

Alcohol, crack and therapeutic effects of Santo Daime in homelessness ¹

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Introduction

Populations that live in the streets represent a growing phenomenon in global cities, such as New York, Paris, Tokyo and São Paulo (NCH, 2007; NLCHP, 2007; Santos, 1999; _ 2003). According to Sassen (1993), who coined the term *global city*, the concept presents a political and an economical side: “The first one has all regulatory outlines and resources to deal with global operations of company markets. In the political side, competition for urban space is observed. (...) Among 63 cities ranked, São Paulo takes fourth place regarding business real estate development. Therefore, such fact shows that starting enterprises is easy, suggesting that there is small protection for weaker actors” (Dantas and Marchi, 2008). In the city of São Paulo, population of the streets increased from 3,392 in 1991 to 10,394 in 2003 (Vieira et al, 2004; SAS, 2003). City Hall estimates 12,000 adults living in 35 public shelters (60%) or literally in the streets (40%) (Folhapress, 2007). The use of alcohol is inherent to their condition (Rosa, 2005); moreover, it is also observed among populations that live in survival limits under conditions of extreme poverty, such as some remaining Brazilian Indians, who lives out of their natural habitat. The use of other drugs, mainly crack and marijuana, is common among youth (CEBRID, 2004). Among the subjects studied, a higher incidence of such drugs was observed up to 30 years of age.

The analysis of functions and meanings of use of alcohol and other drugs by street population shows that it is a reactive process of loss of their social role, connected hence to the situation of social liminality (Turner, 1988).

Mechanisms of social control responsible for restriction on use of such substances are limited to criteria of use of public shelters, religious and social institutions, which generally demand abstinence, dealing with the issue in a discipline,

¹ This study was part of an ethnographic survey, developed at Public Health School of *Universidade de São Paulo* with FAPESP (governmental agency for research and surveys) support.

medical and hygiene matter (Giorgetti, 2006; _ 2007). Religious clinics, occupational therapies in social institutions, Alcoholics Anonymous meetings and mental health institutions open to people in general and not always available for homeless people.

Spontaneous self-control development was observed in some cases studied and was influenced by religious interventions or health complications (Silva, 2000); nevertheless, it is limited to some intervals of time with abusive use and worsening of diseases, such as AIDS, tuberculosis, hepatitis, cardiopathies, gastrointestinal diseases, orthopedic traumas resulting from accidents and fights. Considering conflicts with employers and penalties by social agents, such as loss of the right of assistance public services, such picture imply worsening of their situation, making social and health care more expensive.

Reports about healing effects of the tea called Ayahuasca, obtained by cooking the liana *Banisteriopsis caapi* (*jagube*, *mariri*, etc.) and leaves of *Psychotria viridis* (*chacrona*, *rainha*, etc.), have been registered through studies accomplished about shamans and religious or therapeutic centers, mainly in the Amazonian region (McKenna et al, 1998; Grob et al, 1996; MacRae, 1992). Such studies became more intense in the last two decades, with the dissemination of places for ritual and collective use of that tea in urban contexts, mainly regarding ceremonies of Santo Daime and Herbal Union (*União do Vegetal*) (Labate, 2004), spread across dozens of countries. Santo Daime experience among street inhabitants of São Paulo, related to the group studied, started in 1996 with other therapeutic practices originated from Amazonian shamanism.

In this research project about street population in which this study is inserted, field work was accomplished between 2005 and 2008; in addition, reference registers go back to the 1990s, when street population became known by city public policies and therapeutic intervention focused was developed. Ethnographic approach was performed in areas of high number of street inhabitants in the inner city of São Paulo, where small scale traffic, prostitution and delinquency are common, and in Crackland (*Cracolândia*) – region with a huge number of crack users, who use it collectively in the street or in cheap hotels spread in such region. Also, deep interviews with street inhabitants who use or used Santo Daime ritualistically were accomplished, as well as with people socially and economically established who reported the discontinuity of drug and alcohol use and with religious leaders with 10-year-experience conducting rituals and receiving alcohol and drug users, among them, people who lived in the streets. In

contrast, we used references related other therapeutic dynamics observed through visits to health units, social assistance, shelters and associations of recyclable material collectors supported by local government².

Magnani (2002) proposes an “ethnographical method about the city and its dynamics” in order to “rescue a *close look from the inside*,” acknowledging the “existence of groups, networks, exchange systems, meetings, institutions, arrangements and many other mediations through which (...) the subject participates effectively, in his daily life, in the city”. This perspective spares us the view of the subject concerning “fragmented, individualized and atomized in relation to the impersonal scenario of the metropolis,” avoiding the “dichotomy that, in big contemporary metropolis, opposes individuals and urban megastructures” (p.17). Therefore, we looked for “access regarding a local or micro social level of reality in which a set of social practices and cultural perceptions revealing general socio-cultural dynamics and structure continually occur (...)” (Romaní, 1999, p.151).

Approaching the subject studied and his habitat, with this view, allow us to identify relational connections in the context of use of legal and illegal drugs. On the other hand, identifying substitutive relations between effects caused by alcohol and drugs and existing gaps referring to relationships with society and to his own emotional trajectory.

