


Spring 2012

Connecting Cultures: MSMCBJ's Alternative Methods to Mental Health Therapy Within the Aldeia Indigenous Reserve and the Bom Jardim Favela

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Recommended Citation

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Connecting Cultures: MSMCBJ's alternative methods to mental health therapy within the Aldeia Indigenous Reserve and the Bom

Jardim Favela

By Emily Rasowsky, Spring 2012

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Abstract:

Connecting Cultures: MSMCBJ's alternative methods to mental health therapy within the Aldeia Indigenous Reserve and the Bom Jardim Favela

For my Independent Research Project I observed how community integration and connecting individuals back to the indigenous cultural idea of community work together to improve upon the mental health of individuals in the Favela of Bom Jardim, Fortaleza and the Pitaguary Indigenous Reserve or Aldeia. I examined how the Movimento de Saude Mental Comunitaria do Bom Jardim (MSMCBJ) organization provides individuals within Bom Jardim a space to build a supportive community, based in indigenous ideals, while simultaneously providing professional and social opportunities for the Pitaguary tribe to create a sense of cultural valorization and how both of these aspects lead to a more comprehensive system of healing for residents of urban slum communities and residents of the Pitaguary tribe. It is my belief that by studying this co-dependent system of social integration that exists within MSMCBJ, by having worked with individuals from both the communities of Bom Jardim and Aldeia who participated in the programs of MSMCBJ, I was able to obtain a better understanding of an alternative methodology of mental health healing. By integrating both of these groups back into a holistic society based in community: the residents of Bom Jardim being reintroduced to their indigenous roots in the form of building community and connecting with others and the Pitaguary being able to obtain more opportunities for success and thus community pride, MSMCBJ provides the link between two seeming separated locations and helps facilitate an alternative form of mental health healing with a collaboration of different modalities of health create a more productive and uniquely alternative system of healing, ultimately based in the indigenous beliefs of holistic healing.

Culturas de conexão: métodos alternativos MSMCBJ à terapêutica da saúde mental dentro da Aldeia Indígena Reserva e do Bom Jardim Favela

Para o meu projeto de pesquisa independente, observei como a integração da comunidade e conectar pessoas de volta à idéia cultural indígena da comunidade trabalham em conjunto para aperfeiçoar a saúde mental dos indivíduos na Favela do Bom Jardim, Fortaleza e da Reserva Indígena explicativo Pitaguary ou Aldeia. Examinei como o Movimento de Saúde Mental do Bom Jardim Comunitara organização (MSMCBJ) fornece indivíduos dentro de Bom Jardim um espaço para construir uma comunidade solidária, baseada nos ideais indígenas, ao mesmo tempo proporcionando oportunidades profissionais e sociais para a tribo explicativo Pitaguary para criar um senso de valorização cultural e como esses dois aspectos levam a um sistema mais abrangente de cura para os moradores de favelas urbanas e moradores da tribo explicativo Pitaguary. É minha convicção que, ao estudar esse sistema de co-dependente de integração social que existe dentro MSMCBJ, por ter trabalhado com pessoas de ambas as comunidades de Bom Jardim e Aldeia, que participaram dos programas de MSMCBJ, eu era capaz de obter uma melhor compreensão de uma metodologia alternativa de cura da saúde mental. Ao integrar estes dois grupos de volta em uma sociedade holística baseada na comunidade: os moradores de Bom Jardim a ser reintroduzidos a suas raízes indígenas na forma de construção da comunidade e conexão com outras pessoas e explicativo Pitaguary ser capaz de obter mais oportunidades para o sucesso e, portanto, comunidade orgulho, MSMCBJ fornece a ligação entre dois locais separados aparentes e ajuda a facilitar uma forma alternativa de cura de saúde mental com a colaboração de diferentes modalidades de saúde criam um sistema mais produtivo e única alternativa de cura, em última análise, baseada nas crenças indígenas de cura holística.

Research Methodology

The majority of my research came from a mix of formal and informal interviews as well as many participatory observations. I spent 5 days in Bom Jardim collecting research as well as interviews and later spent 5 days in St. Antonio doing the same. Overall, I was able to have a total of 9 interviews with people within both Bom Jardim and St. Antonio. The first stage of my research was to obtain a basic understanding of the organization MSMCBJ and what elements it employs to achieve its mission. I carried this out mainly through two main methods: speaking with the coordinators of the programs as well as the president of the organization as well as doing personal research both online at their promotional documents and personally through experiencing the programming that they offer while staying in Bom Jardim. By being able to have the personal experiences to accompany the literature and interviews I was able to form my basic understanding of MSMCBJ as an organization.

