5 *Nervoso*

Medicine, Sickness, and Human Needs

There are few vigorous, well-built, healthy persons among the workers. . . . They are almost all weakly, of angular but not powerful build, lean [and] pale. . . . Nearly all suffer from indigestion, and consequently from a more or less hypochondriacal melancholy, irritable, nervous condition.

Friedrich Engels ([1845] 1958:118)

My sickness is both physical and moral.

Carolina Maria de Jesus (1962:83)

Nervous Hunger

In Bom Jesus one's ear is at first jarred by the frequent juxtapositions of the idioms *fome* and *nervos*, "hunger" and "nervousness," in the everyday conversation of the people of the Alto. Later, the expressions lose their special poignancy, and they come to seem natural, ordinary. A mother stops you on her way up the Alto to say that things aren't well, that her *meninos estão tão nervosos porque não têm nada para comer* (her children are nervous because they are hungry). Biu, on returning from *feira*, says, as she drops heavily into a chair and removes the food basket from her head, that she became dizzy and disoriented, made "nervous" by the high cost of meat. She was so *aperreada* (harassed), she says, that she almost lost her way coming home from the market.

I stop in to visit Auxiliadora, whose body is now wasted by the final stages of schistosomiasis, to find her shaking and crying. Her "nervous attack" (*ataque de nervos*) was prompted, she says, by uncovering the plate of food her favorite son, Biu, has sent her.[1] There in the midst of her beans was a fatty piece of salted *charque* (beef jerky). It will offend her "destroyed" liver. But to eat her beans *simples*, without any meat at all, makes her angry-nervous. And so she explains the "childish" tears of frustration that course freely down her cheeks.

Descending the hill I stop, as always, at the home of Terezinha. She says that Manoel came home from work *doente* (sick), his knees shaking, his legs caving in, so "weak and tired" that he could hardly swallow a few spoonfuls

of dinner. She says that her husband suffers from these "nervous crises" (*crises de nervos*) often, especially toward the end of the week when everyone is nervous because there is nothing left in the house to eat. But Manoel will recover, she adds, after he gets a glucose injection at Feliciano's pharmacy.

The theme of nervous hunger and nervous sickness is universal among the people of the Alto do Cruzeiro. It appears, for example, in the stories and vignettes told by youngsters in response to the Thematic Apperception Test (TAT), that I administered to a dozen Alto youths between the ages of nine and fifteen.[2] Their stories had a pressured, almost obsessive quality to them, overdetermined by a free-floating and intrusive hunger anxiety. There was little variety in the themes; the stories all seemed alike, and I soon gave up the exercise. Terezinha describes her fifteen-year-old son as "weak and useless" as well as "emotional and oversensitive," in short, *nervoso*. "He cries for no reason at all," she complains. The source of the boy's fatigue, emotional fragility, and chronic nervousness is made clear in his TAT stories:

Card 1 (boy sitting next to a violin): "This boy is thinking about his life. . . . He wants to be able to give things to his children when he grows up. He is going to see to it that they always have something to eat."

Card 3BM (kneeling figure next to a small object): "The boy is crying. . . . He is all alone in the world and he's hungry."

Card 3GF (a young woman with bowed head standing next to a door): "This woman is thinking about what she is going to put on the table when her husband comes home from work. The *feira* basket is empty, and she wishes she could run away. Her husband will be very angry with her."

Card 12M (a man leaning over a boy who is lying down): "This man found this boy on the street and brought him home, and he's trying to revive him. ["What was wrong with him?"] He collapsed from weakness."

Card 13BG (a barefoot boy in front of a log cabin): "This boy is very poor, and his mother and father leave the house every day to look for money and food for the family. Their situation is serious. He is the oldest son, and he stays at home to take care of the others, his brothers and sisters. Now he is crying about what might happen to them. ["What's that?"] Some of them could die."

There was hardly a card that did not elicit from Severino or the other Alto youths questioned a theme of deprivation, sickness, hunger, death, all of them laced with the characteristic symptoms of *nervoso*. This was the case even with pictures meant to evoke themes of sexuality, relaxation, or play. Pedro, an occasional street child whose mother's boyfriend often chased him out of the house, looked for a long time at the card with several men in overalls lying in the grass, supposedly "taking it easy" (card 9BM), before

answering, "These men are 'drunk' from overwork. They are lying down in the sugarcane because the sun is so hot. This one here is too weak to get up again. ["Then what?" Pedro shook his head with a troubled expression on his twelve-year-old face.] He's not going to get hired next time. He's completely finished; he's washed up."

Hunger and deprivation have set the people of the Alto do Cruzeiro on edge, have made them lean, irritable, and nervous. Their lives are marked by a free-floating, ontological, existential insecurity. There is not enough, and it is almost inconceivable that there could ever be enough to satisfy basic needs. Perhaps this is what George Foster (1965) meant to imply in his model of "the limited good."[3] It is a worldview that conforms to the reproduction of scarcity in the conflict among *casa, rua,* and *mata,* plantation, town, and forest. Those who suffer chronic deprivations are, not surprisingly, nervous and insecure. Reflecting on their social condition, the foresters refer to themselves as "weak," "shaky," "irritable," "off balance," and paralyzed, as if without a leg to stand on. These metaphors used so often in the everyday conversations of Alto people mimic the physiological symptoms of hunger. There is an exchange of meanings, images, representations, between the body personal and the collective and symbolic body social.

If food and sex are idioms through which the people of the Alto reflect on their social condition as *os pobres,* nerves and nervousness provide an idiom through which they reflect on their hunger and hunger anxiety. The consequences are at once unintended and far-reaching. The prototypical limited good on the Alto do Cruzeiro is food, and nervous hunger is the prototypical form of *nervoso* or *doença de nervos* (nervous sickness), an expansive and polysemic folk syndrome. Here I explore the process through which a population, only recently incorporated into the biomedical health care system, becomes prey to the medicalization of their needs. *Nervos,* a rich folk conceptual scheme for describing relations among mind, body, and social body, is appropriated by medicine and transformed into something other: a biomedical disease that alienates mind from body and that conceals the social relations of sickness. The madness, the *delírio de fome,* once understood as a terrifying end point in the experience of angry and collective starvation, is transformed into a personal and "psychological" problem, one that requires medication. In this way hunger is isolated and denied, and an individualized discourse on sickness comes to replace a more radical and socialized discourse on hunger.

The medical appropriation of the folk syndrome *nervoso,* the failure of those in power to recognize in the diffuse symptoms of *nervos* the signs of nervous hunger, and their willingness to treat "it" with tranquilizers, vitamins, sleeping pills, and elixirs are glaring examples of bad faith and of the

misuse of medical knowledge. They are also an oblique but powerful defense strategy of the state. The irritable hunger of the squatters exists as a standing critique of, and therefore a threat to, the social order, itself at this transformative juncture shaky, nervous, and irritable. Hence, the "nervous system," a notion I have borrowed from Taussig (1989a) but with a different interpretive slant so as to link the three bodies: the existential body self, the representational social body, and the body politic, all of them "nervous." The medicalization of hunger and childhood malnutrition in the clinics, pharmacies, and political chambers of Bom Jesus da Mata represents a macabre performance of distorted institutional and political relations. Gradually the hungry people of Bom Jesus da Mata have come to believe that they desperately need what is readily given to them, and they have forgotten that what they need most is what is cleverly denied. But there is more to the story than bad faith and false consciousness, for both obscure the symbolic uses of *nervoso*, its expression of the refusal of Alto men (in particular) to accept at face value the logic and terms of their abuse at the "foot" of the sugarcane. And so my analysis must be taken as incomplete and contradictory, like reality itself.

Critical Consciousness: The Method of Paulo Freire

> The aspect of things that are most important for us are hidden because of their simplicity and familiarity. (One is unable to notice something because it is always right before one's eyes.)
>
> Ludwig Wittgenstein (cited in Sacks 1985:42)

Insofar as I am engaged here in an ongoing work of praxis—theory derived in the context of political practice—the themes I am addressing did not arise in a social vacuum. Rather, they emerged within open and often chaotic discussions of the weekly *assembléia geral* of UPAC, the squatters' association, since 1982 also the ecclesiastical base community of the Alto do Cruzeiro.[4]

The "method" of the Brazilian base community movement is derived from Paulo Freire's (1970, 1973) *conscientização*, meaning action based on critical reflection. The method begins at the "base," ground level, with the immediately perceived and the "practically" true, that is, the given, experiential world. This reality is then subjected to a relentless form of deconstruction and to critical, oppositional, and "negative" questioning. What is revealed and what is concealed in our commonsense perceptions of reality? Paradoxes are proposed. Whose interests are being served? Whose needs are being ignored? The Freire method is open and dialogic. Any member of the community can suggest "key words" or generative themes for critical reflection, discussion, and clarification, including such words as *fome*, *nervos*, *susto* (fright), *à míngua de* (for lack of, scarcity of), or *jeito* (a knack, way, means, solution). And so part of this analysis was derived in this public and

contested manner at UPAC meetings with the residents of the Alto. Out of the dialogue, at least in theory, emerges a critical form of practice.

The essential insight, derived from European critical theory (see Geuss 1981:1–3) is that commonsense reality may be false, illusory, and oppressive. It is an insight shared with all contemporary critical epistemologies, including modern psychoanalysis, feminism, and Marxism. All variants of modern critical theory work at the essential task of stripping away the surface forms of reality to expose concealed and buried truths. Their aim then, is to "speak truth" to power and domination, in individuals and in submerged social groups or classes. These are reflexive, rather than objective, epistemologies. Theory is regarded as a tool for illumination and for praxis. Action without reflection is wrongheaded; reflection without action is self-indulgent.

At the heart of all critical theories and methods is a critique of ideology and power. Ideologies (whether political, economic, or religious) can mystify reality, obscure relations of power and domination, and prevent people from grasping their situation in the world. Specific forms of consciousness may be called "ideological" whenever they are invoked to sustain, legitimate, or stabilize particular institutions or social practices. When these institutional arrangements and practices reproduce inequality, domination, and human suffering, the aims of critical theory are emancipatory. The process of "liberation" is complicated, however, by the unreflexive complicity and psychological identification of people with the very ideologies and practices that are their own undoing. Here, Antonio Gramsci's notion of hegemony is useful. Gramsci (1971:chap. 1) recognized that the dominant classes exercised their power both directly through the state and indirectly through a merging with civil society and identification of their interests with broad cultural ideas and aims. It is through this blend of instrumental force and the expressive, contradictory (but also consensual) common sense of everyday culture that hegemony operates as a hybrid of coercion and consensus. The role of "traditional" intellectuals, the bourgeois agents of the social consensus, is pivotal in maintaining hegemonic ideas and practices.

Increasingly in modern bureaucratic states, technicians and professionals come to play the role of traditional intellectuals in sustaining commonsense definitions of reality through their highly specialized and validating forms of discourse. Gramsci anticipated Foucault, both in terms of understanding the capillary nature of diffuse power circuits in modern states and in terms of identifying the crucial role of "expert" forms of power/knowledge in sustaining the commonsense order of things. In the context of this discussion, doctors occupy the pivotal role of "traditional" intellectuals whose function, in part, is to misidentify, to fail to see the secret indignation of the sick poor expressed in the inchoate folk idiom *nervos*.

But anthropologists, too, can play the role of the "traditional" intellectual. The specific issues dealt with here, the concealment of hunger in the folk (ethnomedical), and later in the biomedical, discourse on *nervos*, concern the way that people can come not only to acquiesce but even to participate in their own undoing. For anthropologists to deny, because it implies a privileged position (i.e., the power of the outsider to name an ill or a wrong) and because it is not pretty, the extent to which dominated people come to play the role, finally, of their own executioners is to collaborate with the relations of power and silence that allow the destruction to continue.

Hence, my analysis is addressed to multiple audiences. First, it is offered to my *companheiros* in UPAC as a tool for discussion, reflection, and clarification and as a challenge to collective action. Second, it is addressed to my colleagues in anthropology. As social scientists (not social revolutionaries) critical practice implies for us not so much a practical as an epistemological struggle. Here the contested domain is anthropology itself. It concerns the way in which knowledge is generated, the interests it serves, and the challenge to make our discipline more relevant and nonoppressive to the people we study. And so the "bad faith" community to which I refer in this chapter has analogues in the applied anthropological community. What prevents *us* from developing a radical discourse on the suffering of those populations that, to use Taussig's (1978) apt turn of phrase, provide us with our livelihood? What prevents us from becoming "organic" intellectuals, willing to cast our lots with, and cleave to, the oppressed in the small, hopefully not totally meaningless ways that we can? Finally, this analysis is addressed to physician-practitioners as a challenge to participate in Brazil with the new Church in putting their resources and loyalties squarely on the side of suffering humanity . . . and letting the political chips and consequences fall where they may.

Nervos *and* Fraqueza: *Metaphors to Die By*

> Excuse me doctor, but you left out something very important in those questions. You never asked me anything about mental problems. . . . The patient then proceeded to talk about nervousness, *nervoso*, and he said that the biggest problem that Brazilians had was hunger. He said that he himself was extremely nervous and shaky and that he suffered from palpitations in the head, that he'd gone to many doctors, had many X-rays taken, but that he continued to be very nervous.
>
> *Do Relatório Sobre o Nervoso* (cited in Duarte 1986:143)

Nervos, nervoso, or *doença de nervos* is a large and expansive folk diagnostic category of distress. It is, along with such related conditions as *fraqueza*

(weakness) and *loucura* (madness), seething with meanings (some of them contradictory) that have to be unraveled and decoded for what the terms reveal as well as conceal. In fact, *nervos* is a common complaint among poor and marginalized people in many parts of the world, but especially in the Mediterranean and in Latin America. The phenomenon has been the subject of extensive inquiries by anthropologists, who have tended (as with the analysis of hunger) toward symbolic and psychological interpretations. *Nervos* has generally been understood as a flexible folk idiom of distress having its probable origins in Greek humoral pathology. Often *nervos* is described as the somatization of emotional stress originating in domestic or work relations. Gender conflicts (D. Davis 1983), status deprivation (Low 1981), and marital tensions and suppressed rage (Lock & Dunk 1987) have been suspected in the etymology of *nervos* (or *nervios*, *nevra*, or "bad nerves," depending on locality). In all, *nervos* is a broad folk syndrome (hardly culturally specific) under which can sometimes fall other common folk afflictions such as *pasmo* (nervous paralysis) or *susto* (magical fright), *mau olhado* (evil eye), and "falling out" syndrome among poor black Americans.