The contrast between anthropological approach and clinical-epidemiological paradigms (MacRae *et* Vidal, 2006) has shown study limitations about chemical dependency, which seek, in the “model biomedical causality, relation between pathogenic agent (drug) and sick organism (drug user)”. The definition of dependency, adopted at the end of the eighteenth century, when the alcoholic became “victim of a actual pathology of will” (Cerclé, 2001, p.14), is compromised in the presence of such multiplicity of theories about psychoactive substances, multiplicity of use patterns and contexts, individually and collectively.

“Disease” or “Comfort”

² The CRATOD (Centro de Referência de Álcool, Tabaco e Outras Drogas) – Center of Reference of Alcohol, Tobacco and Other Drugs, is the main health unit for alcohol and drug users support by the government.

The idea of alcoholism³ and drug abuse as a disease has been spread since Medicine got interested by alcohol intoxication at the end of the eighteenth century⁴ (Cerclé, 2001); moreover, such idea has been spread especially through different theories about addiction process and treatment methods. According to Vie Libre (Fainzang, 2007) and the Alcoholics Anonymous, only a few people would be subject to addiction among a major number of people who consume regularly the drugs or not. Considering the issue of use in situations of liminality, such as street context, such substances may be seen as mediator or depositaries of other meanings individually or collectively, issues more complex than the condition treated by the concept of “dependency.”

In this study, the discussion takes place from narratives of lives of people who live in the streets. Miguel, reports a fragmented trajectory since his childhood, when he already worked collecting junk for a junkyard. Today, with 36 years of age, He leads a group of recyclable material collectors, who tries to assure the right to use an area under a viaduct. He smoked marijuana for the first time when he was 7. Miguel spent his childhood moving from a relative’s house to another. With no professional qualifications, he got in touch with drugs and robbery easy money. Thus, he saw his salvation in a love relationship and the Pentecostal church, which kept him away from drugs for a certain period of time. Hence, he lost his woman, went to prison and left expecting changes. Miguel left the crime circuit while he was on parole and went to the streets, where he survived on aid of public services. When he started spending his nights smoking crack, the day was reserved for fights and disagreements with institutions where he used to go. Forbidden from attending them, he cursed and attacked people in the doorway, insulted the coordinators, and made inconvenient denunciations. Such *performance* (Turner, 1988) leads him to face the police again, which worked as a mechanism of social control.

The abusive consumption in the streets may be seen as a reactive process of social exclusion. Difficulties of collective mobilization of groups that live in extreme poverty and limitations to express their discontent make difficult the possibility of effective social rebellions capable of assuring the right of dignified life. The socio-

³ The term created by the Swedish doctor Magnus Huss (nineteenth century), associated with repeated ingestion of alcohol, has the suffix -ism like other diseases, “especially intoxications.” (Cerclé, 2001, p.18).

⁴ Benjamin Rush “(signer of the Declaration of Independence),academic and respected physician, wrote the first renowned North-American scientific treaty in relation to the status of chronically alcohol toxicity”. (ibdem).

cultural context of origin and stigmas put these people aside from social structures and make them dependent on charitable services of diverse ideological orientations. These questions, that emerge in different studies of the street population (Giorgetti, 2007; Rosa, 2005; Snow & Anderson, 1992) attribute a new meaning for the abusive use in the representations of the subjectivity. Considering the “social role as the enactment of rights and duties attached to a given status” (Goffman, 1959, p.24), the duties in relation to the use are lost when there no rights. Dawsey (2005) also sees alcohol inserted in representations of self exclusion among sugar-cane cutters in Brazilian central regions.

In order to keep the autonomy they once had, street inhabitants reconstruct a domestic environment in the street (Santos, 2003), cook their food using improvised cookers under bridges and viaducts. With time, they had to develop other survival strategies during the trajectory of socio-economical degradation (Paugam,1999) and social segregation. Social identity of provider (Vieira et al, 2004) is left behind when they become dependent on social institutions or groups that distribute food. When they do not choose their food or their clothes, the exercise of will is seriously compromised.

There is a conflict between the positions of dependent and autonomous adult; they are both desired and frightened. As a dependent person, the individual experiences disqualification, inferiority, impotence; nonetheless, he is conscious and can also see the other one and compare himself with the other person. Uriel drinks since he was a kid and justifies his return to the streets after six months living in a religious shelter: “everything is façade: food, clothes given..., (...) after the users leave, the brothers order pizzas for them...”. Ezequiel, 41, who “drinks since he was 11”, prefers the street to his ex-wife’s. He broke up with her because of the “damned one” (Brazilian alcoholic drink called *cachaça*) and adds that he and his wife are “ignorant (...) and arrogant.” Ezequiel praises his walks with his daughter around the city, remembering what he cannot buy: “A McDonald’s sandwich costs eight *reais*. Lunch per kilo, a ready meal... is about five or six *reais*, with variety of salad, three kinds of meat, eggs...”