The secondary stage of my research was to understand how the organization affects the actual communities in which it programs for. I was able to carry this research stage out while living in Bom Jardim and St. Antonio. During my stays in each one of these locations I did as much as I could to observe and participate in the daily lives of people in these locations. By doing this I was able to set up the context in which MSMCBJ is able to operate and how the programs that it has can change the mental state of both the individuals I was interacting with and the community in which they are a part of. I felt that since I was able to temporarily normalize myself into the community, many of the in genuine effects that formal interviews have on accurate data collection, was to some extent neutralized. Despite this micro neutralization, I felt that there were still some effects from the interview process that are unavoidable when approaching a population as more of a researcher than as a permanent fixture in society. I did,

however, feel that my subject body was well representative of the population I was aiming at studying. I not only was able to obtain an inside perspective on the organization but also outside perspectives from those who don't participate directly in the work of MSMCBJ.

The third stage of my research was compiling all of my information and creating a theoretical framework for my understanding of the events I studied. Through this element I was able to incorporate the literary and secondary sources into my greater understanding of how this topic fits into the academic world.

Definition of Terms

Aldeia: The regional area, outside of Maracanu, on the periphery of Fortaleza- the Capital of Ceará in Northeast Brazil-where the St. Antonio Indigenous Reserve is located.

Bom Jardim: A favela community on the outskirts of the city of Fortaleza where MSMCBJ has its main headquarters.

Community: In this context it is a group of individuals who share a common theme and provide support as well as and identifies solutions for one another.

Community Therapy: The Community Therapy is a tool that allows us to build supportive social networks for the promotion of life and mobilize the resources and skills of individuals, families and communities. The purpose is to find the therapeutic dimension of the group itself valuing the cultural heritage of our indigenous ancestors, African, European and Asian as well as the knowledge produced by the life experience of each. This therapy is based on two fundamental assumptions: 1. Even if she ignores it, any person has in it resources and knowledge useful to others, whatever its social, economic conditions and its culture. 2. These skills to come from what it has experienced.

Community Development: the different, area specific actions, taken by a particular group of people within a culturally rooted location or multiple culturally rooted locations, to improve upon the social, mental, economic, and cultural wellbeing of a community

Favela: A low-income neighborhood, often referred to as a slum

Indigenous Reserve: A location that is governmentally protected for the purpose of preserving an indigenous culture.

Mental Health: The mental, emotional, and physical wellbeing of an individual including less severe mental disorders such as mild depression to more severe disorders such as chronic OCD.

Paleso: An indigenous structure where community events take place. It is round with a thatched roof and is where Community Therapy in Bom Jardim takes place. The significance in the shape is one of indigenous origins where each person is required to stand side by side, in a circle as to represent individual equality.

Therapy: is the medium that brings the individual challenges of social interactions into fruition to be solved. Individuals are not seen as isolated but as members of a relational network capable of self-regulation, progression, growth.

Social Relevance of the Research

In the world of long term therapy, there is controversy today about the value of consuming regularly prescribed medicine leads is the best or only way to handle more long term conditions, such as mental health issues¹. Seeing as how there are different ideas surrounding alternative methods of healing especially with the objective to improve upon the wellbeing of those who are in underdeveloped areas, this project will help bring more light to other methods of alternative healing that combines both traditionally sought method. This particular technique is based in inclusivity and in some cases can be more accessible to groups that are in need of mental support. Considering this could act as a more accessible option, it could act as a platform for other similar programs among groups of historically discriminated individuals to connect them back to their origins as a form of this community integration therapy. In examining the program successes in MSMCBJ in providing mental support programs, that effect not just the mind but the whole individual, I was able to examine a standard system of replicable holistic healing that would be of value to both society as a whole, specific organizations looking to implicated alternative health programming, and those who are generally interested in how this collaboration is being done.

