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- Presentation on research and dissertation done in Bahia, Brazil --
  O Outro Lado: Candomblé, Psychiatry, and Discourse in Bahia, Brazil

Candomblé and Psychiatric Practices in Bahia, Brazil

- Candomblé is a set of traditional religious beliefs and practices that often deal with transaltered states – not trances as traditionally understood, but rather in altered states of being.
- Using a Freudian label, practices in Candomblé often produce altered states of consciousness, hysteria, and periods of self-hypnosis – 3 specific phenomena within the commonly understood category of 'trance' experiences
- Strong connection and interrelationship between the practice of Candomblé and biomedical psychiatric practices. Oftentimes both will be used to treat mental disorders. Candomblé and psychiatry perceived to be strongly interconnected to practioners.
- In usage, people often use discourse on sending patients "to the other side" (*o outro lado* in Portuguese) to refer to sending patients to psychiatric care

Background

- Brazil was a slave country – economy mainly driven by sugar exportation
- Slaves used in Brazil came from many different countries in Africa, predominantly from East African countries like the Congo, Benin, and Angola
  - These different African populations brought with them unique sets of traditional beliefs that eventually became foundation for the Candomblé tradition. Many beliefs and practices in Brazilian Candomblé transplanted from Congolese beliefs
  - In Brazil, Yoruba became the ritual language used for Candomblé, in later years usage of Yoruba became a marker for elite status within black community – was a symbol of cultural cohesiveness
  - Last wave of African captives was between 1830s-1888
- *How much do Congolese traditions still exist in Brazil, particularly perceptions of body and mind?*
  - Language used is almost identical to Kikongo, language used in the Congo region
  - Many spirits, deities in Candomblé can be traced back to Congolese beliefs.
  - Although has not specifically studied discourse on perceptions of mind and body, the similarities in language and in religious beliefs would suggest that there would similarities in how mind, body, emotions, and afflictions are represented, at least in religious context

Candomblé Practices
1) Worship of orishas: deities/spirits central to Congolese beliefs, still exist in Brazil as the *orixas/orishas*
    o These are divinities of nature, earth, wind, air, etc
    o Making offerings, appeasing the *orixas* important in Candomblé
        ▪ Strong orientation on offering food
        ▪ The notion of physical spaces is also important in Candomblé. There are beliefs that regulate which physical spaces may be used for specific practices. All related to how to appropriately appease the *orixas*
In ceremonial settings, it is seen that the *orixas* take over the body. There is a set public service in which women (and sometimes men) dress ritually and dance. Occasionally practitioners would get possessed by *orixas*
    o Note: possession is a Western term that carries highly pejorative overtones. May not be an appropriate term to describe the experiences of these practitioners
    o A better way to describe more accurately what happens is that these practitioners receive and manifest the spirit. Also, it is important to note that people generally welcome these spirits within ritual context – NOT an affliction or undesirable occurrence
2) Divination
    • Derived from African practices: 16 cowrie shells 'read' in ceremonial context. Understood that everything could be determined using divination methods
    • Divination could be used to determine source, cause, and possible treatments for various afflictions
    • Out of context possession: when individuals present symptoms of illness, divination can be used to determine if affliction is a pathology of illness or if it is due to a spirit that has possessed the body outside of a ceremonial context. Divination thus becomes a way to distinguish biomedical illnesses from spiritual afflictions, thereby becoming a way for individual to determine what course of action to take
    • Divination can determine whether patient seeks treatment from biomedical psychiatric institutions or from traditional spiritual practices
3) Ancestor Worship
    • Ancestor worship (*Egun)* in men's realm
    • Ancestor worship, placating spirits of the dead is necessary because spirits may not know that they are dead, want to stay with the living or take the living with them
    • *Is there a distinction made between the spirits of the newly dead and ancestors?*
        i. Yes and no. When a person dies, they go into that general category, but the distinctions are malleable and can be manipulated somewhat

4) Syncretic practices: religious practices are the result of a mixing of different traditions. Can be argued that Candomblé itself is a syncretic religion
   - Candomblé and Christianity: Catholic saints are often worshipped in conjunction with traditional spirits. Both are respected within Candomblé and are represented
   - In certain religions Catholic saints are worshipped, but they are represented as personifications of traditional deities – argued that this was a way to continue worshipping traditional deities and spirits under cover when people could be punished for not believing in Christianity – not necessarily the case in Candomblé, where saints are worshipped separately, although in conjunction with, *orixa*
5) Memory Practices: Important to commemorate and keep memory of dead. Masses are held for every person who died during the past year
   - Axexe: funeral practices. Lasts 7 days if person was an initiate in Candomblé, ends with a Catholic Mass.