A young black man, with no shirt, drunk, drums a wooden box in the center of São Paulo, between Justice Secretary and the financial quadrilateral at downtown, denouncing differences, reflecting about his feelings and showing symptoms of a chronic urban anomaly, atemporal, which extrapolates subject’s circumscription. In this place, in 1554, “José de Anchieta and a group of *Companhia de Jesus*” founded the *Colégio dos Jesuítas* (Jesuit School). The location “was situated in a plain and high hill, surrounded by two rivers, Tamanduateí and Anhangabaú” (PMSP, 2008). Today, with

only one of these rivers, this place is where a group of street inhabitants spend the end of the day talking about their problems and dreams next to the base of the monument in honor of “Immortal Glory to the Founders of São Paulo”, while they wait for food donations. Curiously, Anchieta, disciple of St Ignatius Loyola, “used to end his reports with the expression “*Minimus Societatis Jesu* [the last one of *Companhia de Jesus*]” (Gambini, 2000, p.76). While the “*pinga circle*”⁵ encourages the drumming, the young black man illustrates the scene narrating the parable of the prodigal son: “The son left home to travel around the world. He ate pigs’ balls... you know what they are... that’s the rest, he ate the rest... When he went back home, his father prepared a party...”.

Nasser (2001) analyzed 26 histories about alcohol consumption among 28 interviewees in a survey accomplished in a public shelter of São Paulo. According to her, “alcohol was introduced in their lives as a familial habit encouraged since they were very young and, with time, it became more intense; furthermore, during adulthood, this habit intermediates the relationship between professional and domestic life, establishing a leisure activity that could be performed in a short period of time, with few financial resources” (Nasser, 2001, p.186).

What we can identify as a leisure activity assumes other connotations according to the history of people’s lives. Madalena learned to drink with her grandmother. Her grandmother and her mother used to drink a lot. Her mother is alive and never stopped drinking. Thus, alcohol is part of her life, since her childhood, as well as the history of her suffering: discrimination during her first years of school because she was poorer than the other students; sexual initiation with an older brother; and physical violence caused by her stepfather and mother, who, among several punishments, did not feed her. She learned to consume alcohol, as much as prostitution. Why should it be abnormal if those practices were very common in her home? People like her grandmother and mother were reference to Madalena. The sexual abuse carried out by her brother reinforced the idea that women are objects, in which she transformed dealing with two husbands and lovers she had in her life.

When the affirmation of social identity is compromised by socio-economical issues, such as loss of status, the individual enters the domain of social liminality (Turner, 1974; 1994). Turner uses the concept of “social drama” as “units of aharmonic or disharmonic social process, arising in conflict situations” (Turner, 1994, p.35).

⁵ “Pinga circle” means a circle formed by people drinking *pinga* (Brazilian alcoholic drink made of sugar cane).

The first stage of such process delimits the rupture of regulated social relations. In the trajectory to the streets, people live cumulative ruptures, in relation to both social and familial sphere and work relations, getting far from what are socially acceptable, reinforcing vulnerabilities and stigmas. The rupture with social structures not only delimits the loss of goods access and modern society advantages, but also challenges people to survive in insalubrious places. For instance, the lack of public toilets makes them disregard biological cycles, causing gastrointestinal constipations and physical discomforts not reported in official surveys. Besides, *muquirana* –a species of louse– invades clothes, blankets, and foam used as mattress and lives among the bodies touch each other seeking tender and comfort.

The second stage of the process is characterized by the “crisis”, during which the rupture tends to increase, coexisting in a context of “relevant social relations to which the conflicting or antagonistic parties belong” (Turner, 1994, p.38). A woman who heard the parable of the prodigal son (mentioned above), while waiting for a vacancy in a female shelter, immediately replied: “if you go back to your father’s home, would he accept you back? ... Lots of fathers do not want their sons back!” Her father used to say that she “is not competent to work in the kitchen or to get a husband” and that her sisters did not like her.

Questioning his own “competence”, the subject internalizes the exclusion and excludes himself. The *antagonism between ruptured parties* tends to be settled in perception of oneself in the personal sphere of the subject. In this case, alcohol or drug may be installed as a mechanism to deny, tolerate or repair the *drama* experienced. In the perspective of “social dramas”, the repair is the third stage. When the subject understands such mechanism, he ruptures the stigma and is free from the roles that the others imposed. Also, he notices his vulnerabilities, such as personality flaws, corrected by having consciousness of oneself.

In this study, an aspect not commonly referred to in Brazilian studies was observed about the streets inhabitants: expression of sexuality. Such factor is scarcely explored by surveys; conflicts of sexual identity become emotional problems. In addition, the streets may be a sort of escape from family. Homosexuality, as sexual expression, is a rich source of information concerning it. Rochel affirms: “when we drink, it’s easier to get women” (...) “when you’re drunk, you sleep with any kind of woman (...) even with men”.

Ariel used to sleep with his partner under the viaduct and did not feel embarrassed because of his friends of “*maloca*”⁶; however, he devoted a considerable effort to contact again his children and his ex-wife when he was sober. Omael spent months without alcohol. As he is young, strong, intelligent and very sociable, finding a job is not difficult. Nonetheless, explaining why he starts drinking again is hard. As a consequence, he loses opportunities to earn money and places he rent when he is working. When he is drunk, he is violent and frightening, contrasting the necessity for attention and tender he demonstrated to some friends. Oziel speaks about homosexual practices that he does not accept, which “he cannot resist”. He says he started having sex with men with an older man in his childhood. Oziel left home to work and had sexual experiences with men and women. When he went back, he had sexual relationship with a male friend, who told other people about that, making difficult Oziel’s permanence in the city. Alcohol brought him courage, but also serious damages to his health.