Additionally, since the collaboration is being done in a low income community and works closely with at risk populations offering alternative healing practices, this study will allow me to bring a wider context to the value of community fostering and culture preservation from a development point of view. By providing access to a more alternative version of total-health care the organization is able to “see a reduction in the number of psychiatric visits to the Centre, which have dropped from 3,500 to 1,300 a month, reflecting major savings for the public health

¹ Waters MM40

system”². This allows for the community to further gain growth and stability which in turn helps improve upon the issues that such low income communities typically face. Additionally, this program is built off of the theory of enhancing and utilizing the sub culture that already exists in the lower income communities. In this way, the relevance of this study extends to creating systems to better understand how to more effectively improve the health care options in low income or low income indigenous communities throughout society and more importantly how these two types of communities can help one another to provide a better overall system of healing.

² Osava, Mario. "Bringing Community Mental Health to the Poor." *IPS: Inter Press Service*. N.p., 09 AUG 2009. Web. 26 Apr 2012. <<http://ipsnews.net/print.asp?idnews=48011>>.

Expanding the idea of community therapy

The Community Therapy, according to Adalberto Barreto is a tool that allows us to build supportive social networks for the promotion of life and mobilize the resources and skills of individuals, families and communities. The purpose is to find the therapeutic dimension of the group itself valuing the cultural heritage of our indigenous ancestors, African, European and Asian as well as the knowledge produced by the life experience of each. This therapy is based on two fundamental assumptions: 1. Even if she ignores it, any person has in it resources and knowledge useful to others, whatever its social, economic conditions and its culture. 2. These skills to come from what it has experienced.³ The traditional application of this term has been viewed as a closed ‘therapy’ session in different at risk communities to help the residents realize their underlying potential for happiness. In examining this specific type of therapies in offered in both Bom Jardim and Aldeia with the Movimento da Saude Mental na Comunitaria do Bom Jardim (MSMCBJ) it can be shown that this definition of therapy through the means of community building can be used as the lens which to analyze different mediums for the improvement of mental wellness. MSMCBJ is a model for demonstrating how a community can be improved and developed to nurture overall mental health improvement and wellness. MSMCBJ works within two at risk communities: Bom Jardim, a favela, and Aldeia, an indigenous reserve. By having programing in both locations MSMCBJ is able to learn about each community-it’s strengths and weaknesses-and begin to intermix the community programming as to enhance the strengths of each community and use the strengths of one community to improve upon the weaknesses of the other-and vice versus. In this sense the definition of community expands to not just address one sectioned location but also to look at two seemingly different

³ Barreto, Adalberto. *Terapia Comunitaria Passo A Passo*. Print.

locations and find how they too interact as a larger co-dependent community in which greater growth can occur. It is through this research that I present how development of communities in this interactive manner can lead to stronger community wellness, and in itself act as a type of alternative ‘community therapy’ for those who participate.

Originally, when starting this work it was easy to frame this idea of community assistance in a one sided support system: the cultural roots that were present in the indigenous community, and being brought in through subtle influences and thematic undertones by MSMCBJ programs, were helping the people of Bom Jardim build community support networks and thus help them feel a sense of belonging, which was improving their mental health. However, upon spending time within the community of Aldeia with the Pitaguary indigenous people, it became clear that the access that is being brought to the area with pre-professional classes, larger transportation systems, health posts, and other elements of developed society that the people of Bom Jardim have access to is helping provide opportunities to the residents of Aldeia which in terms provides them a better sense of self valorization-thus improving mental health. It is this idea of different society interactions that lead to the understanding of the indigenous methodology of inclusive healing-a new way in which to view alternative medicine therapy.

The Americanization of Mental Illness:

In low income communities, such as those of Bom Jardim and Aldeia, there exists a link between high rates of mental health and lack of education or income.⁴ The problem facing these individuals is how to obtain quality forms of healing while trying to overcome their societal

⁴ Ludermir AB, Lewis G. Links between social class and common mental disorders in Northeast Brazil. *Social Psychiatry and Psychiatric Epidemiology* 2001;36:101-7.

burdens. Obtaining more drastic methods of ‘western’ medicine can be overly expensive while different alternative modalities are often inaccessible or in the case of the indigenous population, lost.⁵ In society today, one problem that exists in burdening the expansion of alternative health methods in mental health improvement is this idea of ‘mental health Americanization’. The Americanization of mental health is the process of the West has been strongly exporting its’ ideas of modern knowledge of mental illnesses around the world. This exporting of ideas, while based in spreading scientific information-believing that these ideas give biological basis for psychic suffering-have led to the Western world spreading ‘symptom repertoires’ as well. New western diseases have become newly classified in different countries around the world and have simultaneously lead to the decline in traditional treatments of healing and an increase in the need for medicinal dependency.⁶ What this medical system leaves out is the factor of internalized poverty. When people living in misery are consistently exposed to a lower standard of living-they can internalize their poverty and express this in the form of mental diseases. In this sense it doesn’t just make sense to treat the medical chemistry of the person’s brain but also the community from which this problem stemmed.