Resolution of Mental Health Issues
- *How do urban poor in Bahia resolve problems of mental health?*

Background
- Life is perceived to be very tenuous
- Population of 3 million
- Northeast region of Brazil (predominantly black) politically and socially marginalized by South (predominantly white), which dominates economic trade and tourism business. To get to NE region tourists must go through Southern regions, which diverts much of the tourist trade
- Brazil has a history of racial tensions:
  - History of "whitening" practices as a form of eugenics to 'improve' the nation's predominantly mixed racial heritage
  - Racial categories linked to socioeconomic status
  - 1930s: strong movement for 're-Africanization,' reaffirmation of pan-African practices like Candomblé in reaction to the institutionalization of traditionally white practices
  - Example: capoeira - traditional Brazilian form of martial arts/dance that comes from Angola. Originated as a form of 'training' by slaves in preparation for running away that was disguised as a dance form. Gradually appropriated by white elites, establishing it in formal studios. This process made it harder for lower, primarily black classes to participate.
  - After the end of slavery, immigration of cheap labor from Italy, Germany, and Japan further marginalized African descendants, created categories of discrimination for dark-skinned people.
  - Institutionalized racism on the basis of skin color encouraged perception of pale skin as having more status, led to whitening practices through intermarriage

- o In 1930s Brazilian identity was primarily a mixture of many races – white, black, indigenous, yellow, pardo (mix of white and black, also known as moreno/a)
- o Race is identified and labeled primarily by phenotype, different from US, where blood and ancestry are primarily the indicators for race, as exemplified by various 'one-drop rules' dictating how racial identity was to be established
- o *How does that affect families whose members may have varied skin colors?*
  - ▪ Example: two sisters, one who was "white" and the other darker. Paler sister, despite being younger, was pushed ahead in school and considered more intelligent while darker sister held back
- o Race is a fluid category: it can change based on different standards of determining race. In census, fewer than 10% identified themselves as black but 75% reported to be mixed. Racial designation based on a combination of phenotype and ancestry. Perception of person's phenotype can be changed depending on who is talking about whom (person can be described as 'whiter' if a person likes him, 'blacker' if the person does not)

Perceptions of Mental Disorders
Biomedical
- Mental disorders categorized based on degrees of severity:
  - o For example, people with severely psychotic episodes are taken to psychiatric ward. For very severe cases where person is very very ill they are immediately taken to wards – but only among the poor
- There is a pronounced 'discourse of wellness' used in describing mental illness. The language used is always positive, always geared to convey message that person will get better. Sad, depressed, or miserable not used in discourse
  - o Could be an example of innate cognitive therapy that is non-psychiatric and non-spiritual
  - o *How do political economic conditions affect discourse -- is it truly a discourse of hope, or is more like resignation?*
- Types of mental illness treatment available is largely determined by socioeconomic position of individual
  - o The poor are not considered to be a viable market for psychopharmaceuticals, so not as much availability for the poor
- Hospitals are managed by psychopharmaceutical companies under universal healthcare system in Brazil
- Psychiatric facilities are constructed as 'holding tanks' for people who are designated as threats to society or who do not 'fit in.'
- Recalls Foucauldian definitions of asylums. Structured in such a way that patients of the wards are regulated both internally (through administration of drugs that control behavior) and externally (physical restraint, lack of mobility and restriction from access to outside world)
- The medicated body is a site of exclusion

- However, biomedical treatments considered to be only one way to solve the problem (people have recourse to other forms of healing)

Candomblé
- Candomblé beliefs incorporate everything that has to do with the head, which is considered the primary site of affliction
- Similarity to Haitian beliefs, where spirits are seen to descend into head
- Candomblé is a spiritual/religious solution to affliction
- Overview of practices:
    o Sacred space for worship: terreiro (temple) which serves as a religious community with separate houses for each of the *orixas* (emphasis on physical space as an important marker for delineating sacred spaces)
    o Barracão: ritual performance space inside terreiro
    o Atabaques: drums used during rituals, important in calling *orixas*
    o Omolu: clothing, emphasis placed on proper decoration of the head since it is seen as the primary site for spiritual interaction
    o Food is made for *orixas*, made on special charcoal stoves
    o Initiation is required to become a member of the community. There is a hierarchy of initiation with increasing power and authority as a leader upward.
- Candomblé increasingly becoming a recognized part of the state, gaining official, legitimized status

Other common forms of healing
- Spiritism
- Evangelism
- Asian medical traditions (herbalism, acupuncture, etc)
- Caboclo
- Catholic charismatic traditions

What causes mental illness?
- Janzen: social problems can cause affliction. Social tensions, anxieties can be manifested as somatic problems
- In Brazil, mental illness seen as mostly a 'sent' affliction (due to spirits, witchcraft)
- In Candomblé, mental illness is an external force "messing them up" (*atrapalhacao, perturbacao)*
- Interventions have to be through spiritual means:
    o Most serious cases have to be solved by initiation
    o Bori: ritual head cleansing
    o Similar in Haiti – seen as having need to 'cool' the head to eliminate mental afflictions (mental illness perceived to be from abnormal heat and rising of blood to head)

Economy of available choices to treat mental illness:
Psychiatry:
- Treats: mental illness
- Covers: hospitalization, psychiatric drugs

- Requires: compliance, participation in belief system
- Exchange: fee, "client status" (surrogate funded through SUS (Brazilian healthcare system))
- Integration with family and community

Candomblé

- Treats: spiritual illness
- Requires: participation in the belief system, adherence to/respect for ritual obligations and hierarchy
- Exchange: "client" services (can be funded by surrogate)
- Integration of body with head spirits and *orixas*

Goals for future:

- Create model clinic in Bahia integrating aspects of formal mental health services and Candomblé practices
- Community run clinic, crisis helplines, train people in intervention

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