What all of these ills have in common is a core set of symptoms. All are "wasting" sicknesses, gravely debilitating, sometimes chronic, that leave the victim weak, shaky, dizzy and disoriented, tired and confused, sad and depressed, and alternately elated or enraged. It is curious that in the vast and for the most part uninspiring literature on *nervos*, there is no mention of the correspondence between the symptoms of *nervos* and the physiological effects of hunger. I would not want to make the mistake of simply equating the two (conceptually and symbolically, at least, *nervos* and *fome* are quite distinct in the minds of the people of the Alto) or suggest that in stripping away the cultural layers that surround a diagnosis of *nervos*, one will *always* find the primary, existential, subjective experience of hunger, the *delírio de fome*, at its base. Nonetheless, it does *not* seem likely that the situation I am describing here is completely unique to Northeast Brazil.

On the Alto do Cruzeiro today *nervos* has become the primary idiom through which both hunger and hunger anxiety (as well as many other ills and afflictions) are expressed. People are more likely today to describe their misery in terms of *nervos* than in terms of hunger. They will say, "I couldn't sleep all night, and I woke up crying and shaking with *nervos*" before they will say, "I went to bed hungry, and then I woke up shaking, nervous, and angry," although the latter is often implied in the former. Sleeping disorders are not surprising in a population raised from early childhood with the mandate to go to bed early when they are hungry. People on the Alto sleep off hunger the way we tend to sleep off a bad drunk.

Closely related to *nervos* is the idiom of *fraqueza;* a person who "suffers

from nerves" is understood to be both sick and weak, lacking in strength, stamina, and resistance. And weakness has physical, social, and moral dimensions. Tired, overworked, and chronically malnourished squatters see themselves and their children as innately sick and weak, constitutionally nervous, and in need of medications and doctoring.

But this was not always so. There was a time, even at the start of the politically repressive years of the mid-1960s, when the people of the Alto spoke freely of fainting from hunger. Today one hears of people fainting from "weakness" or nerves, a presumed personal deficiency. There was a time not long ago when people of the Alto understood nervousness (and rage) as a primary symptom of hunger, as the *delírio de fome*. Today hunger (like racism) is a disallowed discourse in the shantytowns of Bom Jesus da Mata, and the rage and the dangerous madness of hunger have been metaphorized. "It doesn't help [*não adianta*] to complain of hunger," offers Manoel. Consequently, today the only "madness" of hunger is the delirium that allows hungry people to see in their wasted and tremulous limbs a chronic feebleness of body and mind.

The transition from a popular discourse on hunger to one on sickness is subtle but essential in the perception of the body and its needs. A hungry body needs food. A sick and "nervous" body needs medications. A hungry body exists as a potent critique of the society in which it exists. A sick body implicates no one. Such is the special privilege of sickness as a *neutral* social role, its exemptive status. In sickness there is (ideally) no blame, no guilt, no responsibility. Sickness falls into the moral category of bad things that "just happen" to people. Not only the sick person but society and its "sickening" social relations (see Illich 1976) are gotten off the hook. Although the abuses of the sickness exemption by "malingering" patients are well known to clinicians as well as to medical sociologists (see Parsons & Fox 1952), here I wish to explore a "malingering" social system.

Dialogues and Deconstructions: Decoding Popular Culture

> I told [the director of a city school] that I was nervous and that there were times I actually thought of killing myself. She told me that I should try to be calmer. And I told her that there were days when I had nothing to feed my children.
>
> Carolina Maria de Jesus, (1962:92)

Here is the voice of Carolina Maria de Jesus, certainly one of the most passionate and literate voices to have come from the Brazilian *favela*—and one of the most critically self-reflexive as well. The clarity of Carolina's vision stands apart; she is one of Gramsci's "organic intellectuals" speaking

out eloquently on behalf of her class.[5] Most individuals trapped by their poverty in a cycle of sickness, worry, and despair are less aware, less critically reflective about their lives, lives that are, as one woman of the Alto put it, "too painful to think about." It is not surprising, then, that attempts to elicit discussions about *nervos, fraqueza,* and *fome* so often resulted in popular interpretations that were fuzzy, inconsistent, and not infrequently contradictory. It is usual for the anthropologist to impose an order on her subject matter, to overlook the inconsistencies in the ways in which people make sense of the world in which they live. Here, an analysis of "epistemic murk" and contradiction is the task at hand.

We begin with the following conversation, which took place one afternoon on the doorstep of Black Irene's house, where several neighbors were gathered during the quiet part of the day after lunch. One can note the juxtaposition of folk and biomedical idioms and the considerable ambiguity and confusion that allow for the medicalization of hunger and hunger anxiety. Everything from anger, sadness, discontent, and hunger through parasitic infections is understood in terms of the folk ailment. *Nervos* functions as a "master illness" or a master explanatory model that is similar to the folk concept of "stress" as it is invoked by distressed middle-class North Americans.

Sebastiana initiated the discussion with a sigh: "As for me, I'm always sick; I have weak nerves."

"What are your symptoms?"

"Trembling, a chill in my bones. Sometimes I shake until I fall down."

Maria Teresa interjected, "There are many kinds of nerves: anger nerves, fear nerves, worrier's nerves, falling down nerves, overwork nerves, and sufferers' nerves."

"What are anger nerves about?"

Black Irene said, "That's like when your *patroa* says something that really ticks you off but because she's your boss you can't say anything, but inside you are so angry that you could kill her. The next day you are likely to wake up trembling with anger nerves."

"And fear nerves?"

Terezinha explained that her fifteen-year-old son, Severino, had suffered from *nervos de medo,* "fear nerves," ever since the night Black Irene's mother died: "Irene gave out such a blood-curdling yell in the middle of the night that we all woke with a great *susto.* Severino leapt from his hammock and ran to see what had happened. When he came back from Irene's house, he was so shook up that he collapsed on the floor clutching his heart in an *agonia* of *nervos.* Ever since that night he has suffered from *nervos.*"

"But as for me," Beatrice broke in, "I suffer only from overwork nerves.

I've washed clothes all my life, for almost sixty years, and now my body is as beaten down and worn out as Dona Dora's bed sheets [a slur against her miserly *patroa*]. When I come home from the river with that heavy basin of wet laundry on my head, my knees begin to shake, and sometimes I lose my balance and fall right on my face. What humiliation!"

"Is there a cure for overwork nerves?"

"Sometimes I take tonics and vitamin A."

"Others take nerve pills and tranquilizers."

"Don't forget about sleeping pills."

"Why sleeping pills?"

"At night when everything is still," explained Sebastiana, "so dark, and so *esquisito* [strange], time passes by slowly. The night is long. I almost go mad with nerves at times like that. I think of so many things; so many sad and bitter thoughts cross my mind: memories of my childhood and how hard I was made to work at the foot of the cane and on an empty stomach. Then the tremors begin, and I have to get out of bed. It's no use, I won't sleep anymore that night. *A minha doença e minha vida mesmo*; my illness is really just my own life."

Terezinha added, "*E os aperreios da família*, and the worries and aggravations of family life."

"But you can get *nervos* from worms and parasites, too," broke in Black Irene, putting a new twist on the discussion. "I almost died from it. Twice they carried me in an ambulance to the hospital in Recife. The first time I was in crisis with pains and shaking. My mouth was full of blood. It was my liver; the worms had gotten to it. They were getting fat on me! The next time it was a crisis from amoebas. I had to take so many pills, every kind, but in the end it was useless. Amoebas never die. They leave eggs inside you and the pills can't kill them. So they just keep on growing and growing until they take up all the room inside you. Sometimes they're quiet, but when they wake up and start attacking you, that's when you have a *crise de nervos*."

Terezinha interjected, tapping on her own bloated belly, "*Tá vendo*? When I have an attack of amoebas I can feel them, tum, tum, tum, drumming on the inside of my belly. There's an army of the nasty things inside there. Sometimes I'll go for a whole week without defecating. What miserable things they are! Then, when I finally lie down at night, I can hear brr, brr, brr, *fervendo* [boiling] inside me. What are they doing now? I ask the doctor for pills to attack the amoebas, but he gives me nerve pills so that they won't keep me awake at night."

It is clear that *nervos* is a polysemic phenomenon, an explanation for tiredness, weakness, irritability, the shakes, headaches, angers and resent-

ments, grief, parasitic infections . . . *and* hunger. What I wish to explore are the correspondences between *nervos* and hunger. I am not arguing, however, that *nervos* can be reduced to hunger alone or that *nervoso* is an exclusively poor or working-class phenomenon. *Nervos* is an elastic category, an all-purpose complaint, one that can be invoked by a frustrated middle class to express its dashed expectations in the wake of the decanonized economic miracle, by the urban working class to express its condition of relative powerlessness (see Duarte 1986; M. Cardoso 1987) *and* by an impoverished class of displaced sugarcane cutters and their families to express their hunger.

In this particular context, the relevant question to be asked is, How have these people come to see themselves primarily as nervous and only secondarily as hungry? How is it that the mortally tired cane cutters and washerwomen define themselves as weak rather than as exploited? Worse, when overwork and exploitation *are* recognized, how in the world do these get reinterpreted as an illness, *nervos de trabalhar muito*, for which the appropriate cure is a tonic, vitamin A, or a sugar injection? Finally, how does it happen that chronically hungry people "eat" medicines while going without food? As one woman commented on the choice between buying food or purchasing a tranquilizer for a nervous family member: "*Ou se come ou se faz outra coisa*—Either you can eat or you can do something else [with the money you have]." That something is, more often than not, a trip to the pharmacy, of which there are more than a dozen in the small town of Bom Jesus.

So I decided finally to challenge my friends on their *nervos* and *fraqueza*. During a small UPAC meeting with the leaders and several activist women of the Alto present, I launched the suggestion "Why don't we do some *conscientização* about *nervos*? People say they are nervous and weak, but a lot of what is called *nervos* looks like hunger to me. It's the *nervousness* of hunger."

The women laughed and shook their heads. "No, you're confused," they offered. "*Nervos* is one thing, and *fome* is another." Beatrice tried to explain: "*Fome* is like this: a person arrives at *feira* almost crazy, with a stomachache, shaking and nervous, and then she sees spots and bright lights in front of her eyes and hears a buzzing in her ears. The next thing she faints from hunger. *Nervos* is something else. It comes from weakness or from worries and perturbations in the head. You can't sleep, your heart pounds, your hands begin to shake and then your legs. You can have a headache. Finally, your legs get soft. They can't hold you up anymore, and so you fall over; you pass out."

"And the weakness, where does that come from?"

"That's because we are just like that, poor and weak."

"And hungry?"

"Yes, we are hungry, too . . . and sick."

"So weakness, hunger, and *nervos* are sometimes the same thing?"

"No, they are very different."

"You'll have to explain it better then."

Irene rushed in to rescue Beatrice: "*Fome* starts in your belly, and it rises up to your head and makes you dizzy and disoriented, without balance. If you eat something, you feel better right away. The trembling stops. *Nervos* begins in your head, and it can travel anywhere in the body—to your heart or to your liver or to your legs."

Biu interjected, "When I suffer a *crise de nervos*, it gives me an *agonia* in my heart. It can give a person a fit. It can paralyze you so you can't walk."

"Yes, *nervos* can even kill you," continued Beatrice.

"Do men suffer from *nervos?*"

Zefinha replied, "Here on the Alto a lot of men suffer from nerves. They have heart palpitations, headaches, no appetite, and tiredness. Poor things, some even have trouble walking up the Alto. Some get agitated and wild and try to beat their wife or children. Others have such pain that you can hear them screaming in the night."

"What's the difference between weakness and nerves?"

Biu answered, "*Fraqueza* comes from inside a person, from their own organism. Some people are born weak like that. They can't take much in life. Everything affects them strongly because their body isn't well organized. Every little thing that happens makes them sick. Then there is the weakness that comes from anemia in the blood or from parasites or from amoebas or from tired lungs."

"Is there a treatment for *fraqueza?*"

Zefinha replied, "You can drink a strong *vitamina caseira* [a homemade vitamin tonic] made from Nescau [a Nestlé's powdered-milk fortifier], pineapple, apples, beets, carrots, and oranges. If you drink that once a day, it will strengthen the blood."

"So then hunger *weakens* the blood?" I forged on.

"If you have weak blood," an elderly woman remarked, "you will suffer weakness in the head as well. The veins of the body are connected everywhere and so are the nerves. The nerves in our hands and feet are the same ones in our head. If you eat poorly, you can't be strong; it will affect the blood and the whole organism. Not enough food leads to *fraqueza*, naturally! Your head becomes weak because of a lack of food in the stomach and in the intestines. Weak food leads to weak blood, and weak blood will give you *nervos* because you will have no resistance to anything, and soon you are completely good for nothing."