The problems facing the people of Aldeia and Bom Jardim are multi-faceted. Not only are these prescriptions of the western world expensive, but often times those people on the medications still need complimentary support for their daily struggles. What MSMCBJ does is not to discount any method of healing, which inherently works to provide people with a new theory of achieving mental wellness. This idea of growing away from indigenous modes of healing and moving more towards a singular ‘doctor-patient’ experience in nature is exclusionary

⁵ Waters, Ethan. "The Americanization of Mental Illness." *New York Times* [New York City] 08 Jan 2010, New York Edition MM40. Web. 26 Apr. 2012. <http://www.nytimes.com/2010/01/10/magazine/10psyche-t.html?_r=2>.

⁶ Ibid

and singles out the need for community support. The projects of MSMCBJ work to combat this mode of thinking and bring about a different alternative to exclusionary, mental health, healing-healing that discounts the need for many layers of mental growth. “Our work [at MSMCBJ] is not a replacement for medicine but a compliment. It is common that a person who has these problems come to this group and it helps them live better and have more growth with their problems especially if they are already on medication”.⁷ Keeping the importance of medicinal therapies as a part of the themes MSMCBJ works on, further emphasizes the return to an indigenous model of health care.

Theory of Indigenous Health Care: Methods of Inclusion

The value of social and cultural understanding in mental illness is something that has is touched upon under the context of moving away from an Americanization of mental health. "What cross-cultural psychiatrists and anthropologists have to tell us is that all mental illnesses can be every bit as influenced by cultural beliefs and expectations today as any other mental illness ever experienced in the history of human madness. This does not mean that these illnesses and the pain associated with them are not real, or that sufferers deliberately shape their symptoms to fit a certain cultural niche. It means that a mental illness is an illness of the mind and cannot be understood without understanding the ideas, habits and predispositions — the idiosyncratic cultural trappings — of the mind that is its host”.⁸ This understanding of mental illness in the context of cultural underpinnings forms the basis for the shift in community building therapy as an alternative pathway to mental wellbeing. As stated above, cultural influences have a large hand in mental wellbeing-an individual living in a community that holds

⁷ Anna Paula interview. See Field Journal, Page 22

⁸ Walters “Americanization of Mental Illness”

lower standards of living can thus be internalized and expressed in a form of mental illness.⁹ This being said, one can assume that by examining further the state of a community and developing that community's capacity to improve and support the mental conditions of its residents more effectively those same residents would be able to increase their mental stability. The idea of indigenous health care doesn't just look, however, at the role of community as one singular means to one singular end (improved mental health). It also goes about this community growth in an extremely inclusive nature. Never discounting any option, and opening the doors to greater acceptance and opportunities for the people within a society to contribute to the overall wellbeing and feel a larger sense of connection not only to their own thoughts health but also the health of the community as a whole. When this is effectively done, what can occur is a greater individual sense of purpose as well as a fortifying of community.

In Aldeia and Bom Jardim, this idea expands to contain not just one community but takes this desire of inclusion one step further to include not one but two, inherently related by ancestral and basic cultural linkage, but physically separate communities and form one subtly co-dependent unit. This inconspicuous relationship can be maintained by the presence of MSMCBJ as it acts as the physically linking intermediary with which the two community mental health projects interact. This system of cyclical inclusion is in itself, inherently, indigenous. This indigenous idea of inclusion in turn allows for a new perspective on alternative traditions of healing, in the realm of mental health. This method not only looks at the importance of therapy, or traditional medicine-such as Reiki or Massage- but also looks at the importance of education and employment as part of self-esteem growth and the importance of bringing people back to

⁹ Campos, L., & Cafardos, P. (2009, September 28). *Paginas azuis-padre rino bonvini. O Povo.*

their cultural roots to find purpose. “I choose to work at MSMCBJ because it doesn’t just look at one thing. It’s not just community therapy it is artisanal work, pre-college classes, and social gatherings. It doesn’t just look at this from one angle-it includes many different solutions all in one” as stated by Anna Paula the coordinator of the Community Therapy classes.¹⁰ Each element contributes to the indigenous theory of wellness, which in itself is untraditional.