Reports of people reveal conflicts more visible and accepted in the concept of moralities inserted in their behavior and social relations; nevertheless, as their intimacies are exposed, we notice drug uses in general. Daniel, 25, for instance, mentioned an extremely religious father who expelled him from home because he “had had sex before marriage”. In an urban context, young people rarely remain sexually abstinent. In addition, he demonizes the uncontrolled use of crack, which, by the way, is bought with money that he and a friend earn working in transporters or watching car near Sé square. After three months in the streets, not knowing how to rescue his evangelic perfection lost, or feared, he affirms: “Devil’s cue is fornication.”

Crack demonization, widely spread due to its low cost and effective effect, may be understood more realistically from specific conjunctions and determining factors of power and social relations, allowing the necessary complexification of the phenomenon so that we may notice it beyond our encyclopedic view, in the microcosm of people’s daily lives. Bourgois’ (1995) investigation regarding vendors and users of crack in East Harlem, in New York, shows a study constituted by the second and the third generations of Puerto Ricans, whose grandparents lived an oppressive colonial history of Spanish domination, followed by American domination in the exploitation of sugarcane

⁶ Places used by people who live in the streets, during the day or to spend the night. Normally, there is some furniture, such as boxes and other object where they can seat, reused foams and mattress, bags and boxes where they can keep their personal objects, clothes, documents and, sometimes, kitchenware.

monoculture. With massive migrations right after the Second World War, “an average of 40,000 people/year left Puerto Rico in fifteen years” (p.48).

Only 1/3 of families of East Harlem had public aid and, with changes related to work relations, they started looking for jobs that do not require qualifications, such as nannies, maids, waitresses, prostitutes and, for men, services related to car repair, demolitions and, in the 1980s and 1990s, trade of cocaine and crack. And, after the mid 1990s, also heroin.

The complexity evoked by Bourgois to explain the phenomenon of a “street culture (...) violently self-destructive” makes us understand the complexity of alcohol and drug abuse in this street universe.

Reyel consumes alcohol since she was twelve. But she started drinking excessively after her father’s death, some years later, when she was already living in Rio de Janeiro. She found a bottle of *pinga* with offerings to spiritual entities in a street intersection (common practice of religious ceremonies of *Candomblé* and *Umbanda*); moreover, in a short dialog, she determined her bond with alcohol for the following years: “You killed my father, but will not kill me. I’m going to drink until I’m forty, then I’ll stop.” (declaration made when she was becoming forty, still drinking). He lived in several states of Brazil; he lived in Rio de Janeiro before moving to São Paulo. He had several jobs, almost always related to the streets: delivering messages, selling snacks on the beach, selling objects (*marreteiro*) or collecting recyclable materials. Reyel never liked closed places. He feels like a prisoner and does not remain in public shelters for long time. He remembers that was tied to the furniture in order to not leave home when he was a child. For fifteen years, he did not visit his family. When he got tickets to go, he did not stay there more than two weeks, going back to the streets and shelters of São Paulo.

Initiation

“Santo Daime” does not refer exclusively to Ayahuasca tea. This term comprehends a cosmology originated from Cristianism, which opened to doctrinal references of Spiritism, Umbanda and Shamanism. Sessions are considered “spiritual works,” presupposing that human conscious is manifested differently in different levels.

Furthermore, in a level more *essential, deep or superior*, this conscious can connect other intelligences of a spiritual universe of “lights” and “shadows”.

Speaking about “discernment” related “Spiritual Exercises” (published since 1548), Ignatius Loyola mentions “two flags” of “good and bad spirits” (Idigoras, 1991). Umbanda and Kardecism have systematized the idea of lights and shadows, followed by recent spiritual concepts such as Buddhism and Taoism. According to concepts of Shamanism and Umbanda, spiritual entities also comprehend forest beings and others from “astral plains”, as seen in Indian and African cultures, constituting the Brazilian popular religiosity. According to the reports studied, “spirits” - to which are referred during altered state of consciousness, under effect of Ayahuasca tea – connect to the subject through a kind of vibrational frequency determined by one’s good and bad qualities, being helped or disturbed by them.

Ayahuasca tea has psychoactive agents such as dimethyltryptamine (DMT) and β -carbolines that interact with monoaminooxidase (MAO) and serotonergic processes that act to regulate mood. It also causes an increase in activities electroencephalographic (EEG) alpha (8-13 Hz) e theta (4-8 Hz) and possibly acts on limbic system, allowing access to emotional conflicts. The altered states of consciousness are similar to deep meditation. The individual “may have new profound insights into his own behavior patterns and may learn to integrate previously unconscious material at a higher level of consciousness”. In neurological terms, it means to raise them “to a neocortical level where the problems can be processed, understood and integrated” (Hoffmann et al, 2001). The therapeutic effects, including to the use of alcohol and drugs, has been reported in a few searches of its pharmacology (Labigalini, 1998; McKenna, Callaway & Grob, 1998; Grob et al, 1996).