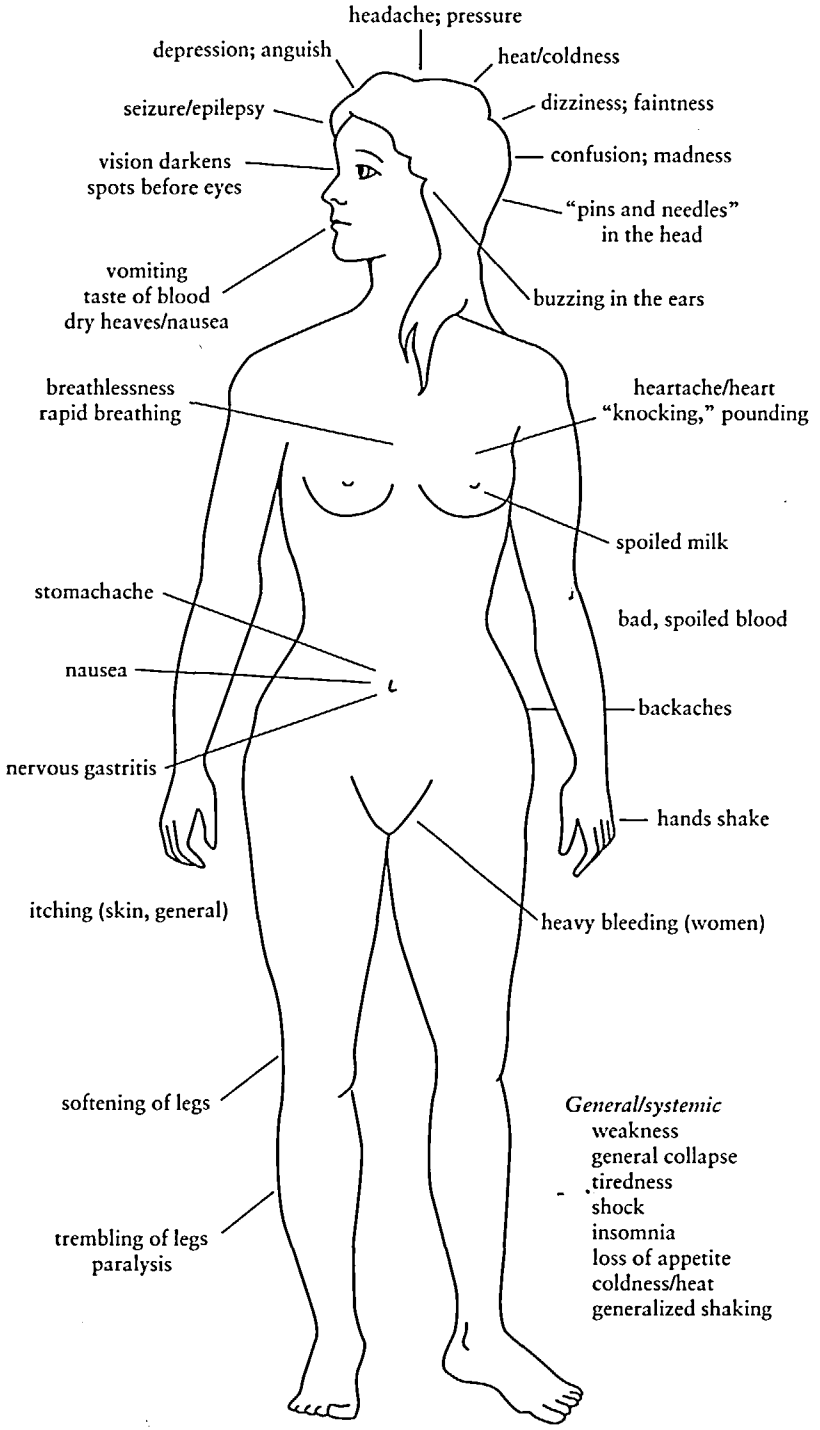
"But *comadre* Conceição," broke in Teresa, "you can also get *nervos* because of worry. The thought begins in the head, and it starts to build up pressure and give you a headache; and then it spills over, and it can move from the head right to the heart of a person. Then the person can have an *ataque de nervos* with a terrible *agonia* in the chest. Isn't it the head that rules over the body? So bad thoughts can reach the heart and destroy a person because the heart sends bad blood [*sangue ruim*] everywhere in the body and to all the nerves."

Later, João Mariano, the political *orientador* of UPAC, who had been puzzling over the riddle of *nervos*, *fome*, and *fraqueza* since the foregoing meeting, suggested that I visit two men of the Alto, Seu Tomás and Severino Francisco, both of whom were cane cutters until they fell sick and weak from *nervos*. "I think maybe it is nervous hunger, as you say," my friend offered.

Severino Francisco, the proud owner of the tiny Barbearia Unisex (The Unisex Barber and Shave Shop, much to my amusement) on the Rua da Cruz of the Alto do Cruzeiro, looked considerably older than his thirty-five years. He invited me to step inside his shop, although there was barely room for the barber and his client seated on a sturdy kitchen chair in front of a fragment of what was once a much larger mirror. He had been expecting me, and he conducted the "interview" via the mirror so that he could observe his work and have eye contact with me simultaneously. He apologized for the "weak" condition of his business and mused about the expansion he could effect once he had purchased a "proper" barber's chair. He had been cutting hair for seven years, ever since he had been cut down by his illness. Yes, it was *nervos*, he assured me, although he added, "But the doctors here don't understand anything about this illness. All they know is how to write prescriptions."

Until the age of twenty Severino was a man "of health and of strength" on the Alto do Cruzeiro. He began cutting cane with his father when he was a boy of eight. His only schooling was a year of alphabetization in the local grade school. He worked in the cane without stop until his illness began with stomachaches, tiredness, and general malaise. He lost his appetite, and with his empty stomach, he suffered from the dry heaves. He lost his "taste" for food, and he now lived on coffee. Gradually his legs became weak and soft; they "collapsed" under him. He thought perhaps he might have burst a vein. Or maybe he had become sick from working in the cold rain while his body was heated up from the exertion of his labor. Or perhaps he had hurt himself by lifting too many stalks of cut cane. In any event, it had gotten so bad that he had had to quit working in the fields, and then he had begun his frustrating search for a true cure.

"What have the doctors told you?" I asked, knowing already from João



Common sites and symptoms of *nervos*.

Mariano that Severino had been to every clinic in Bom Jesus as well as to hospitals in Recife.

"They don't know anything. They never told me what was wrong. They never operated on me. They just kept sending me home with *remédios* for my heart, for my blood, for my liver, for my nerves. Believe me, *só vivo de remédios* [I live on medications]."

Once, during a *crise de nervos*, he began to vomit blood, and he was carried by ambulance to a hospital in Recife, where he "really started going down hill." The nurses told his wife that there was no hope for him, and so she returned to Bom Jesus. The next day she sent for his body with a rented funeral car. But when the car arrived, the nurses exclaimed, "He got lucky; he escaped [death]!"

"But to tell you the truth, I don't know if I was lucky or not," Severino continued, "because I never did get better. Even today only a part of me is alive. I have no strength; my legs have no 'force' in them. All I have left are my hands [and he waved them gracefully in the air over the head of his young client]. My hands are as strong and as steady as a rock; the miserable *nervos* never got to them!

"At first I had no way of making a living. What does a cane cutter know besides his machete and his *foice* [sharp hoe]? I'm a donkey; I can't even read the sign outside my shop! And without my disability papers signed by the doctors, I can't get any benefits. Those bastards denied me what I had coming to me after all those years in the cane! So here I am today, a cane cutter cutting hair instead. Bah! As if this were any kind of work for a real man [*homem mesmo*]. This job is a *besteira* [a bit of nonsense]. Men today are worse than women [and he fairly glowered in his mirror at the nervous young man captive in his chair]. They want me to make them into little dolls with curls and waves and streaks in their hair. Tsk! The men today are all *viados* [queer]! And with all this, I barely make enough to feed my wife and children. The *caçula* [the last born] cries for milk all the time, but I have to deny her because out of the little *besteira* that I earn I have to put something aside every week for my medicines. The pharmacy won't let me buy them on credit. And like I told you, I live on medications. Would you call this a life?"

A group of men, unemployed and sitting in front of a little candy stand at the top of the Alto, directed me to the home of Seu Tomás. "Yes, his situation is truly *péssimo* [miserable]," they assured me and perhaps themselves as well. (It is always consoling to find one whose condition is even worse than one's own.) Seu Tomás and his wife were both thirty-two. Tomás apologized for not getting up from his hammock because he was "very weak." There was no place for me to sit down; even the earthen floor was

muddy from the last rain. It was a miserable hut crowded with crying babies. "A poor house but rich in children," Seu Tomás joked, with a hint of sarcasm in his tremulous voice. He and his wife, Jane Antônia, had been married for nine years. They had seven children, of whom only one had died, thanks in part (he added) to the Franciscan nun, Sister Juliana, who had brought them a basket of food every week for the previous two years. Seu Tomás had been unemployed for those two years, unable to work in the sugarcane that had been his life since the age of nine.

"What is your problem?"

"A weakness in my lungs and tiredness," he replied, adding that the doctors could find no sign of tuberculosis.

"Anything else?"

"A coldness in my head, pains in my stomach, and a paralysis in my legs. There are days when my legs start to tremble and they can't hold up my body. I also have dizziness and fainting spells."

"Do you eat regular meals?"

"In this house it's a case of eat when you can, and when you can't, you try to sleep until the next day."

"What treatments have you received?"

At this Seu Tomás pulled himself with some difficulty out of his hammock and shuffled over to a small table in the corner. I noted that, like Severino Francisco, Tomás was able to walk but that his movements were stiff and awkward. Later, I asked to palpate his legs, which, although thin, were flexible and responsive to touch. I suspected that the "paralysis" of which Tomás and so many other Alto residents complained was part physical (hunger weakness) and part metaphorical or symbolic. Standing and walking concerned a good deal more than the "simple" acts of locomotion.

Men like Tomás are paralyzed within a stagnant semifeudal plantation economy that treats them as superfluous and dependent. The weakness of which these men complain is as much social structural as physical. They are trapped in a "weak" position. A healthy, vigorous person does not give a thought to the acts of breathing, seeing, walking. These come without thinking, and they go without saying. But these men (and women) have been made exquisitely aware and self-conscious of "automatic" bodily functions. They describe themselves as breathless, wobbly, disoriented, embarrassed, and unsure of their gait. How has this come about? We can begin by asking what it means—symbolically, existentially—to stand upright, to face the world squarely, standing on one's own two feet.

The psychiatrist Erwin Strauss provides us with a clue. Some years ago he wrote about patients in his practice who could "no longer master the seemingly banal arts of standing and walking. They [were] not paralyzed, but

under certain conditions, they could not, or felt as if they could not, keep themselves upright. They tremble and quiver. Incomprehensible terror takes away their strength" (1966:137). Strauss analyzed his patients' existential dilemmas in terms of language. He noted that the expression *to be upright* carries two connotations. It means to be mobile, independent, free. It also means to be honest and just and to "stand by" one's deepest convictions. His patients had been morally compromised in some way. In the Brazilian instance I point to another connotation of "upright posture" in asking what the difference is between "standing up" to someone or something and "lying down," sinking, yielding, succumbing, giving up. In the cases of Severino Francisco and Seu Tomás, the language of the body is the language of defeat. It is as if they have had the wind knocked out of them or their chairs pulled out from under their legs. They have lost their balance. Yet one does not blame these men for their "succumbing" to the overwhelming forces of domination that have stolen their manhood. Their "failure of nerve" is understandable. The cards have been unfairly stacked against them. And yet one wishes, one hopes, one wants to hold out, for more than a chemical solution to their problems in living, indeed their very problem in "being" at all.

Among Tomás's collection of half-used medicines were the usual assortment of antibiotics, painkillers, worm medications, sleeping pills, and vitamins found in most Alto homes. Less common, however, was Tomás's antidepressant.

"Which of these are you taking now?"

Tomás picked up the antibiotic. "This was effective at first. The doctor gave it to me for my lungs. But then it began to offend me. Often I had to swallow the pills on a empty stomach, and they made my stomach pains worse."

"Why are you treating your nerves and not your hunger?"

He laughed. "Who ever heard, Dona Nancí, of a treatment for hunger? Food is the only cure for that."

"Which is worse—hunger or *nervos?*"

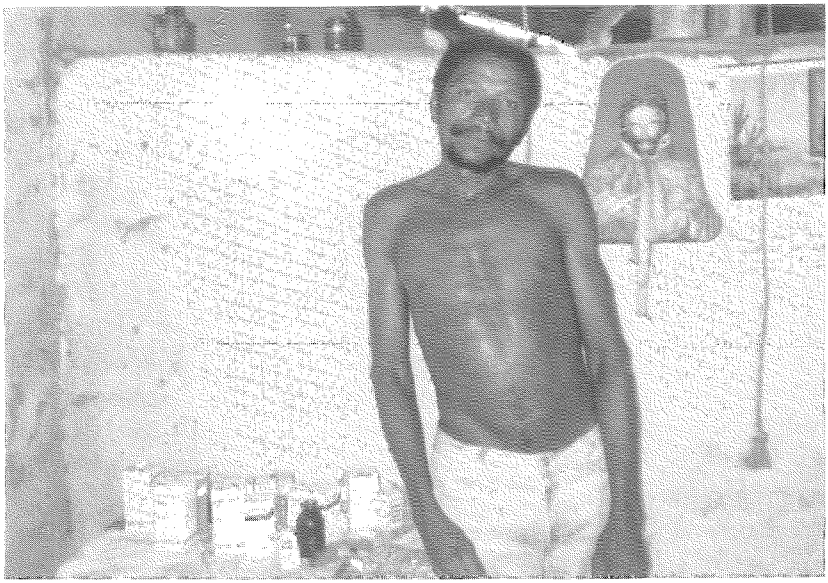
"Hunger is worse. When you are sick, like me, it takes a long time for you to die. When you are hungry, you can't be without food for more than a day. You *have* to get something to eat."

"Then why buy medicine rather than food?"

"With medicine you have to pay cash. Sometimes we can get food on credit."

"And yet you say that you and your children often go without food. Why is that?"

"It's easier to get help with *remédios.* You can show up at the *prefeitura*



Seu Tomás, not quite upright and leaning against his medicine table.

with a prescription, and if it is in stock, Seu Félix will give it to you, or he will contribute something to the cost. But you can't go to the mayor and beg for food!"

"Why not?"

"Why not? Because it's not done. He will tell you to go out and work."

"But you are hungry because you are sick. Isn't that why he's giving you the *remédios?* If you are sick enough to be taking all these drugs, how can you possibly be well enough to work?"

"I'm a *matuto*, Dona Nancí; I have no head to answer a question like that." And so there the dialogue rested, but not before Seu Tomás struck up a pose, leaning and not quite "upright," in front of his table of not-so-magical medicines.

Embodied Lives, Somatic Culture

How are we to make sense of *nervos?* Are the *Nordestino* cane cutters suffering, in addition to everything else, from a kind of metaphorical delirium that clouds and obscures their vision? Is false consciousness sufficiently explanatory? Or can we best understand *nervos* as an alternative form of embodiment, or body praxis?

