts were built around the municipality and rural communities.

Many people in Nova Redenção also sought the assistance of folk healers. The experience of illness not only led many local peasants to traditional practitioners but also represented the onset of close and enduring relations between healers and clients. About 52 per cent of the people interviewed had consulted with at least one Jarê healer at some stage of their life.

Various factors can explain the choice of treatment with a professional or a folk healer. At an abstract level, the overall form of the decision-making process regarding treatment was largely anchored on a previous assessment of the nature and cause of the illness, made by the sick person and their immediate social network of kin and neighbours. But we should not interpret the conceptual structure of local medical ideas as having a set of articulated and recognized aetiological principles. In practice, people in Nova Redenção engaged in a therapeutic process without further concern with an abstract theory of sickness. The identification and character of a given episode of illness was not always clear to the patient and the development and outcome of the illness, not always easily predictable. In the everyday life of peasants, sickness and health had to do with people’s ongoing relationship with an environment moved by diverse forces and beings that were never completely controllable. People in Nova Redenção usually (re)constituted their illness placing their problematic experiences in a framework of meaning, describing the actions which were taken during the event, transmitting factual information about treatment, and indicating standard expectations about other roles, like family, friends, healers, etc. In synthesis, the ways in which people dealt with illness in Nova Redenção were inextricably bound up with practices that unfolded through various kinds of relationships in an ever changing environment.
The diagnosis and treatment embraced were largely connected to particular intentions, expectations, and interactions which the sick person maintained with other people. Sickness could not be reduced to a categorical term. Its meaning did not emerge prior to events. It was inextricably connected to the experiences of individual subjects, involved in particular social networks and largely dependent on the course of action taken by those affected by it. Individuals were always confronting the flow of events surrounding sickness with the information provided by others and continually evaluated facts and hypotheses by relating them to their own feelings and expectations. Sickness, therefore, was not only a thing produced “inside-the-body” but also an act of intersubjective meaning-making, always in a balance between personal and interpersonal life-worlds; between the flow of an individual life and forms of cultural tradition. This explains why the doctor and the traditional healer were not regarded as exclusive therapeutic alternatives. In a vast number of cases people seemed to use the services of physicians and curadores indiscriminately.

In Jarê, a healers’ performance and their clinical activity were largely articulated by their religious practice. People regarded curadores as both medicine-men and spiritual leaders. Blurred in practice, these two functions usually overlapped. Healers were considered to be people chosen by the “spirits” (generally referred to as guias, encantados or caboclos) to embody supernatural power. They carried out their healing activities possessed by their guiding spirits. Claiming to be only intermediaries between humans and spirits, curadores explained, legitimized, and interfered in the course of episodes of illness through concepts and practices that helped individuals adapt to an array of socially-generated stressful situations.

Although supernaturally inspired, the making of a healer was grounded on the everyday experience of peasants and rural dwellers. The religious (and medical) activity of curadores was highly dependent on the support of a steady clientele of neighbours and relatives to whom they became spiritual kin (compadres). This clientele was largely responsible for ascribing power to healers. Self-awareness and social recognition were intrinsically connected in the life histories of curadores.

The Jarê healer was not a person who had spent part of his youth mastering the doctrines and techniques of the profession with an established practitioner. No traditional healers in Nova Redenção received specific training before they qualified to start a practice on their own. The formation of the curador cannot be understood along the lines of a progressive accumulation of knowledge which finally qualified them as healers. Local healers learned their work from socially shared experience, i.e. articulating and combining their past experiences according to the general framework of Jarê practices. Like a large part of the local population they grew up attending Jarê rituals and accompanying their parents to consultations with healers. Only in a very loose sense can we say that the curador controlled a specialized body of sacred knowledge. For the followers of Jarê, healers cured not because of their “knowledge”, but because the spirits were using them for that purpose. Knowledge was, therefore, revealed. According to the folk practitioners interviewed, the “spirits” themselves instructed them through dreams and visions. In this sense, the small significance of initiation in Jarê (as compared to other Afro-Brazilian religions such as Candomblé) reflects the loose construction of local curanderismo. Thus, there was room for spontaneity and improvisation both in the process of formation of healers and in the rituals over which they presided.