There is evidence of use of this substance by Inca civilization or in previous periods. Nonetheless, Santo Daime, as a spiritual doctrine, rose in the beginning of last century from experiences of Raimundo Irineu Serra (1892-1971), a son of slaves who migrated from Brazilian Northeast region to eastern Amazon where he tried the tea traditionally used by Indian shamans (Mortimer, 2001). “Master Irineu” –as he became known– drank the tea and contacted spiritual entities who instructed him about the religious doctrine, transmitting new rituals for preparation and use of this beverage and 132 hymns that are part of the hymnal “the Cross” (*o Cruzeiro*), composed during his life: “Master announced that Daime would be a prodigy” (interview with Luiz Mendes, contemporaneous of Master Irineu). Other religious leaders had similar experiences,

composing thousands of songs (similarly to the *icaros* – shamanic songs used by Peruvian *ayahuasqueiros*), which contains doctrinal messages of this religion. Sebastião Mota Melo (1920-1990), disciple of Master Irineu, and his son Alfredo Gregório de Melo (1950), assumed the mission to disseminate the doctrine (Cefluris, 2008; Alverga, 1998), or, as said by a healing hymn: "teaching the whole world about the doctrine through the order of creator father"⁷.

Initiation process of Santo Daime is basically spiritual sessions in which the tea is ritualistically drunk amidst hymns specific for every ritual, according to the calendar of each church, concentrations accomplished every other week lasting about 4 hours and intercalating songs and prayers and silent moments, when they kept sit. Other rituals are accomplished in longer periods of time, even more than 12 hours, in accordance with the size of the hymnal. Also, circular dances are performed following a specific arrangement or opening the session for mediumistic manifestations, with prayers or invocations – before or after– delimiting the ritualistic context. "Healing sessions" comprehend specific hymnals or selected hymns and silent "concentration" moments.

The "Healing Hymnal" of *Padrinho* Sebastião (Cefluris, 2008) starts proposing a "conscious examination", evokes healing spirits and presents "lessons" important to understand "suffering", acknowledge "guilt", "regret", and "ask for forgiveness". Models of "love", "harmony" and community ideal are seen along with the hymns, acknowledging the "power of God" and the power of "everyone" as "son of god".

"Power" and "Force" are concepts combined with intelligent forces evoked from metaphysical plain; besides, they are continually shown through several hymnals, connecting the individual to "work," "discipline" and availability to "follow the right way". In socio-therapeutic terms, elaboration of such concepts may be determinant to develop self-control, based on Christian moral, seen in the wide repertoire of "miration" (*mirações*)⁸, complied by the cosmology of Santo Daime and said along with the hymns.

Therefore, hymns are mediators of a "superior force" revealed through Santo Daime and they become meditation guidelines and scripts codified for reflections about

⁷ H ymn 10 – Hymnal New Era, Alfredo Gregório de Melo - *Padrinho* Alfredo.

⁸ Some interviewees narrate their "mirations" as if they were narrating their dreams. In some cases, details are so rich that evocate scenes of a past experience actually lived. Generally, people report their perceptions related to sight, hearing, touch, smell, taste, which express a specific reality with a significant meaning for the subject.

personal experiences: “I live in the woods, I have my lessons, I’m not called Daime, I’m a divine being...”⁹.

Besides the “cleanings”¹⁰, the strongest effect of the tea is “mirations”. Several authors who have been studying the use of psychoactives remain far from concepts that see them as hallucinogens. On the other hand, these researchers affirm, as mentioned by Escotado (Escotado, 1995, p.40), that “when such substances are part of ceremonies conducted by shamans, other witches and priests in a wide sense, they constitute substances “entheogenic” value”¹¹.

Since the 1990s, the initiation process developed in Takiwasi clinic, Tarapoto, Peru, provides contact with traditional rituals of consumption of Ayahuasca at the same time of detoxication periods, also performed with use of vomitive and purgative herbs. Thus, the consumption of this psychoactive offers the user the chance to transit through psychedelic circles (Mabit, 1996), going beyond the limits reached using other drugs. The process also includes isolation and contact with nature, followed up by physicians and shamans. The experience of Takiwasi (ibdem), Riquia¹² and the contact with autonomous healers guided the development of the method used in activities with groups of people who live in the streets of São Paulo, enabling them to use a therapeutic support traditionally consolidated.

The “cure”

In this part, we present records, interviews and cases of "cure" in relation to use of alcohol and drugs by the Daime, concluding the article with an analysis of some questions that rose from such declarations. Cases of people extremely connected with alcohol and drugs who would have changed their behavior by stopping the use are reported by all religious leaders interviewed from churches of different cities: “it gives back person’s value, self-esteem; how fast it does that is amazing.”

The metropolis of São Paulo has several temples and places where Ayahuasca ceremonial use occurs. One of the main references of use é “Heaven of Mary,”

⁹ H ymn 1 – Second part of Healing Hymnal. *Padrinho* Sebastião.