Embodiment concerns the ways that people come to "inhabit" their bodies so that these become in every sense of the term "habituated." This is a play on Marcel Mauss's (1950:97–119) original meaning of "habitus" (a

term later appropriated by Pierre Bourdieu) by which Mauss meant all the acquired habits and somatic tactics that represent the "cultural arts" of using and being in the body and in the world. From the phenomenological perspective, all the mundane activities of working, eating, grooming, resting and sleeping, having sex, and getting sick and getting well are forms of body praxis and expressive of dynamic social, cultural, and political relations.

It is easy to overlook the simple observation that people who live by and through their bodies in manual and wage labor—who live by their wits and by their guts—inhabit those bodies and experience them in ways very different from our own. I am suggesting that the structure of individual and collective sentiments down to the feel of one's body is a function of one's position and role in the technical and productive order. Nonetheless, the tendency in biomedicine, psychiatry, and conventional medical anthropology is to standardize our own socially constructed and culturally prescribed mind/body tactics and to understand and label the somatic tactics of others as deviant, pathological, irrational, or inadequate. Here I am referring to the exhaustive and generally unenlightening literature in medical anthropology on "somatization." Arthur and Joan Kleinman (1986), for example, understood "somatization" as a generally maladaptive and fairly primitive defense mechanism involving the deployment of the body in the production or exaggeration of symptoms as a way of expressing negative or hostile feelings. Here I am trying to recuperate and politicize the uses of the body and the secret language of the organs that play such a large part in the lives of many anthropological "subjects."

When I refer to the "somatic culture" of the displaced and marginalized sugarcane workers of the Alto do Cruzeiro, I mean to imply that theirs is a social class and culture that privilege the body and that instruct them in a close attention to the physical senses and symptoms. Here I am following the lead of the French phenomenologist Luc Boltanski (1984), who in his brilliant monograph translated into Portuguese as *As Classes Sociais e O Corpo* argued that somatic thinking and practice are commonly found among the working and popular classes that extract their basic subsistence from physical labor. He noted the tendency of the poor and working classes in France to communicate with and through the body so that, by contrast, the body praxis of the bourgeois and technical classes may appear alienated and impoverished. In the middle classes personal and social distress is expressed psychologically rather than physically, and the language of the body is silenced and denied. This, incidentally, is viewed as the norm in biomedicine and psychiatry and has consequently affected anthropological thinking as well.

Among the agricultural wage laborers living on the hillside shantytown

of Alto do Cruzeiro, who sell their labor for as little as one dollar a day, socioeconomic and political contradictions often take shape in the "natural" contradictions of sick and afflicted bodies. In addition to the expectable epidemics of parasitic and other infectious diseases, there are the more unpredictable explosions of chaotic and unruly symptoms, whose causes do not readily materialize under the microscope. I am referring to symptoms like those associated with *nervos*, the trembling, fainting, seizures, and paralysis of limbs, symptoms that disrespect and breech mind and body, the individual and social bodies. In the exchange of meanings between the body personal and the social body, the nervous-hungry, nervous-weak body of the cane cutter offers itself both as metaphor and metonym for the socio-political system and for the weak position of the rural worker in the current economic order. In "lying down" on the job, in refusing to return to the work that has overdetermined most of their child and adult lives, the workers are employing a body language that can be seen as a form of surrender and as a language of defeat. But one can also see a drama of mockery and refusal. For if the folk ailment *nervos* attacks the legs, it leaves the arms and hands unparalyzed and free for less physically ruinous work, such as cutting hair. And so young men suffering from nervous paralysis can and do press their legitimate claims as "sick men" on their political bosses and patrons to find them alternative, "sitting down" work. In this context *nervos* may be seen as a version of the work slowdown or sickout, the so-called Italian strike.

But *nervos* is an expansive and polysemic folk concept. Women, too, suffer from *nervos*, both the *nervos de trabalhar muito* (the overwork nerves from which male cane cutters also suffer) and the *nervos de sofrer muito* (sufferers' nerves). Sufferers' nerves attack those who have endured a recent, especially a violent, shock or tragedy. Widows and the mothers of husbands and sons who have been murdered in violent altercations in the shantytown or abducted and "disappeared" by the active local death squads (see chapter 6) are especially prone to the mute, enraged, white-knuckled shaking of sufferers' nerves. In these instances Taussig's (1989a) notion of the "nervous system" as a generative metaphor linking the tensions of the anatomical nervous system with the chaos and irritability of an unstable social system is useful. And so one could read the current nervousness of the people of the Alto—expressed in an epidemic of *nervoso*—as a collective and embodied response to the nervous political system just now emerging after nearly a quarter century of repressive military rule but with many vestiges of the authoritarian police state still in place. On the Alto do Cruzeiro the military presence is most often felt in the late-night knock on the door, followed by the scuffle and abduction of a loved one—father, husband, or adolescent son.

The "epidemic" of sufferers' nerves, *sustos*, and *pasmos* signifies a general state of alarm, of panic. It is a way of expressing the state of things when one must move back and forth between an acceptance of the given situation as "normal," "expectable," and routine—as "normal" and predictable as one's hunger—and a partial awareness of the real "state of emergency" into which the community has been plunged (see Taussig 1989b:4). And so the rural workers and moradores of the Alto are thrown from time to time into a state of disequilibrium, nervous agitation, shock, crisis, *nervos*, especially following incidents of violence and police brutality in the shantytown. To raise one's voice in active political protest is impossible and wildly dangerous. To be totally silenced, however, is intolerable. One is a man or a woman, after all. Into "impossible" situations such as these, the nervous, shaking, agitated, angry body may be enlisted to keep alive the perception that a real "state of emergency" exists. In this instance nervous sickness "publicizes" the danger, the fright, the "abnormality of the normal." Black Elena, who has lost both her husband and eldest son to the local death squads, has been struck mute. She *cannot* speak. But she sits outside her hut near the top of the Cruzeiro, dressed in white, and she shakes and trembles and raises her clenched fists in a paroxysm of anger nerves. Who can reduce this complex, somatic, and political idiom to an insipid discourse on patient somatization?

The Body as Battleground: The Madness of Nervos

But there still remain the "negative" expressions of this somatic culture in the tendency of these same exploited and exhausted workers to blame their situation, their daily problems of basic survival, on bodies (their own) that have seemingly collapsed, given way on them. Insofar as they describe the body in terms of its immediate "use" value, they call it "good and strong" or "worthless." A man slaps at his wasted limbs (as though they were detachable appendages from the self) and says that they are now completely "useless." A woman pulls at her breasts or a man clutches his genitals and declares them "finished," "used up," "sucked dry." They describe organs that are "full of water" or "full of pus" and others that are *apodrecendo por dentro*, "rotting away from within." "Here," says Dona Irene, "put your ear to my belly. Can you hear that nasty army of critters, those amoebas, chomping away at my liver-loaf?"

In the folk system *nervos* may be understood as the zero point from which radiates a set of core conceptual oppositions: those between *força/fraqueza* (strength/weakness), *corpo/cabeça* (body/head, mind, morality), and *ricos/pobres* (rich/poor), as illustrated in Figure 5.1. Underlying and uniting these core oppositions is a single, unifying metaphor that gives shape and meaning

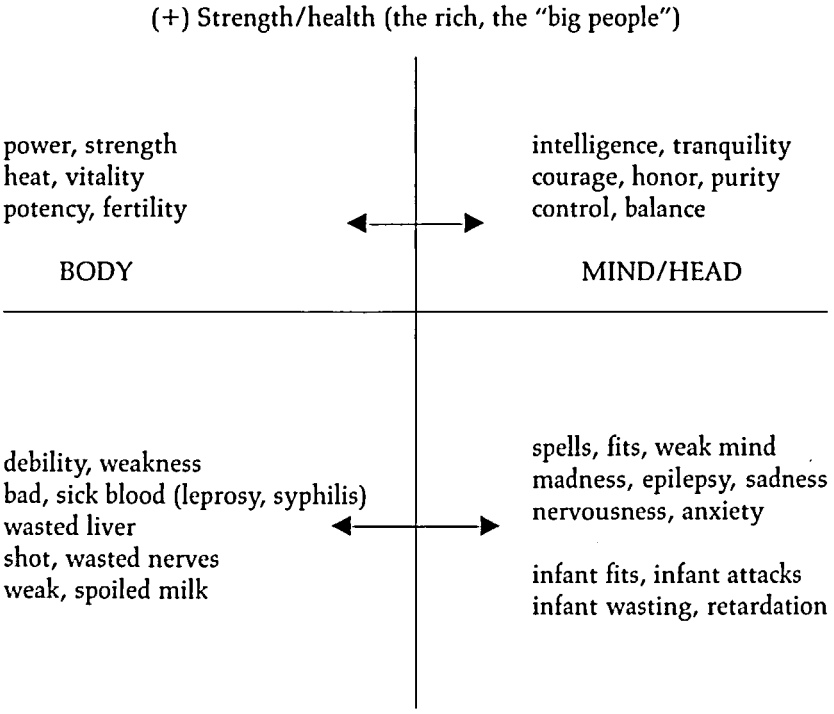


Fig. 5.1. The phenomenology of *nervos*.

to people's day-to-day realities. It is the driving and compelling image of "life as a *luta*," as a series of uphill "struggles" along the *caminho*, the "path" of life. One cannot escape this generative metaphor; it crops up everywhere as an all-purpose explanation of the meaning of human existence. The *Nordestino* metaphor of the *luta* portrays life as a veritable battleground between strong and weak, powerful and powerless, young and old, male and female, and, above all, rich and poor. The *luta* requires strength, intelligence, cunning, courage, and know-how (*jeito*). But these physical, psychological, and moral qualities are seen as inequitably distributed, thereby putting the poor, the young, and the female in a relatively disadvantaged and "disgraced" position, making them particularly vulnerable to sickness, suffering, and death. Above all, it is *força*, an elusive, almost animistic constellation of strength, grace, beauty, and power, that triumphs. The folk concept of *força* is similar to what Max Weber (1944:358–386) meant by charisma. *Força* is the ultimate *jeito*, the real "knack" for survival. The rich and males have *força*; the poor and females have *fraqueza*.

These perceived class and gender differences emerge at birth. Alto women comment on the natural beauty of the infants of the rich, born fat, strong, fair, unblemished, pure, whereas their own infants are born weak, skinny, ugly, already blemished with marks and spots. Some poor infants are born weak and "wasted" before their lives have even begun, and they are labeled with the folk pediatric disorder *gasto* (spent), a quality of incurable *nervoso infantil.* Similarly, adolescent girls are prone to sickness at puberty, a time when the *força de mulher*—the female principle, sexual heat, and vitality—comes rushing from the girl's loins in her *regras,* her periodic menses, the "rules," the discipline of life. The softer among the girls sicken at this time, and some even die.

The rich fare better over all and at all stages of life, just as men fare better than women. The rich are "exempted" from the struggle that is life and appear to lead enchanted lives. Their days and nights are given to erotic pleasures (*sacanagem*) and to indulgence in rich and fatty foods; yet rarely do their bodies show the telltale signs of moral dissipation and wretched excess: bad blood and wasted livers. The poor, who can hardly afford to *brincar* (have fun, also used with reference to sex play) at all, are like "walking corpses" with their *sangue ruim, sangue fraco, sangue sujo* (bad, weak, dirty blood); their ruined and wasted livers (*figado estragado*); and their dirty and pus-filled skin eruptions, leprosy, yaws, and syphilis. These illnesses come from "inside," and they are not sent from God but come from man, the wages of extravagance, sin, and wretched excess. The body reflects the interior moral life; it is a template for the soul and the spirit.

Within this ethno-anatomical system there are key sites that serve as conduits and filters for the body, trapping the many impurities that can attack the body from without and weaken it. The liver, the blood, and mother's milk are three such filters, and the very negative evaluation of this organ and these fluids by the people of the Alto reveals a profoundly damaged body image. The filter metaphor is particularly appropriate, however, to people accustomed to worrying about their contaminated water supply and who, in clearing the porous candle that traps filth and slime from their own water supply, often wonder aloud whether their own body "filters" may not be just as filthy.

One falls sick with tuberculosis, venereal disease, leprosy, liver disease, and heart disease because of the way one has lived: an agitated, nervous life given to excess. Bad blood or sick blood is the result of bad living, and people with these nervous diseases are said to be *estragado,* "wasted" by drugs, alcohol, or sex. If unchecked, these afflictions brought on by dissipation and excess lead to *loucura,* the most acute and dangerous form of *nervos.*

Dona Célia, once a powerful and feared old *mãe de santos* (a priestess in

Célia, the Sorceress.

the Afro-Brazilian possession religion, Xangô), fell sick after Easter in 1987. Within a few months her already lean body became even more wasted, an *esqueleto* (skeleton), she commented sadly, and she lacked the strength to pull herself out of her hammock. A stay at the local hospital resolved nothing, and she was discharged without a diagnosis or any treatment beyond intravenous *soro* (sugar, salt, potassium, water). "So many ways of being sick," mused Célia, "and yet only one treatment for all the *pobres.*" Her illness, she said, was *nervos.* Her nerves were frayed and jumpy and brought on wild flutterings in her chest, so that her heart seemed like a wild, caged bird beating its wings to escape. There were other symptoms as well, but it was an infernal itching that was driving her mad.

When I visited her, Célia was straddling her tattered old hammock, busily casting a spell to bring about the return from São Paulo of an errant husband who had abandoned his young wife, leaving her both very lonely and very pregnant. I waited respectfully until the long incantation was completed and the candle at her feet was almost extinguished.

"That will 'burn' his ears all right," Célia reassured the tearful young client with a roguish smile on her face. The Franciscan sister, Juliana, passing by the open door, shook her head and said disapprovingly, "Can a reunion brought about by magic be worth anything?"

"Oh, it's worth something, Sister," replied Célia. "I work with the spirit messengers of the saints, not with the devil!"

"How are you doing, *comadre* Célia?" I inquired.