In Jarê the process by which healers approached and dealt with their patient's problem was called revista (literally, "act of revising"), which usually lasted from 20 to 40 minutes. One of the main features of the folk practitioner's clinical activity, the revista was a divination session, i.e. a private encounter (in a domestic sanctuary room) between healer and patient in which the healer's caboco unveiled the nature and causes of the patient’s problem and pointed out the direction for treatment. Seated at the altar, the curador cast cowrie shells on the table and looked into a glass of water placed in front of a string of beads. This proceeding aimed to give him some information on the patient’s condition. It is important to note, however, that there were no conventional meanings associated with the positions in which the cowries fell on the table. Healers were free to give their own interpretation. They were thereby expected to reconstitute the chain of events which led patients to their illness and to prescribe the necessary course of treatment and cure. The success of the revista depended largely on the personal ability of the healer to produce – from a set of shared ideas on illness-causation and from information which he manages to extract within the context itself of the divination – a meaningful account of the patient’s illness [6].

An important feature of this process of diagnosis was a tendency to see symptoms in context and to
derive their meaning from an evaluation of the overall situation in which they occurred. In the revista, folk healers tended to focus on sickness as both expressing and resulting from particular relationships which involved the individual as a unity of social and natural being. As a result, treatment and cure were attempts not only to establish effective control over disordered biopsychological processes but also to restore the integrity of the body/self which problematic relationships had shattered.

Local healers usually possessed a very limited knowledge of herbs and they usually prescribed various patent medicines for their clients sold in the pharmacy - located in the village of Nova Redenção (established in 1986) or in others municipal centres nearby - like laxatives, tonics, vitamins, antihistamines, analgesics, and antibiotics. Andarai's chemists regularly supplied several folk practitioners with lists of drugs which were readily available in the market. From the standpoint of Jarê, the power to heal was given by the caboclos who actually revealed to the curador which drug was appropriate to each case. Along with drugs curadores also prescribed a series of behavioural and dietary restrictions to protect (or close) the body.

The most common therapeutic process which the healer carried out was the trabalho (literally, "work"). Whereas the revista was a private consultation where the curador/caboclo entered into the patient's illness story in order to impose a direction upon it, the trabalho represented an objectification and public resolution of the patient's troubled experience.

Lasting from around 8:00 pm until morning, the trabalho was the healing ritual which basically consisted of expelling alien powers from the patient's body and sealing or closing it off from evil influence. It took place in a wide room, furnished with two thin funnel shaped drums which usually stood by the wall opposite the front door. The participants all gathered in a circle close to the drums and started singing to precipitate the descent of the caboclos, with some being struck by their respective caboclos. The sequence in which the spirits descended varied from one cult house to the other and even from one performance to the other in the same house. The experience of possession depended on the personal characteristics of the participants and did not follow a regulated or structured form. Contrasting sharply with more orthodox Afro-Brazilian cults, possession in Jarê was marked by a great degree of freedom and spontaneity.

Around midnight, the singing and drumming were interrupted and the healer and the patient became the main focus of the ritual. The patients – usually followed by their parents – were brought to a space encircled by gunpowder and candles. Accompanied by the regular beat of the drums, the curador started dancing, singing and praying, ordering evil forces to leave the patient's body. Incense was sprayed around the patient. Finally, the healer set fire to the circle of gunpowder and the candles were swept away.

Having been sealed off from evil influences, the patients were instructed to follow a series of dietary and behavioural restrictions called resguardo ("to protect, guard" – actually, norms of avoidance) of varying duration. Some of the restrictions were gradually lifted over time; others would remain forever. To break them meant to destroy the state of security and protection which the healer had inscribed upon the body.

The fact that some restrictions were to remain forever showed that the body's safety was not totally regained after an episode of illness. Healing was ultimately a position to be maintained. In a world full of surprises and threats, where the individual was continually interacting with things, spirits, and people, which (s)he ultimately could not control and of whom (s)he often knew only little, the resguardo became the sole guarantee against illness. As long as the memory of this event lived on - in the form of obedience to the resguardo - the individual was able to prolong the state of security and protection which the healer had inscribed upon his body.