¹⁰ Cleanings identify processes of spiritual purifications somaticized into involuntary organic reactions, such as crying, vomiting and defecating. Also, they may be accomplished collectively through a ritualistic element, such as smoke of medical herbs and proper songs: “Our Lady smoked her beloved children to remove all evil...”

¹¹ From *en theos genos* (“conceiving God in yourself,” “generating the divine”) (Escotado, 1995, p.40).

¹² Centers of “traditional therapy” located respectively in the cities of Tarapoto and Pucallpa, in Peru.

conducted by Glauco Villas Boas, since 1993. When Glauco identified the house about which he had “dreamed” to be the first official temple of the church, he discovered that it had been “devoted to Virgin Mary” by nuns who had lived there. Also, he discovered that new guests had arrived before him: boys “who were running away from home” or “just living in the streets” and occupied the house while it was empty to smoke crack. Working with street inhabitants was not his intention, but he sheltered those boys: “those who agreed to participate in sessions of Santo Daime stayed (...) two of them are still here.” Jeliel, “treated” in the city of Sorocaba, declares: “I had lost everything, wife, kids and belongings because of drugs (...). After the first session, I stopped. After the forth session, I was healed; I still smoked cigarettes for a while.” Glauco adds: “... What is missing is a place where we could work with these people (...), a ranch where they could stay, not going back to the environment [of drugs]. Cures would be much faster. Churches have a schedule; they cannot provide such support.”

In 1996, a group of Daime followers leaded by Walter De Lucca developed spiritual sessions through Santo Daime for street inhabitants in a ranch where one of the first churches of São Paulo had operated, “Flower of Waters.” Other arrangements for spiritual session, already practiced by traditional shamans, were added: *detoxication* through walks, waterfall showers, vomitive and purgative beverages; *diet* with food with no salt, fat and sugar; and *isolation* in individual rooms. Those two street inhabitants who still participate in spiritual sessions left public shelters, do not sleep in the street and do not use crack and alcohol any more.

Miguel sleeps in a small and precarious construction of a vague terrain. With no electrical power and with a severe winter, he got tuberculosis (he is already cured). He earns some money collecting recyclable materials. Also, he receives donations. During his free time, he helps a group of collectors, who see him as a leadership, counselor and agent of claims directed to the city hall related to the maintenance of their space under the viaduct. Miguel was forbidden to attend some social institutions in the neighborhood because he had aggressive behavior under effect of crack. Some social agents still complain about his behavior, which is “bothering”; however, people who live in the streets with whom he lives trust him: “he became another person”, “he never used drugs again”.

Gabriel’s friends also consider him “cured”. He is not known as drunk any more, receives HIV treatment, fixed his teeth, lives in a shed in a slum and works in a “workshop of income generation” of a social institution. Besides, he is a high-school

student, 2nd grade, “repeating (...) to learn better,” says he. Sometimes he drinks alcoholic beverages, mainly when he visits his relatives during Christmas holidays or during another social event; nonetheless, he becomes sober quickly, demonstrating that he developed a sort of self-control regarding alcohol.

The third interviewee participated in spiritual sessions of the church “Heaven of Mantiqueira,” 130km from São Paulo. He also participated in one of the “*feitios*”¹³ of Daime. Before Santo Daime, his drinking problems caused the loss of a vacancy in the shelter and of everything he could get when he was sober, which lasted about four months. He mentions he loves bicycles, but he does not know how many he had lost - robbed or exchanged for alcohol. After a long period of recovery, he takes care of the place where he lives whose rent is paid by the city hall. He started selling sandwiches in the *camelódromo* (sector for ambulant vendors) of Rua 25 de Março. He fixed a manual car in the institution he attended; he hired an assistant and saved money to buy an old car in installments. The last time we saw him, he had paid in full his car. He was transporting people or goods. Besides, he had a girlfriend and a dream of travelling with his car, knowing other Brazilian cities. He drinks beer in the weekends, but he affirms that now it is different because beer is lighter and “on Monday, he is working again”.

These people met Daime through the contact with people or groups that were reference for them and established qualified connections, demonstrating to acknowledge their rights and qualifications and encouraging behavior changes. Opportunities to spend entire weeks in ranches were offered, *i.e.*, waterfalls and native vegetation, significantly different from their reality in the streets.

Several churches, such as Heaven of Mantiqueira, developed treatment programs for users of drugs and alcohol. According to the couple Chico and Maria de Lourdes, cure regarding addiction to alcohol is the most difficult one. However, people who overcame the “process” still go to the church. The surroundings, the rural area, make the isolation easier and provides resources like occupations related to agricultural work. Dini (2006) ministers Santo Daime in a church in Sorocaba and manages a “clinic” for people who want to take the tea to solve problems like “drugs and depression.” Lots of them live in the streets, to whom he offers aid with his own resources. In the first time,

¹³ *Feitio* is one of the most complex rituals of the religious doctrine: It involves collecting the liana and leaves; detailed cleaning of such material; maceration of the plant; infusion of the tea; and its storage. These tasks are distributed among men and women and organized through distinct operations, in which different roles are also distinguished. Instrument and place organization and care remind of a domestic environment and demonstrate the possibility of a community ideal advocated by the doctrine.

the person does not participate in the rituals “to avoid the relation with religiosity:” “what will the deaf say? ...later, we talk about spirituality.”