"Poorly, *comadre,*" she replied. "I no longer sleep, and the vexation [*vexame*] in my chest never leaves me. I can't eat and every day I grow weaker. I have a terrible *frieza* [coldness] in my head, and it's difficult for me to concentrate. I can't even remember my spells, I'm becoming so forgetful. But it's the strange itch, the *coceira esquisita,* that I can't stand. It gives me such agony, I fear that I am going to lose my mind."

Célia's neighbors were divided on the diagnosis. Most accepted that Célia's illness was *nervos,* but they disagreed on its origins, whether it came *por dentro* or *por fora* (from inside Célia or from outside) and whether it was a "natural" disease that came from God or an evil disease that came from man (through witchcraft). Those who were friendly to the old woman said that Célia was simply "wasted" from years of hard fieldwork. In other words, hers was simply a case of *nervos de trabalhar muito.* But those who were fearful of the old woman, resented her, or accused her of witchcraft dismissed *nervos* as secondary to her "true" illness: *lepra* (leprosy) resulting from her "sick" and "dirty" blood, the wages of the old sorceress' extravagance. They pointed to Célia's many moral infractions: her ritualized use of marijuana and other drugs in the practice of Xangô, her casting of spells both

for good and evil, her many lovers over the years—in short, her generally independent and irreverent attitude toward the dominant Catholic mores of the community.

I stood helplessly by as Célia gradually began to slip away, daily growing more thin and haggard from her ordeal. It was painful to see a once strong and powerfully built woman so physically reduced and humbled. Although I was able to reassure Célia that she was suffering from a bad case of scabies, not from the dreaded *lepra,* I could do nothing to alleviate her nervous symptoms: her weakness, her melancholy, the *agonia* in her heart, and her adamant refusal to eat the small bits of food offered to her by her loyal friends and her few compassionate neighbors. Everything filled her with "nausea," she said. It was no use; she would never eat again.

As a going away present I brought Célia a hand-carved black *figa* (a wooden fetish, in the shape of a clenched fist with a thumb clasped between the fore and middle fingers, used to ward off evil) that I had purchased in Bahia, where Afro-Brazilian religion is practiced with greater acceptance and with more openness than in rural Pernambuco. Célia was so weak that she could barely speak, but she grabbed onto the holy object with a passion that startled me. After implanting a forceful kiss on the *figa,* with it she made a sweeping sign of the cross over her own withered body, and then she blessed me with it as well. I have been blessed many times in my life as a Catholic, but never did I feel as protected and enclosed as in that moment, or as humble.

Less than a week later (but after I had already left Bom Jesus), a few friends gathered to carry Célia in a municipal coffin to her pauper's grave in the local cemetery. There would be no marker and no inscription to honor the remains of the devout sorceress, so I could not visit the grave on my return. Célia's sullen and blasphemous daughter, Ninha, cursed her dead mother and tossed her magical apparatus in the place where pigs forage and garbage is burned on the Alto do Cruzeiro. "She'll pay for that," said Nita Maravilhosa, Nita the Marvelous, who was the old sorceress's apprentice on the Alto do Cruzeiro.

What prevented Célia from eating was, in part, her fear of an impending descent into total madness, *loucura,* the final stage and end-point of *nervoso.* "Do you think I am losing my mind?" she would ask me fearfully, and I would try to reassure her, but without success. During this same period, at the time of Célia's rapid decline and anorexia, there were several cases of *loucura,* and the Alto was astir with the scandalous behavior of Vera-Lúcia, the *doida,* the "wild woman" of the Rua dos Índios. Here, the madness of hunger and the hunger of madness merged once and for all in a case of *nervoso* that would not soon be forgotten.

"Vera-Lúcia would never do that," her fifty-two-year-old mother said without looking up from the floor, where she sat busily weaving a large basket of rushes. "She would never kill her own child." I had come to the slippery cliff called the second crossway of the Rua dos Índios in search of a woman named Vera-Lúcia who had registered the deaths of three small children during a period of eighteen months. The last to die, a two-year-old named Maria das Graças, was treated in the local hospital, and her death certificate listed the cause of death as *pancada na cabeça,* "a blow to the head."

"The baby was pushed down the ravine by the crazy deaf-mute daughter of Maria Santos," offered Vera's mother. "The other two died of *gasto.*" As we spoke, Vera-Lúcia, her belly huge with another child, sat rocking in a corner with a slightly bemused, absorbed, and distant expression. When I walked over and gently ran my hand over her abdomen, Vera lashed out, "Take care of your own belly; mine is full of shit." Her mother then dropped all pretense to explain how impossible it was for a poor widow to care for a daughter who was both crazy and violent.

"When Vera-Lúcia is having a fit, an *ataque de nervos,*" she began, "there is no one who can control her. She is totally fierce. You have to tie her down, or else she will break everything in the house. It's a *quebradeira mesmo:* glass breaking, plates flying, chairs overturned, name calling, bad words, even cursing Jesus and the saints. Sometimes she is so raving that she foams like a wild dog. But without the right connections, I can't even have her taken away to the asylum in Recife. I wonder whether living with a *doida* can make you crazy as well.

"Even as a baby Vera was always sick. She had weak nerves, and she suffered from *pereba* [infected sores] in her mouth and on her head. She couldn't eat anything except *papa d'água,* and she was as skinny as a stick. Once she came so close to dying that I carried her to church with the candle in her hand. It was a pity that God didn't take her then. But she survived, and now look what I have! A weak family can't support a person so *nervoso* and *fraca de juízo* as this. Once she woke up in a fit. It was during the full moon, and she began to bang her head against the wall, shaking and trembling all over with foam coming from her mouth. I washed a piece of raw meat around her mouth and threw it to a stray dog hoping that the *raiva* [madness] might pass into the animal and leave my daughter alone, but it was not to be. The wretched dog lived! I'll tell you something: with these nervous attacks there are no cures. If doctors knew how to cure this disease, the hospitals for the *doidos* in Recife wouldn't be so crowded. One has to accept what God wants. I only wish that God had wanted to take her when she was a baby."

"How long has she been ill this time?"

"Since Holy Week; since the night of Holy Thursday up until this day I have had no peace. On Good Friday I got on my knees and started praying, 'Blood of Christ, you have the power. Remove this nervous attack from my daughter; make her well.' But Vera heard me praying, and she yelled from the next room, 'I'd like to see this wretched blood of Christ spilled on the floor!' I shuddered at her blasphemies. I can only think that she has been bewitched by a sorcerer. Only Jesus can heal her, but I am afraid to bring her to church.

"Once I gave her a little statue of Cristo Redentor [a replica of the famous Christ Redeemer, the patron saint of Rio, who stands with arms outstretched at the top of Corcovado], and she became agitated. She smashed it to bits, saying, 'Once you were Cristo Redentor [Christ the Redeemer], but now you are Cristo Rebentado [Christ the Destroyed]!' And she laughed so that it froze my blood. On the night of Good Friday I walked her to the top of the Alto, and when we reached the crucifix, she became wild again. She flung herself at the cross, saying, 'Jesus, come down from there; I want to kill you myself!' But she didn't mean it because the next night she ran out of the house, and I found her at the foot of the cross where she was hitting herself with a *foice*. 'Just let me die here,' she was saying. I embraced her and she was shivering; there had been a terrible downpour. She began to cry, and finally she was able to pray, 'If you are Jesus, come down from your cross.' They say that even the devil can quote the Bible, but what she said didn't come from the devil, Nancí. Vera said to the Cristo, 'Feed your lambs; feed your sheep.'"

Such is the madness of *nervos* and the hunger of madness on the Alto do Cruzeiro. But despite her prayers, Vera-Lúcia didn't get better, and her new baby daughter survived only a few weeks. "It was a blessing," her mother told me when I returned in 1988 during the celebrations of *carnaval*. Vera-Lúcia was putting on her makeup and costume to join a local *bloco* of "Gypsies" who would be dancing in the streets below the Alto. A diagonal smear of very red lipstick traversed her lips to her chin. She flashed me a wild-eyed grin.

Nervos is a social illness. It speaks to the ruptures, fault lines, and glaring social contradictions in *Nordestino* society. It is a commentary on the precarious conditions of Alto life. *Doença de nervos* announces a general crisis or general collapse of the body as well as a disorganization of social relations. What, after all, does it mean to say, as did Sebastiana, "My sickness is really just my life," my nervous, agitated, threatened life? *Fraqueza* is as much a statement of social as of individual "weakness," for the people of the Alto are accustomed to referring to their home, work, food, or marketplace (as well as their own bodies) as *fraco*. The metaphor of the *luta* and its accompanying

moral economy of the body, expressed through the idioms of nervousness and weakness, are a microcosm of the moral economy of the plantation society in which strength, force, and power always win. *Nervos* and *fraqueza* are poignant reminders of the miserable conditions of Alto life, where individuals must often compete for precious little.

Rather than a torrent of indiscriminate sensations and symptoms, *nervos* is a somewhat inchoate, oblique, but nonetheless critical reflection by the poor on their bodies and on the work that has sapped their force and their vitality, leaving them dizzy, unbalanced, and, as it were, without "a leg to stand on" (cf. Sacks 1984). But *nervos* is also the "double," the second and "social" illness that has gathered around the primary experience of chronic hunger, a hunger that has made them irritable, depressed, angry, and tired and has paralyzed them so that they sense their legs giving way beneath the weight of their affliction.

On the one hand, *nervos* speaks to a profound sort of mind/body alienation, a collective delusion such that the sick-poor of the Alto can, like Seu Manoel, fall into a mood of self-blaming that is painful to witness, angrily calling himself a worthless *rato de mato* (forest rat) who is *inutilizado*, "useless," a zero. On the other hand, the discourse on *nervos* speaks obliquely to the structural "weaknesses" of the social, economic, and moral order. The idiom of *nervos* also allows hungry, irritable, and angry *Nordestinos* a "safe" way to express and register their anger and discontent. The recent history of the persecution of the Peasant Leagues and the rural labor movement in Pernambuco has impressed on rural workers the political reality in which they live. If it is dangerous to engage in political protest, and if it is, as Biu suggests, pointless to *reclamar com Deus*, to "complain to, or argue with, God" (and it would seem so), hungry and frustrated people are left with the possibility of transforming angry and nervous hunger into an illness, covertly expressing their disallowed feelings and sensations through the idiom of *nervos*, now cast as a "mental" problem. When they do so, the health care system, the pharmaceutical industry, commerce, and the political machinery of the community are fully prepared to back them up in their unhappy and anything but free "choice" of symptoms.

Medicine and the Bad Faith Community—The "Nervous System"

> The old is dying and the new cannot be born; in this interregnum there arises a great diversity of morbid symptoms.
>
> Antonio Gramsci (1971:110)

The modern state of Brazil is faced at this conjuncture, this transition from brutal military politics to more democratic forms of civil society, with a

serious dilemma: what to do with the explosive problems of poverty, hunger, and indigency among its marginals, such as the former squatters inhabiting the Alto do Cruzeiro today. The modern bureaucratic state becomes more concerned with "organizing" than with "punishing" peoples' collective needs. In this way civil society "defends" itself against its "natural enemy": the poor, the indigent, the marginal. At this juncture the role that medicine and medical professionals can play as "traditional intellectuals" in reinterpreting and reorganizing peoples' needs is crucial.

Modern medicine has transformative qualities as doctors, nurses, pharmacists, and other health professionals contribute to the process whereby more and more forms of human discontent are filtered through ever-expanding categories of sickness, which are then treated, if not "cured," pharmaceutically. Although the medicalization of life (and its social and political consequences) has long been understood as a feature of advanced industrial societies, medical anthropologists have been slow to explore the process and the effects of "medicalization" in those parts of the world where it is happening for the first time. Here I want to show how medicine first begins to capture the imagination of people who, until quite recently, interpreted their lives and their afflictions and experienced their bodies in radically different ways. My attention to this topic was first stimulated by a wonderful aside (a footnote, in fact) in which Pierre Bourdieu recorded the words of an old Algerian peasant woman who explained what it meant to be sick before doctors became a permanent feature of village life: "In the old days, folk didn't know what illness was. They went to bed and they died. It's only nowadays that we're learning words like liver, lung . . . intestines, stomach . . . and I don't know what! . . . And now everyone is sick, everyone's complaining of something. Who's sick nowadays? Who's well? Everyone complains, they all run to the doctor. Everyone knows what's wrong with him now" (1977:166). Or do they? Here I am exploring the "usefulness" to the state of the medicalization of distress in a sick-hungry and restless population.

The expansion of clinical medicine into rural Pernambuco and into the consciousness of the rural population over the past three decades has been phenomenal and exponential. When I first arrived to take up a position at the state health post in 1964, there were few available health "resources." There was the privately owned Barbosa family hospital but without its current medical clinics and huge maternity wing. Wealthy women delivered their babies in Recife. Alto women gave birth at home assisted by a traditional *parteira* or *curiosa,* as the midwives were called. There were a half dozen doctors in private practice in Bom Jesus, but there were no medical clinics for the poor, with the exception of the state health post, located a few kilometers

outside of town, where feces samples were examined, immunizations given, and teeth extracted. It was not a much-frequented place, and I soon left the health post to take the state's immunization program into the primary schools and homes of people on the Alto. In the role of *visitadora,* I was expected to try overcoming the "resistance" of the poor to medical care. In one sense (but not the one intended) that was an accurate term.

When people on the Alto got sick, then, which they did with great frequency—given almost endemic schistosomiasis and many active cases of tuberculosis and malaria—they drew on their rich store of herbal medicines, on the practical expertise of older women in the household, or on more specialized women healers who lived on almost every hillside path. When they were mortally sick, they were sometimes taken to the Barbosa hospital, which was understood by the Alto people as a place one went, often never to return. Home birth was universal and doctors were generally mistrusted, by women in particular. My efforts to coax a few Alto women suffering through difficult or problematic pregnancies into one of the private clinics in town were almost always met with firm refusals. I was told that the doctors were "men," after all, and that the women would not allow themselves to be "taken advantage of" in intimate medical examinations. Even when I stayed with them during the most minimal and modest prenatal exams, the women of the Alto would tremble from head to foot and sometimes cry when asked to lift their skirts to a stranger.