Conclusion

The paper highlighted some fundamental features of Jarê healers. The curador's formation cannot be understood along the lines of a progressive accumulation of a particular body of knowledge, for his knowledge is held to be revealed and contextually developed in practice. Besides that, there is no clear cut pattern differentiating the curador's medical knowledge from that of his clientele. The healer's approach to illness - or, more specifically, the kind of interpretation of an affliction he offers - is not so distinct from that of his patient. Curadores and patients operate within quite similar assumptive worlds and healing is always dependent on the unfolding of their relationship. Both share the conceptions that an illness experience is always deeply rooted in specific and concrete life-situations, concerns, and projects. And its resolution is equally dependent on the relations, which the sick person established with others in order to strengthen her
body and her position in the world. It is in the course of these relations that worrisome bodily signs are transformed into meaningful symptoms of affliction. Healing is ultimately a position to be maintained. Thus, the effectiveness of curing appeared to reside in the reaffirmation of the adjustment of the individual into the environment rather than a simple expulsion of illness.

These features are hugely significant because they have immediate consequences for the actions (medical or religious) which take place inside Jarê - they are not performed according to abstract principles, they are not norm-oriented or paradigm-specific. In discussing the formation and practice of curadores it sought to underline the openness of action, its irreducibility to any given structure or cognitive model. Jarê requires of its curadores creative appropriation and application of a certain style of dealing with misfortune. As their action unfolded, individuals were confronted with unforeseen elements of the situation which was itself continuously changing as a result of the action itself. Hans Joas’ claim [7] that “our reflective response to the challenge presented to us by the situation decides which action is taken” describes very well the experiences of sick people, healers and peasant leaders in the district of Nova Redenção.

Relating to others and to one’s situation is an ongoing process made up of uncertain, fragile, controversial, and ever-shifting ties. In a context of significant changes such as those experienced by people in Nova Redenção this was particularly the case. The district’s population had grown greatly and migration flows had brought new collective actors to the scene (among them Pentecostal groups, who had had a very weak presence in the area during the eighties). The population gained greater access to material goods (television and telephone among them) and to public transport and benefited from health programmes promoted through growing state intervention in social welfare. In this new context, Jarê did not remain unaffected. Just as curadores had once proved capable of responding to a growing demand for pharmaceutical drugs by incorporating them into their healing practices, they now found new forms of affirming the power of their spirits. This involved affirming Jarê’s identity as a religion of African origin, much like the more famous Candomblé. Healers and their followers benefited from the support of young black activists from the area who had joined Jarê and contributed to promoting its image as a religion of African origin. Healing, of course, remained an important part of the activities of Jarê leaders but was clearly subordinated to an overarching religious and cultural framework.

The analysis of Jarê sought to highlight the issue of human plurality, which is crucial to the idea of action. To say that action intervenes upon the environment is also to acknowledge that every action sets off a chain of reactions (as process it becomes the cause of new processes). As action also acts upon beings that are capable of acting, it triggers reactions that are not simply responses to it but new actions with the power of affecting others. Two main conclusions can be drawn from this. Firstly, in these complex chains of actions, actors are never simply agents producing effects upon their environment, nor simply patients passively reacting to the environment. They are both active and passive. Secondly, since action is never set within a closed circle, it has the character of being unlimited and unpredictable. According to Hannah Arendt [8], action is unlimited due to its productivity, its capacity of establishing relations. And given that action opens fields of possibilities its future is never entirely predictable. That is, though barriers may be set to restrain an action’s inherent tendency to overcome limits, the result of action remains always unpredictable. An action’s full meaning only reveals itself upon its conclusion.

But, in order to avoid misunderstandings, it is important to underline that action is not a blind process: as an opening to the future (component of liberty), it reveals both its grounding on a situation and the possibility of transcending that situation. To speak of action as free is not to reduce history to a mere accumulation of the random doings of unconstrained subjects. The basic condition of action’s liberty resides in the paradoxical fact that it never detaches itself from its social and material environment, that it is always integrated with that environment (the predictable aspect of the action). It is precisely this integration, this ineradicable grounding of action on the world that is indispensable for its being capable of transcending or overcoming that which links it to a given set of conditions.

Action enacts the polarity of being rooted and not being rooted. Unfortunately, the task which modern sociology imposed upon itself was precisely to find the determination of action either outside (in the environment) or inside (in actors’ minds, dispositions, unconscious drives). Against this dominant tendency, the paper attempted to emphasize the open character of action.

Because action opens up the possibility of overcoming what is given, society never stands...
still. Society must be understood as a kind of interplay between the instituted and the instituting. This is obviously a huge theoretical question. One important conclusion to be drawn from it is directly connected to fieldwork methods. If the social sciences are an attempt to achieve a consistent way of knowing the other (individuals, groups or cultures), they must take into consideration the processual and plastic character of all human experience.

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References