Some people drink the Daime and do not come back, some continue drink for some time and later assume other responsibilities or religious lines, and some people affiliate to their original churches: “even though the recovery was not immediate (...), he saw a light (...); something changes with the experience.” One of these people, André, today leader of the church “Heaven of the New Life” (in another state of Brazil), affirms that conventional sessions “are not designed for street inhabitants, but lots of them come to us.” He dedicated a weekly spiritual work for “dependencies and depressions,” with participation of approximately 25 people. We found register of therapies complementary to Daime concerning drug users, both natural ones, such as *kambô*¹⁴, floral and medical herbs, and conventional therapies, such as psychotherapeutic treatments. The best example is in *Vila Céu do Mapiá* (Village Heaven of Mapiá), the Mecca of Santo Daime: *Santa Casa* and *Prato Raso* clínica, the latter implemented by the psychiatrist Fábregas, supported by *Universidad de Madrid* (Diniz, 2005).

Former street inhabitants who took Santo Daime and were interviewed still participate in the work developed by “*Unidade de Resgate Flor das Águas*” (Flower of Waters Rescue Unit). About 5 Daime followers supported this job. Groups with up to 12 shelter and street inhabitants, with rare exceptions, users of drug and alcohol, participated in a walk until the place. After that, only those people who demonstrated interest in the ritual –from 1 to 5 street inhabitants– participated in the spiritual sessions. Some of them had never drunk the tea, but participated in other activities developed there. In these moments, they remained alone or talked, making jokes and sharing their life stories. That place reminded them of their childhood in ranches and close to nature; they said they could breathe fresh air and see a green landscape, not the gray one of viaducts.

In spiritual works, the feeling of community called their attention because of the relationships in and out of the ceremonies. Even though living in the street, Miguel and Gabriel are free to go to the house of the religious leader. They are always well received when they go there. Furthermore, they use this privilege to transit between the street and a society that seemed distant and indifferent before Daime: “these people need attention (...), want tender and care,” says De Lucca. Through Daime, Rafael was

¹⁴ *Kambô* is extracted from the secretion of the frog *Phyllomedusa bicolor* and, applied on skin apertures, causes intense organic reaction and induce cleanings and altered mental status.

able to exchange city anonymousness for acknowledgement in a society that receives and recognizes him as a brother. During the period of diet of up to seven days, accomplished in different moments, they stayed in little houses and tents without being disturbed and, at least once a day, they received the visit of a monitor who took them water, oatmeal and manioc cooked, with no salt, with oil or other condiment.

They experienced precariousness of food –more than in the streets– and, at the same time, they identified with the founder of the doctrine, who had a similar experience, personifying Christ and updating the fast before his public life, in Amazonian *seringais* (plantation of *seringa*, *i.e.*, “rubber trees”).

The tasteless food was accompanied of exclusive attention in certain hours of the day, as well as stories and interest for them. That place, in natural reserves with tracks to walk, fountain, small lake, fresh water, waterfalls, became a small paradise when compared with their lives among big concrete wall of viaducts. These landscapes reminded them scenes of their childhood, a lost paradise, making the feeling of being son of the land with rights never imagined before easier. In this environment, the subject may forget their anguish and realizes a world and another world different from that urban one, which denies him acknowledgement and possibilities of dignified life.

Under the effect of the tea, the subject loses the control of his own rationality and goes deep in his mind. According to De Lucca, “Daime does not make him good, but it intensifies the being, good or bad, making explicit a power over himself and the other (...). It is not Daime, it is the interaction that it provides.” The individual talks deeply to himself or to different versions of himself through his mirations: “now I’m getting older, I’ve talking a lot to my grandfather”, but “it might be an Indian”, or “Our Lady,” or “children”, or “warriors”, or “a woman in red”, or “old men with white beard”.

Avoiding classification of mirations, Daime followers are exempt from confusing experiences considered contacts with beings of the spiritual world with those that reveal unconscious contents or mental projections. For Groff (1985), visions seen during altered mental status may be reflexes of scenes already lived in perinatal experiences and become their present through behavioral patterns lived along life. They may personify aspects of their own personality or personality of those with whom they maintain a relationship, such as masculinity, femininity, wisdom, aggressiveness, patience, force, weakness: while one of them looked in the mirror and saw himself as a woman, another person contorted on the floor feeling the “animal”.

Images described are related to aspects of their personal problems lived in the streets as “social dramas”. Their understanding allows the subject to choose a new way for his life, making more coherent decisions. Rafael says that when returned to alcohol took a “*maloqueira*”¹⁵ into his bedroom. In the following Day, he had to discard his sheets to “get rid of the *muquiranas*”. “Never more!” Alcohol effect favors the “dive”. The individual dives into himself, finds out who he is – and did not know– and finds the person he may become, just like the lyrics of a hymn: “finding me, I will find you”. He finds archetypal references that will support the restructuring of his personality and relationship with the external world: “I take Daime to see my flaws, I take Daime to change me; I don’t take Daime to dignify me because the great one is Jesus...”