When Dona Amor was still a young woman in the 1950s and was working for a wealthy family in town, she suffered a serious accident to her eye at the hands of the youngest child in the household. Her *patroa* insisted that Amor be taken to the local hospital, but Amor at first refused, even though it might have cost her her eye. She had never done this before. But her *patroa* won.

"They took me there, and I spent a night of anxiety in the hospital, I can tell you! The next morning they brought in three doctors to operate on my eye. By then I was prepared for anything, for whatever pain they would inflict on me. But when the doctor brought me into the operating room and told me to lie down, I fell apart, *acabou a môça!* Even my own father never saw me lying down! And when I realized that I was going to have to take off my clothes in front of three men, I was finished. This would *never* do. *Sou môça intata* [I am an intact virgin] to this day! [Amor was eighty-five at the telling of her story.] 'Lie down, my daughter,' the head doctor said gently, but I was shaking so hard I could hear my teeth rattling in my head. Finally, I managed to go behind a screen and take some of my clothes off. They put me on a table and covered me with a big sheet. And there I was, dying of shame the whole time. I could never have gotten through it except for the head doctor, who told me a story while he was cutting away at my eye. It was

about the old woman who couldn't get into heaven because Saint Peter said that she needed to take a bath and wash her hair and change her clothes first. It was a long story, and it made me want to laugh; but the other doctors didn't think it was funny at all, and they told the head doctor to stop fooling around and do his job right, *direitinho.*"

By far the most direct contact people then had with biomedicine came through the two family pharmacies in downtown Bom Jesus, both of which functioned like clinics and apothecary shops, where a small and limited assortment of modern, biomedical drugs were measured, rolled into little paper cones, and sold alongside herbal and homeopathic remedies. Many an afternoon I spent in the large back room of Rute and Washington's shop, taking powders out of huge jars with wooden lids, mixing them as directed, and rolling them into the paper cone-shaped packets for sale and distribution. The large, slow fan creaked and groaned overhead. Occasionally, a barefoot man from the countryside would break into our lazy concentration with a petition to administer an injection. Rute and I would take turns giving the injection, listening to the client's story, and offering practical medical advice. The only thing he paid for was the content of the injection—the medical service and the "consultation" were always free.

By 1982, when I returned, all this had changed. The hospital was greatly expanded and included an all-day walk-in clinic and a large maternity ward where almost all poor women now gave birth. There were a dozen modern pharmacies in Bom Jesus, and Rute's pharmacy was under renovation. No longer an apothecary, Rute's had a long sanitary counter surrounded by shelves of both domestic and imported drugs, including the controversial drugs Depo-Provera, the day-after contraceptive, and Prolixin, the long-acting antipsychotic injection. Meanwhile, the number of private doctors and clinics had increased tenfold. In 1980 the *prefeito* inaugurated the first municipal clinic, operating in an abandoned state-owned building in front of the *prefeitura.* It functioned all day in two shifts and was always crowded with women and children from the Alto and other poor *bairros* of urban and rural Bom Jesus. Many people, however, still preferred to get their consultation directly from the mayor, and the opening of the municipal clinic did not stem the tide of sick people waiting to talk with the *doutor;* Félix himself.

In 1989 there was another quantum leap as the *município* installed its first "secretary of health," who now supervised a whole system of municipal free clinics. The original municipal "post" had gone through a process of fission, now radiating out into a circuit of more than a dozen little "miniposts," as they were called, one for each poor Alto and *bairro* of Bom Jesus and for the most populated rural villas within the radius of the *município.* These were opened in tiny storefronts, in Protestant and Catholic chapels, in the backs of

little shops, wherever a space could be found. Most clinics had only a table and chair, a small supply of basic first aid and injection materials, and a prescription pad. From "centralized" to "capillary," the diffusion of medicine, or at least some semblance or "ruse" of it, was accomplished.

Accompanying this process (which had some beneficial aspects as well) was a transformation in the popular idioms of distress as these were increasingly "medicalized." The traditional folk idiom, *nervoso*, was one instance of the larger transformative process. *Nervos* created a crevice, a space, for the insertion of medical thinking and practice into the everyday experience of people's lives. It became a vehicle for the medicalization and domestication of people's needs.

Misery wears many faces: that of indigency, hunger, madness, and despair. When misery is forced, as I am arguing here, to express itself in the form and language of sickness, there is always a consequent danger. In the clinic misery is confronted with an array of techniques and interventions that isolate it and guarantee that from it no other "voice" will be heard. Medicine is, among other things, a technical practice for "rationalizing" human misery and for containing it to safe quarters, keeping it "in its place," and so cutting off its potential for generating an active critique.

Where once *delírio de fome* was a popular representation of the tragic experience of the body with frenzied hunger, *nervoso* now represents the tragic experience of tormented and worried bodies with a nervous social and political system. *Nervoso*, once lifted out of the context of popular culture and welcomed into the hospitals, clinics, and pharmacies of Bom Jesus da Mata, becomes the "rational" discourse by power about disallowed and "irrational" hunger. Hunger and other unmet and basic human needs are isolated by a process that excludes them by redefining them as something other than what they are.

The Charisma of Medicine

I do not wish to leave you with the impression of a conspiratorial plot by doctors and pharmacists to lure poor and nervous-hungry people into a dysfunctional dependency on injections and drugs and into a form of self-delusion and alienation. Here is where Gramsci's notion of hegemony is useful. In general, medicine does not act on people coercively but rather through the subtle transformation of everyday knowledge and practice concerning the body—body praxis. By the time people start lining up in clinics and waiting long hours for three-minute consultations and a prescription, it is not because they have been "forced" to do so; and once inside those clinics they do not have the doctor's social and medical views thrust on them. They go because to a great extent they have already come to share those

views (see Frankenberg 1988). This is how hegemony operates and why one encounters such resistance in attempting to challenge notions and relationships that are now part of the shared commonsense world.

Because the people of the Alto do Cruzeiro suffer, truly suffer, from headaches, tremors, weakness, tiredness, irritability, angry weeping, and other symptoms of nervous hunger, they look to healers, doctors, pharmacists, and political bosses and patrons in Bom Jesus for a "cure" to their afflictions. Sickness is recognized as a "crisis" manifesting itself dramatically and brutally, visiting itself on the body with a vengeance. Likewise, medical therapy is understood as a rapid, violent, and immediate assault on the ailing body, symbolized in the injection, intravenous *soro*, extraction of teeth, and surgical removal of organs. The people of the Alto look for strong, powerfully acting medications, drugs that will reinvigorate the body, "animate" the senses, and "fortify the bones." And so they line up in clinics, in drugstores, in the mayor's office, in the municipal dispensary, and they ask for *remédios:* "strong," powerful drugs to transform them into healthy, lively, and healthy bodies, to reclaim the strength and vitality they describe as having "lost." And they do not leave until they get these magical, potent drugs: antibiotics, painkillers, vitamins, tonics, "nerve pills," tranquilizers, and sleeping pills. And they get them, if they are "lucky," even without paying for them.

One cannot underestimate the lethal attractiveness of drugs to an illiterate population (unable to read warning labels) and emerging from a popular culture with a long tradition of "magical medicines." The indigenous Brazilian *pajé* was, among other things, a *curandeiro* whose power derived largely from his knowledge of a vast repertoire of herbal medicines (G. Freyre 1986a:266; Araujo 1979). The contemporary herbalist, such as Dr. Raiz who operates several large stalls in the weekly *feira* of Bom Jesus, has command, or so he says, of "several hundred" healing plants, roots, and barks, which he prescribes in great quantities and in combinations called "cocktails" that mix herbs and modern pharmaceuticals, including antibiotics. In visiting door to door to inquire about medications currently in use, I came to think of my Alto friends as "eating" and "drinking" their drugs as daily requirements rather like fuel and food (see Helman 1981).

An altogether horrifying illustration of the magnetism of drugs to relatively isolated populations in Brazil comes from the small town of Goiana in central Brazil, where in September 1987 several individuals were exposed to radioactive contamination. A hapless junkyard dealer came across a lead cylinder containing a capsule of radioactive cesium 137 (used in the treatment of cancer) that had been carelessly discarded when a local medical clinic was abandoned. By the time Brazilian doctors and public officials were aware of

"Can you give me some help so I can have these two refilled?"

what had happened and were able to control the contamination, more than two hundred townspeople had been exposed to the deadly but mysteriously beautiful bluish dust found inside the capsule. Several individuals, captivated by the glowing substance, rubbed it on their faces and bodies or powdered their hair with it, and one person even swallowed some, thinking it to have magically therapeutic or beautifying properties. As in this rather extreme case, so, too, in more ordinary circumstances, poor people expect "strong" medicines to have the power to restore them to health and strength.

Medicine and politics are closely intertwined in small, interior towns like Bom Jesus, where the aristocratic, dynastic families produce the community's landowners, politicians, and doctors. Often these roles are combined in a single dominant personality. In Bom Jesus da Mata the large, powerful, and sugar-rich Barbosa family has controlled municipal politics, the munici-

pal health clinics, the hospital, the *maternidade*, and the town's only newspaper for a half century. The director of the hospital, named after his father, is a powerful state senator and older brother of the mayor. Dr. Urbano returns to Bom Jesus every weekend to meet his "constituency" in the wards of his family's hospital. The *prefeito* himself, and without the benefit of medical training, runs his inner chambers like a walk-in clinic and a "people's pharmacy." From his desk drawers and file cabinets he distributes various *remédios*, eyeglasses, false teeth, tonics, and vitamins to the long lines of hungry sick-poor who come begging his intercession in their miseries. He keeps a monogrammed notepad handy on which he scribbles "prescriptions" to be gotten from a local pharmacist who maintains close connections to "the family."

The old sugar plantation's moral and political economy is still felt in "modernizing" Bom Jesus, where political leaders are expected to be patrons rather like "godfathers," who bestow gifts and favors in exchange for loyalty. Increasingly today the gifts and favors sought and bestowed are medicines, some highly toxic. They are, at their worst, when given to nervous-hungry people, gifts of poison. The ancient Greeks did not distinguish between the word for drug and the word for poison—a single word, *pharmakon*, implied both the power to cure and the power to kill, an apt designation for this context. There is an irony to the old custom of the interior whereby the poor refer to all their social superiors with the courtesy title *doutor*. In the past this was meant to acknowledge the university education and learning of the rural elite. Today, when a rural worker calls a superior *doutor*, he is meaning to invest his *patrão* with the mystique and power of medicine.

But why medicine? If it is power that the leading political families want, why don't they simply distribute food to hungry people? Health is today, and throughout the Third World, the political symbol that is most subject to manipulation. Political slogans such as "health for all by the year 2000," "community health," and "the therapeutic community" filter down to small, interior communities, where they are often used as a "cover" for acts of violence and malicious neglect practiced against the poor in the economic and political spheres. There are power and domination to be had from defining a population as "sick" or "nervous" and in need of the "doctoring" hands of a political administration that swathes itself in medical symbols. To acknowledge hunger, which is not a disease but a social illness, would be tantamount to political suicide for leaders whose power has come from the same plantation economy that has produced the hunger in the first place. And because the poor have come to invest drugs with such magical efficacy, it is all too easy for their faith to be subverted and used against them. If hunger

cannot be satisfied, it can at least be tranquilized, so that medicine, even more than religion, comes to actualize the Marxist platitude on the drugging of the masses.

The physicians working in the public hospital and clinics of Bom Jesus da Mata cannot be held solely responsible for the drug fetishes of the local populace. Doctors do not control the flood of harmful pharmaceuticals coming from the United States, Germany, and Switzerland (see Silverman 1976), nor are they responsible for the relatively free circulation of restricted drugs through pharmacies that occupy so strategic a position in both the small towns and large cities of Brazil today. For many Alto residents the pharmacies remain their only dependable source of primary health care. Local druggists and their young assistants diagnose symptoms and recommend specific drugs. Most apply injections in the shop. Even though each pharmacy is periodically sent a government list of "restricted" and "controlled" substances, the only drugs I ever saw withheld from local residents without a prescription were abortifacients and antipsychotic medications.

Nonetheless, local physicians do participate in the irrational "drugging" of a sick-hungry population either because they have themselves fallen under the spell of the latest drug propaganda or because they are, as one clinic doctor describes himself, "totally demoralized" by the functions they perform and the political interests they serve in the small community. At the main municipal clinic functioning out of a new wing of the private Barbosa Family Hospital, several doctors take turns staffing the morning and afternoon shifts. Two dental students staff the dental clinic, where teeth are extracted on request. Approximately thirty patients are attended at each clinic shift on a first come, first served basis. No individual records and no record of the drugs prescribed to each client are kept. A daily summary of patients seen and drugs prescribed is submitted on a monthly basis to the mayor's office. There is no fee for consultation, but the quality of the medical care received is so poor that it fools no one, least of all the sick-poor themselves, who say that the clinic only represents more "bureaucracy." A woman, waiting in the crowded hallway that served the municipal clinic, has this to say: "The medicine for the poor is worthless. It's 'street medicine,' medicine 'on the run.' There's no diagnosis, no examination. They don't want to handle us. Maybe they're afraid that poverty, like disease, is contagious. So without exams, without referrals, with whatever drugs are handy, we die of grippe, of fevers, of diarrheas, or of many things we don't even know what they are. We are like walking corpses."

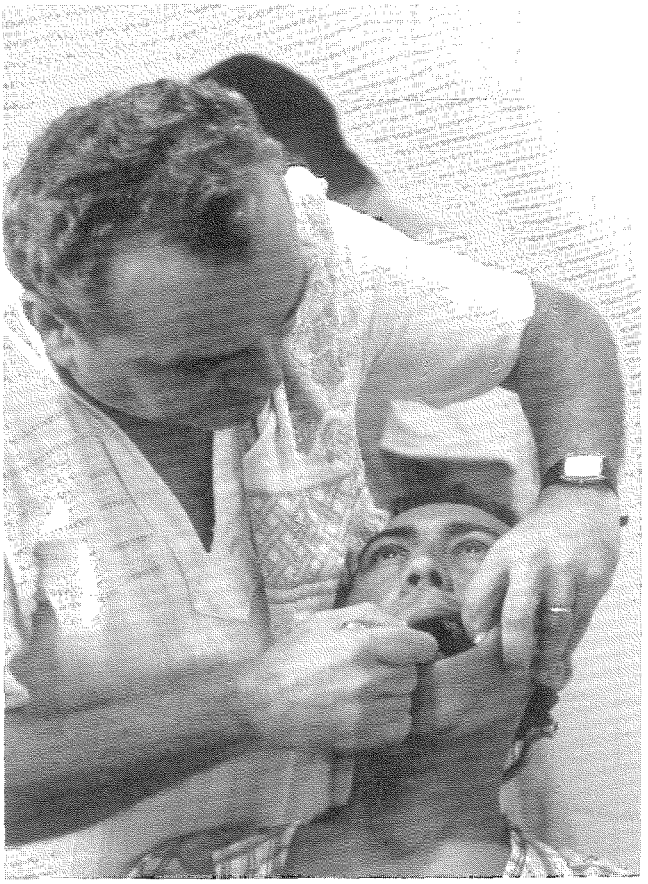
Another woman adds, "So many children walk around this clinic with their knees shaking from hunger. The doctors send us away. They don't touch us. They don't even look inside our mouths. Aren't they supposed to

do that? How can they know what is wrong with us? If I had my life to live over again, I would be a pharmacist. They take more care in treating us than the doctors. The doctors only know one question: 'Well, tell me what you are feeling?' And already they are writing out a prescription. We die off and we die off, and we never even know from what."

Later that same day I speak to a young dentist working at the clinic who agrees with the clients: "This health post is a scandal, a danger really. People are worse off coming here than treating themselves. There are no conditions here, no way to run a proper clinic: no instruments, no proper medicines, no sterile conditions. Look at this room and what do you see? A chair! Nothing else. All I do is pull teeth. People come in with a healthy set of teeth but with a pain they can't bear. All they need is a filling. If I tell them that is the solution they reply that they can't afford a private dentist. So against my conscience, I pull the tooth. If I were to send them home, the way I'd like, I'd be out of my job. It is a total demoralization, but we do it. Mine is a political appointment. I'm here to please; maybe appease is a better word. It's all politics in any case. My job is not only to extract teeth but to extract votes as well."

Appeasement does seem an appropriate word for the care given to the sick-poor who daily attend a municipal clinic. By the time I arrived at the municipal health post on the morning of July 12, 1987 (for one of several dozen such clinic observations made between 1982 and 1989), the attending clinic physician, Dr. Luíz, had already seen more than a dozen patients. It was just barely 8 A.M. There were still forty or more people crowded into the waiting room hoping to be seen that morning. The young physician, a hospital surgeon, welcomed me into the consulting room as he had on previous mornings. Interested in his work, and critical of the organization of health care and of the patients who came for treatment, Dr. Luíz was a talkative and open informant. As a surgeon and a specialist, he considered his weekly shift in the clinic an annoyance, and he obliged the *prefeito* only to secure his regular position at the Barbosa Hospital. Although he considered the clinic a bit of a sham, he also blamed the patients who presented him with a host of nonspecific ailments.

"They come in with headaches, no appetite, tiredness, and they hurt all over. They present a whole body in pain or in crisis, with an ailment that attacks them everywhere! That's impossible. How am I supposed to treat that? I'm a surgeon, not a magician! They say they are weak, that they are nervous. They say their head pounds, their heart is racing in their chest, their legs are shaking. It's a litany of complaints from head to toe. Yes, they all have worms, they all have amoebas, they all have parasites. But parasites can't explain everything. How am I supposed to make a diagnosis?"



Dr. "Tiradentes": "It will be out in a minute!"

But he didn't even try. It was too "demoralizing," he said. On this particular day, as on the others I observed, most of the clinic patients were women, many of them accompanied by small children. In keeping with the political agenda of the clinic, the consulting room was bare, consisting only of a table and two chairs. The old examining table, pushed against a back wall, was covered with a plastic sheet and never used. In this clinic, at least, Foucault's (1975:93) hostile "medical gaze" would never graze or penetrate the "sanctity" of the sick individual. Here no bodies would be touched, or heart and lungs listened to, no organs palpated. Here diagnosis was the privilege of the patient: "Oh, doctor, mine is a problem with the kidneys." At most the doctor translated the nonspecific torrent of symptoms, or the folk syndrome, into a functional or psychosomatic category hardly more specific than the *nervos* or *sustos* referred to by the patients. Although doctor

and patient sometimes used the same words in communicating with each other, each was almost completely ignorant of the other's often very specific meanings. And neither particularly respected the other. "Doctors don't know anything about my illness," the patients complained with great frequency. "Those people 'enjoy' being sick," retaliated Dr. Luíz. "Being sick makes the 'little people' feel important, valuable, long suffering. They are terrific actors."

Given the basic ground rules of clinic interactions (no physical exam, no diagnosis), the average consultation took less than three minutes, allowing Dr. Luíz to see more than the required number of patients and still leave the clinic for an early lunch at 11:30 A.M. Because the wait was so long and the attention received so minimal, most clinic patients came prepared, and once admitted to the consulting room, they attempted to take charge of the situation by initiating the interaction with a direct request. Several approached the doctor carrying old prescription bottles either to get a refill or to complain that they were useless. Generally what ensued was a negotiation over access to costly antibiotics, controlled or restricted drugs, and surgery (especially sterilizations) at the expense of the *município.*

The futility of the clinic interaction was captured in a genre of Pernambucan folk art: miniature ceramic figures found in the marketplace. Doctors were a popular subject and (along with the military police) were often portrayed in compromising poses as inept, brutal, disgusting, or corrupt. In one popular representation, a doctor and a patient (fully clothed) sit across from each other so that they gazed in opposite directions. There was no contact and no communication. It was a scathing, and all too accurate, commentary.

On the morning in question, twelve of the twenty-three clinic patients presented symptoms of *nervos,* often in conjunction with other ailments. By contrast, on a general clinic morning in August 1982, only five of twenty-nine patients presented nervous symptoms. I cannot hazard a guess about the general prevalence of this complaint among the poor of Bom Jesus. Clinic doctors always complained of an "excess" of these "neurotic" symptoms, whereas in a felt needs survey that I conducted among residents of the Alto, *desanimação* (dispiritedness), weakness, and *nervos* were among the five most frequently cited health problems.

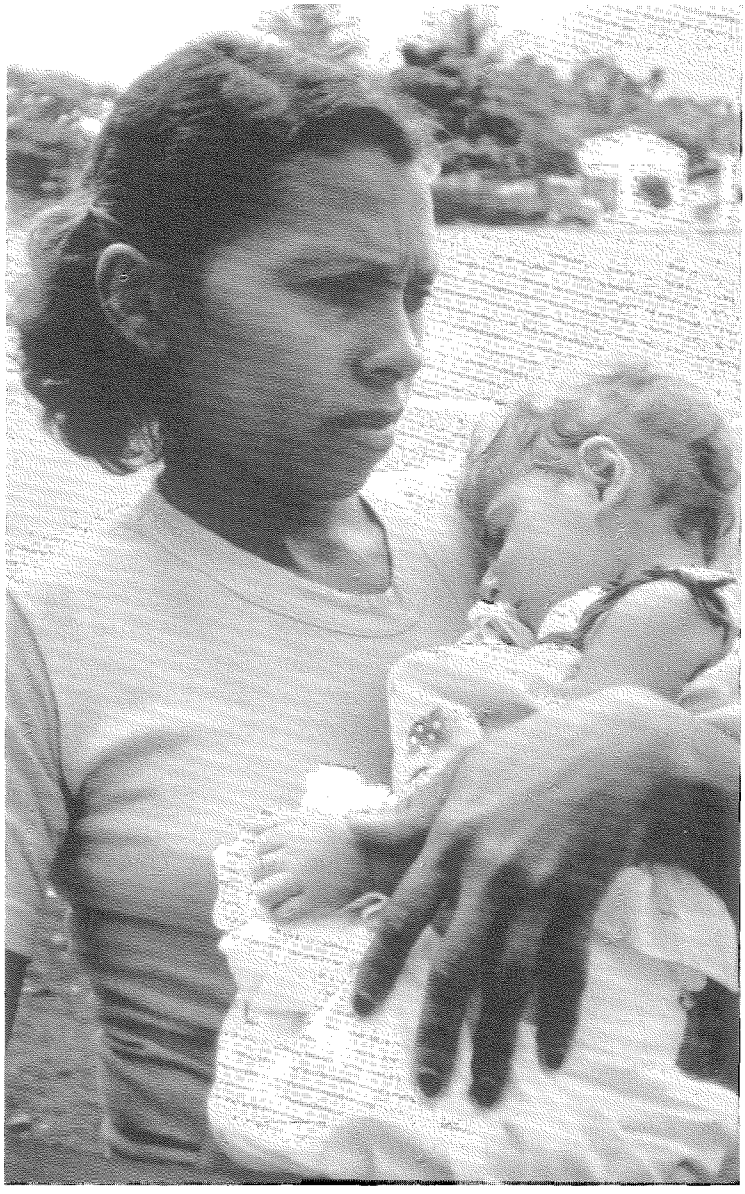
Of the twelve patients who reported nervous symptoms to Dr. Luíz, nine received a prescription for a tranquilizer or a sleeping pill; five received (separately or in addition) a tonic (*fortificante*). In two instances women received tranquilizers *in the absence of any nervous complaints.* A young woman with a gynecological problem resulting from a botched delivery in which the infant died was prescribed a major tranquilizer in the absence of any psychological symptoms.[6] In another instance a single woman, age thirty-eight,

was denied a request for a hysterectomy and sent home with a scolding, sanctimonious lecture on the womanly "duty" of childbearing.

An obvious subtext ran through these women's nervous complaints: the free-floating anxiety of women saddled with too many, too sick, and too needy-hungry children and with too little support in rearing them. The symptoms of irritability, sadness, fatigue, headaches, and nervousness were often the prelude to a request for a sterilization, a request that was rarely granted. For these "nervous" women and their fussy, malnourished children, tranquilizers and sleeping pills were easier to come by than either food or tubal ligations.

The link between *nervos* and hunger was perhaps nowhere more poignantly illustrated than in the case of a young single mother who presented her nine-month-old baby as suffering from a *nervoso infantil.* The mother complained that her small, listless, and extremely anemic little girl was "irritable" and "fussy" and that she cried all through the night, thus annoying other family members, especially the child's grandmother. The old woman was the economic mainstay of a large household with many dependent children and several unemployed adults. The old woman had to rise each morning before dawn and walk a great distance to the ceramic factory where she worked. The perpetually fussy and crying toddler kept her awake, and she had threatened to put her daughter and child out if she couldn't get the child to be quiet at night. The mother requested something that would calm the nervous child and make her sleep. The herbal teas recommended by a local *curandeira* had not worked. Throughout the brief interview the little girl hid her head in her mother's shoulder and whined in a pitiful manner. She was an unattractive child: pale and thin, unhappy, insecure, and both physically and socially underdeveloped. Dr. Luíz gave the mother a broadly disapproving look and shook his head, saying that he was a principled doctor and would not prescribe sleeping pills to a child younger than four years. Instead, he wrote the distraught young woman a prescription for vitamins that she was told to pick up at the *prefeitura.*

As on many other occasions the doctor failed to acknowledge the mother's very real distress and the child's gross state of undernutrition, for which the vitamins were merely an insult. That the child was "nervous-hungry" goes without saying, just as the causes of death on the burial certificates for the two hundred to three hundred children registered each year at the *cartório civil* of Bom Jesus da Mata go "without saying." In this way the reality of hunger can remain a fiercely guarded community secret. And so there is a consequent failure to see what should be right before one's eyes and an evasion of responsibility and accountability. In all, there is a dissociation from reality, a kind of collective psychosis.



"She cries all night long; no one in the house can get any sleep."

The Brazilian novelist Clarice Lispector captured a similar moment in a poignant scene from her novel *A Hora da Estrela* (The Hour of the Star). Macabea, a naive and pathetic young *matuta* from the Northeast who has migrated to the south of Brazil, where she is both underpaid and underfed as a typist, consults a doctor for the first time because she is feeling so badly. After a cursory medical examination the following dialogue takes place:

"Are you on a diet, child?"

Macabea didn't know how to respond.

"What are you eating?"

"Hot dogs."

"Just that?"

"Sometimes I eat a ham sandwich."

"And what do you drink? Milk?"

"Only coffee and soft drinks."

"Do you ever vomit?"

"Never!" she exclaimed with shock. She wasn't crazy to waste food like that! The doctor knew, of course, that Macabea wasn't skinny because of dieting. But it was easier to say this. It was just something to do while he was filling out a prescription for a tonic. . . .

"This question of a hot dog diet is purely neurotic. You ought to see a psychiatrist."

The doctor had no values. Medicine was, to him, just a way of making money. It had nothing to do with the love of a profession or of the sick. In fact, he was inattentive and he thought that poverty was something ugly and distasteful. (1977:76–77, my translation)

Jean-Paul Sartre's (1956) *Being and Nothingness* contains a brilliant existential analysis of "bad faith," referring to the ways that people pretend to themselves and to others that they are not really involved in or responsible for what they are doing or for the consequences of their actions. In the existential view of things, bad faith is the refusal to "make oneself," to strike out freely and responsibly, to take hold of one's situation. Bad faith allows for "history" to be made by others; it entails a passive acceptance of the definition of one's reality as proposed by others. In this instance, the "bad faith" is collective, and it exists on many levels: among the doctors and pharmacists who allow their knowledge and their skills to be abused; among the politicians and power brokers who want to represent themselves as community servants and benefactors, while on another level they know full well what they are doing; and among the sick-poor themselves, who, even while they are critical of the medical mistreatment they receive, continue to hold out for a medical solution to their social dilemmas and their political and economic troubles. In effect, we have a situation, similar to the one

described by Pierre Bourdieu, where no one wants to betray "the best-kept and the worst-kept secret (one that everyone must keep) [so as not to break] the law of silence which guarantees the complicity of collective bad faith" (1977:173).