In the cosmology of Santo Daime, there is a spiritual hierarchy. Nonetheless, everyone is “children,” providing an identity of "son of God", assuring access to "divine mother" and "father" when you are clean. Alcohol and drug are considered impurities. Furthermore, using them, spiritual access is restricted to inferior spirits. Cure means to learn about “understanding” to keep off such “bad spirits.” If the subject depends on such spirits who always invite him to consume alcohol, he must request help from “light spirits”: “I beg of my St. Michael, you and sword, help me to dominate these people in order to proceed along the good road. In order to proceed along this good road of the master who teaches us, I shall obey all commandments of this doctrine”¹⁶.

As a "son of God" and soldier of a spiritual army, the subject assumes an identity that confronts roles of needy, sick, helped, and dependent connected with the system of social aid. Dini identifies an “evil that is nourished by our weaknesses (...) when we do something against our principles” (Dini, 2006, p.137).

With principles of a new identity, the subject starts rejecting prejudices continuously projected on him. He becomes part of the social structure, abandoning the position of outsider. Because of his financial precariousness, life restructure will be slow and hard; nonetheless, crossing barrier é like facing opposers with kindness and forgiveness: “I’m a messenger of the blue angel; St. Michael sent me. I came here to tame the dragon’s head.”

According to the reports obtained, the conversion is followed by a new perception of oneself, occurring identity and cognitive changes, as seen by Stadler

¹⁵ Pejorative term that indicates women who live in the streets, not caring about clothes or hygiene.

¹⁶ H ymn 4 – Hymnal of *Padrinho Valdete*.

(2002) in relation to Pentecostalism. “Traces of personality” such as mood changes and reorientation of aggressiveness to productive activities, which were followed by the confirmation of a new “social identity” expressed in “community connections, relevant feelings, roles assumed and perception of a world outside the religious group.”

Final Considerations

As the use of alcohol and drugs can be understood as part of the process of social drama (Turner, 1994) lived by people who live in the streets, we observe a situation of “crisis,” during which there is a tendency of increase of the rupture with social structures, reaching the antagonism between street situation and positions that those people occupied or could occupy out of the streets. The acceptance of rules and criteria of social programs in public institutions works as a “redressive action”, third stage of “social drama”, when a search for mechanisms that limit crisis extension occurs. Furthermore, we observed that street inhabitants’ reflections normally restrict the “crisis” situation to the discomfort of such ruptures, justifying the consumption of alcohol and, more rarely, of crack, as a way of insertion in the universe of the streets and acceptance of survival codes of most groups that are in such situation. Hence, the comfort provided by altered perception and mental status would be a repair action in relation to the emotional discomfort originated from losses of work, house, family, and social identity, mainly for those who literally live in the streets and distant from social institutions. According to the survey asked by the City Hall in 2000, 5,9 % of people of shelters and 46,8 % of people who slept in the streets had no documents (SAS-FIPE, 2000).

The fourth stage of the “social drama,” according to Turner is the “*reintegration* of the disturbed social group or of the social recognition and legitimization of irreparable schism between the contesting parties (Turner, 1994, p.41). In this perspective, we try to demonstrate the “healing” effects of Santo Daime relating it to the end of suffering of the subjects studied, taking into account a repair action on subject’s perception about himself, as well as his relationships with society and the world around him. The individual internalizes the exclusion and excludes himself. When he understands and controls such mechanism, he ruptures stigmas and is free from derogatory roles that the others imposed. Besides, he notices his vulnerability in

personality characteristics and tries to change them by using his own resources. Such fact shows concrete possibilities of intervention by using Santo Daime associated with social acceptance and therapeutic support so that the transition of the subject through therapeutic process is possible.

Trajectories considered religious “conversion” have been noticed by anthropological studies because of the spread of Pentecostal religions. They have been studied regarding their effectiveness in daily life and religious consumption currently (Birman, 2006; Stadtler, 2002; Mafra, 2001). Velho (1997), mentions that, for social sciences, studying emotions is very difficult. In addition, he exemplifies the example of Pentecostalism as aspect of globalization. In relation to systems of “cure,” the classical article of Laplantine (2004) refuses the dichotomy “medical systems” x “religious systems.”

Considering people who live in the streets, we observe the medicalization of their way of life and use of drugs and alcohol as demands to “mental health”, directed to a “hygienic” recovery of such population. Religious and public institutions propose models of self-control and self-regulation. The former explains some rejection of institutions such as hostels, the other focus on models like conversion, including Pentecostals.

The specificity of Daime is in the idea of regulating the “trance” as progression of the self experience from ingestion of a psychoactive, qualifying the religious experience through “possession”, such as Afro-Brazilian worships. In Daime, “possession” as much as “salvation” are integrated regarding meaning and ingestion of a substance, from which “miration” experience proposes an exercise of separation and inclusion in relation to what is lived as a negative emotion and an emotion shared by ritual participants.

We believe that concerning public health related to current issues, such as street circuits and drug use, those circles of “conversion” and “cure” should be studied and incorporated in a system of self care available to different groups.

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