The best-kept and worst-kept secret in Bom Jesus da Mata is that adults are nervous-hungry and that hungry infants are dumped in common graves after they have been turned away from clinics with nothing more than vitamin drops or a packet of *soro*, as if these were miracle solutions to the problems of hunger and need. And so the refusal to recognize, the failure to *see*, the signs of hunger or to see them as something other than what they really are represents the worst instance of collective bad faith in Bom Jesus.

Gil-Anderson: The Violence of Hunger

> One of the most injurious of these [new] patent medicines is a drink prepared with opiates, chiefly laudanum, under the name of Godfrey's Cordial. Women who work at home and have their own and other people's children to take care of, give them this drink to keep them quiet and, as many believe, to strengthen them. They often begin to give this medicine to newly born children and continue, without knowing the effects of this 'heart's ease,' until they die. . . . The [general] effects upon children so treated may be readily imagined: they are pale, feeble, wilted, and usually die before completing the second year.
>
> Friedrich Engels ([1845] 1958:161)

In visiting the miserable hovel of an old friend, Dalina of the Rua dos Magos, I was taken aback to see in the same room a skeleton of a toddler in the arms of an older child. The boy was Gil-Anderson, Dalina's unfortunate great-grandson. "What is wrong with him?" I asked. He was "sick," Dalina replied. He didn't "like" to eat; food "disgusted" him. Unconvinced by the possibility of so pronounced a death instinct in a tiny child, I asked to see Gil's mother, a stocky, seventeen-year-old girl named Maria dos Prazeres (Mary of the Pleasures, her real name). Prazeres explained that Gil, although eleven months old, ate only a tablespoon of powdered milk in a baby bottle of water each day. She showed me his food: a dirty and almost empty can of Nestlé's milk. The child weighed no more than three or four kilos and looked startlingly like E.T. Because the boy showed no signs of fever, pain, or even diarrhea, I challenged the mother: "Your baby is not sick; he's hungry. Babies that are starved lose their appetite."

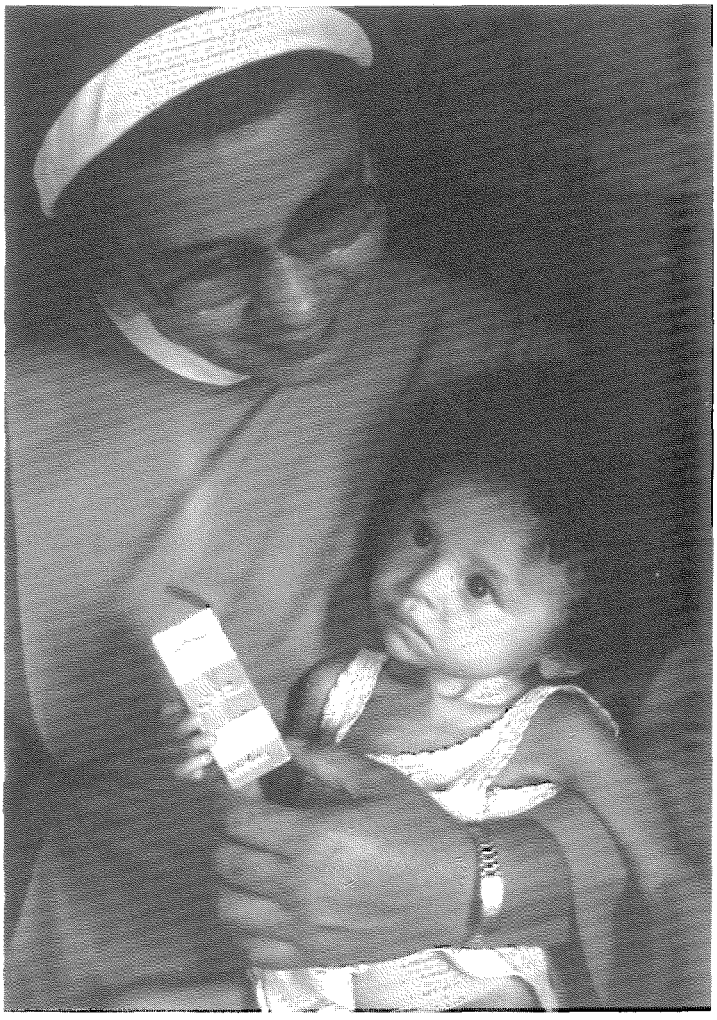
Prazeres replied that he was most certainly "sick" because she had taken

Gil to the clinic, to the hospital, and to various pharmacies in town, and each had given her *remédios* to cure him. I asked to see the medicines and was taken to a tiny lean-to behind Dalina's hovel where, over the child's hammock, was a shelf with more than a dozen bottles and tubes of prescription drugs, all opened and partly used and displayed like saints on a home altar. There were in the collection antibiotics, painkillers, tranquilizers, sleeping pills, and, most painful of all, an appetite stimulant. The child was being "fed" medicines (including a medicine to make him hungry) and then "denied" food. I was much taken with Gil-Anderson, whose startled little expression seemed to convey so much premature wisdom and sadness (but hunger has a way of expressing itself in this way), and I decided to intervene. The same day Sister Juliana and I returned with a vegetable soup, mashed fruits, and fresh milk, which Gil-Anderson at first spit out (thinking, I am sure, that here was more bitter-tasting medicine for him) and then gingerly, later greedily, ate, but in small quantities. His mother said she was surprised that he could eat such things. Each day, however, the foods that I brought (meant to last the little fellow for two or three days) would vanish, as the adults and older children in Dalina's household confessed to eating foods that Gil "didn't like" to prevent them from "going to waste."

This, too, is the madness of hunger, for hunger can turn adults into competitors with their own children. The failure of Dalina to recognize her great-grandson's hunger (so preoccupied was she with her own) is understandable. The "turning away" of the doctors and those pharmacists who gave or sold Maria painkillers and sleeping pills for her starving son is less easily swallowed. Death is, after all, the ultimate soporific, and they need not have bothered.

In the final analysis, the medicalization of hunger is symptomatic of a nervous system, individual and social. Hunger has made the people of the Alto lean, nervous, and desperate. Sometimes it has made them violent. Such nervousness has in the past, under the idiom *delírio de fome*, exploded into a rage that contributed to the many "primitive" rebellions in the backlands of Pernambuco, Ceará, and Paraíba: the fierce struggles at Canudos led by Antônio Conselheiro, the social banditry of Lampião and his Maria Bonita, and the mystical reign of Padre Cícero in Juàzeiro do Norte. The nervous-hungry *Nordestino* continues to be feared today as a potential foot soldier in a revolutionary reserve army.

Into this potentially explosive situation, doctors, nurses, pharmacists, and the first few timid psychologists to appear on the landscape are recruited in an effort to domesticate and pacify an angry-hungry population. It is an uneasy alliance, however, and I do not mean to suggest that Bom Jesus does



Pensive Gil and Sister Juliana: "Poor Gil: no food; only medications for him."

not have its share of social critics among the ranks of both doctors and patients. As I suggested earlier, this analysis developed over time and within the process of political engagement with the members of a base community movement. To date, however, their analysis is rudimentary and inchoate with respect to differentiating hunger from sickness and the need for food from the need for medication. And so they speak of being *enganados* (fooled) by doctors and by politicians, but they are not quite sure in just what ways they are being deceived.

Toward a Liberation Medicine: A Pedagogy for Patients (and Practitioners)

Despite their intuitive understandings that something is amiss, people of the Alto remain perplexed about the social and political nature of *nervos*. They have not grasped how their own folk idiom has been appropriated by clinic physicians and used against them. Meanwhile, the doctors of Bom Jesus da Mata do not appreciate that when the poor people of the Alto complain of nervousness, they are not expressing quite the same neurotic symptoms as one of Dr. Freud's Viennese patients. These doctors might be best advised to return to the basics of their medicine, attend to the primary symptoms of their patients' wasted bodies, and thereby treat as well their tormented minds and frayed emotions.

For people of the Alto one answer lies in subjecting *nervos* to oppositional and critical thinking within the context of their base community meetings so as to denaturalize the concept, to render it somewhat "strange," "exotic," and anything other than commonsensical. In this way "common sense" can be replaced by "good" sense (see Gramsci 1957:90–93), thereby allowing a new discourse (or an older one)—a discourse on nervous *hunger*—to take the place of *nervoso*.

The irony has not been lost on me that it is the "odd fellow" anthropologist who argues against medicine working with and through a popular folk idiom, in this case *nervos*. There is also an irony in calling on already normally reductionist physicians to return to the "basics" of their practice, to treat the "hungry body" so the "nervous mind" will follow, a blatant example of Cartesian thinking. All this would seem to situate me on the side of Susan Sontag (1979), arguing that bodies and diseases be demetaphorized and treated for what they (presumably) really are: plain and "natural" things. Strip away the ragged metaphor of *nervos*, and you will find the bare skeleton of "hunger" shivering under its mantle. But my argument is not, as is Sontag's, against the "poetics" of illness, for hunger and thirst are no more "objects" and "things" than is any other aspect of human relations. Hunger and thirst are mindful as well as embodied states, and they come trailing their own metaphorical meanings and symbolic associations. Happy are those, or blessed are those, after all, who *hunger* and *thirst* after justice. . . . So perhaps I am arguing for the substitution of one set of metaphors for another. If so, that would not make me unhappy.

But we cannot forget that whatever else illness is (an unfortunate brush with nature, a fall from grace, a rupture, a disequilibrium, and so on), it is also an act of refusal, an oblique form of protest, and therefore it, too, can contain the elements necessary for critique and liberation. This is the case

with hunger and its double, *nervos*. *Nervos* (like other illnesses) can express itself negatively in various ways: as a refusal to work or to struggle under oppressive and self-defeating conditions, a refusal to endure what is not endurable, a refusal to "cope." The person assuming the sick "role" says, "I will not, I simply *cannot*, any longer." It is the strategy of Bartleby the Scrivener, who "prefers not to." This certainly seems to be the case with Severino Francisco and Seu Tomás, the nervous-paralyzed cane cutters who simply had had enough and had reached the ends of their ropes.

As Talcott Parsons (1972) recognized, sickness poses a real threat to the social and moral order of things. It is a form of passive resistance that can be a most effective political strategy. Nevertheless, it does require that inchoate and largely unconscious, personal, and symbolic expressions of negation and refusal be transformed into more instrumental, collective, and conscious action. We began by considering *nervos* as the double, as the second reality that coalesces around the cultural images, meanings, and metaphors that attach to particularly dreaded diseases and conditions—in this case, hunger. The original ailment comes to assume a "second nature," a superimposed "other" reality. These doubles can be seen as creative attempts by people to grapple with and explain the meaning of suffering. They are attempts to answer the existential question of the sufferer: "Why me, oh God, why me?" The idiom of *nervos* at the very least provides an agitated, nervous, and hungry population with a less dangerous way of addressing their pain and registering their discontent and defiance. Through the idiom of *nervos*, the terror and violence of hunger are socialized and domesticated, their social origins concealed. But this idiom also contains within it the possibilities for critical reflection. "My illness is really just my own life," said Sebastiana. And Carolina de Jesus reached a similar conclusion: "My sickness is both physical and moral."

The sufferer of *nervos* has two possibilities: he can be open and responsive to the covert language of the organs, recognizing in his trembling hands and "paralyzed" legs the language of suffering, protest, defiance, and resistance. Or he can silence it, cut it off by surrendering more and more of his consciousness and pain to the technical domain of medicine, where they will be transformed into a "disease" to be treated with an injection, a nerve pill, a soporific. Once safely medicated, however, the scream of protest is silenced, and the desperate message in the bottle is lost.

Both Karl Marx and Talcott Parsons were aware of the eroding effects of the organization of personal life and work in industrializing, capitalist societies on the human body and spirit, although their specific sympathies and loyalties in this process diverged radically. Marx understood religion as "the sigh of the oppressed," an expression of workers' frustration. Parsons similarly viewed medicine as providing frustrated workers with an escape into

the lure and haven of chronic sickness, an allowable and sanctioned form of deviancy. But where Marx aligned himself squarely on the side of suffering humanity, Parsons' sympathies were with an insufferable social and economic order. Parsons recognized that the sick role was risky, that it had to be closely monitored lest a "sickness strike" spread like wildfire among disaffected and dis-eased people in society at large. He identified one of the covert functions of medicine in industrialized societies as the control of discontent expressed through the medium of illness and the diffusion of its revolutionary potential. And so the physician had to be "trained" not to see the secret indignation of the sick and wherever possible to transform active protest into passive forms of breakdown. If organized religion was an opiate of the poor, medicine was an opiate of the sick (and the hungry), where the metaphor was actualized, as we have seen, in the "drugging" of hungry bodies and tormented minds.

But medicine, like religion, wears two faces. It can provide the antidote against experiencing the pain of one's existence, or it can be transformed into a "critical practice of freedom." By means of an odd alchemy combining the insights of Marx and Parsons we can see, especially in the context of Northeast Brazil, that both popular religion and folk idioms of sickness can function as febrile expressions of protest against the demand to suffer, hunger, and die unnecessarily or absurdly. In recent decades the religiously devout but impoverished and excluded masses of Central and South America have discovered the revolutionary potential of a "liberation theology" (see Lancaster 1988) by forming ecclesiastical base communities where the Scriptures are read and reflected on in terms of practical realities and are interpreted in a Marxist key. Medicine, too, can serve as a point of critical reflection and practice. It is not by coincidence that so many revolutionary workers in Central and South America have been priests and nuns as well as doctors and nurses, those who have exercised a "preferential option," for the sick-poor by virtue of their privileged access and proximity to the suffering and the afflicted.

Medicine, the hospital, and the clinic (in Foucault's enlarged sense of the term) can be isolated, closed off, from the external world and from the experiential world of patients. Or they can provide a space where new ways of addressing and responding to human misery are worked out. From out of the indistinct panorama of human needs, some voices are raised in anguish and in anger, protesting their own sense of impotence. One of these is the voice of *nervos*. We might conclude by asking what medicine might become if, beyond the humanitarian goals that it expouses, it could see in the suffering that enters the clinic an expression of the tragic experience of the world. We might have the basis for a liberation medicine, a new medicine, like a new theology, fashioned out of hope.