MSMCBJ: History and Mission

The Movimento do Saude Mental Comunitara do Bom Jardim (MSMCBJ) is a community organization located, physically, in Bom Jardim a favela-like community near Fortaleza in the state of Ceará and additionally works with the indigenous Pitaguary people in the nearby area of Aldeia on the St. Antonio Reserve. This organization supports individuals by respecting their bio-psycho-socio-spiritual dimensions and promoting the development of their potential, through the redemption of human and cultural values, in order to promote the quality of personal, interpersonal, and community relationships to promote the gift of life. MSMCBJ achieves these goals by providing free community programming to both people in Aldeia and Bom Jardim-bio dance, self-esteem classes, community therapy, Sim a Vida, pre-professional and pre-college classes, a community garden, a cultural center called Casa Ame filled with different activities such as music and art classes, and massage therapy. Additionally, MSMCBJ helps further the growth of the community by partnering with the government funded Centro de Atenção Psicossocial (CAPS) program to bring in more direct community support.

¹⁰ Anna Paula interview. See Field Journal, Page 21

MSMCBJ was started in 1996 by Padre Rino, a Comboni priest and psychiatrist from Italy, who started out his journey in health care at the age of 18, as an ambulance driver.¹¹ During his time traveling the world on separate health related missions he found himself wanting to start a program that not only focused on his love of helping those in need of mental assistance but also wanting to build up similar ties in indigenous communities.¹² He believed both had something to offer to other and over time created MSMCBJ. He started the Community Mental Health Movement in Fortaleza, Ceará now operating in 10 centers around the surrounding area.¹³ MSMCBJ works closely with both the people of Bom Jardim and the Pitaguary tribe and provides a connection between both of these communities. It brings those individuals in Bom Jardim back to their indigenous roots by providing indigenous inspired, alternative healing classes, community therapy classes rooted in indigenous cultures and the program provides a space that maintains indigenous cultural influences including the architecture and décor. ¹⁴ This allows the residents of Bom Jardim the opportunity to feel reconnected to the indigenous heritages in which they are derived, which helps build-both consciously and subconsciously- their sense of community. This sense of community and being connected to a greater heritage and purpose, especially coming from a traditionally discriminated group, provides a form of mental health healing. Additionally, MSMCBJ works to provide the Pitaguary with opportunities to improve upon their current conditions by offering professional preparations programs, pre college classes, internship opportunities, and overall community relation building. These classes have the ability to build more opportunities for growth; individual valorization and pride to their cultural identity which in turn helps provide self-esteem improvements and a better sense of

¹¹ Cavalcante, A. M. (2011, December 31). Alguem para falar de vida. *O Povo* , pp. 42-45.

¹² Ibid

¹³ "Quem Somos ." *MSMCBJ*. Movimento de Saude Mental Comunitaria do Bom Jardim, n.d. Web. 26 Apr 2012. <<http://www.msmcbj.org.br/>>.

¹⁴ Ibid

mental well-being. Each area holds a different set of sub-cultures and problems and MSMCBJ creates opportunities for programming based off of each area. Through this community development and social inclusion, MSMCBJ works to combat mental health disorders through both complimentary and preventative methods.

Bom Jardim: A Favela Community

Bom Jardim is one of the poorest, most violent neighborhoods in Fortaleza, the capital of the northeastern Brazilian state of Ceará. Many of the individuals living in Bom Jardim moved here from the interior for the promise of better opportunities that often accompanies the commercial activity of large cities. “There is 10% that lives in Aldeota, similar conditions to Europe, and there exists a population that lives in misery. When I arrived here, people were dying of hunger and malnourished children” according to Padre Rino- Ottorino Bonvini - a Comboni priest and psychiatrist from Italy who chose Fortaleza for his community mental health mission. Alcoholism is a major problem in Bom Jardim, affecting a full 45 percent of families, followed by depression, which affects 4.5 percent of families, according to Father Rino.¹⁵ In addition such problems of violence and drugs are prevalent as well.¹⁶ Crack cocaine is one of the most popular drugs that pervade the area and this breeds culture violence and a strong police presence.¹⁷ Despite the presence of poverty, violence, drugs, mental illness, and alcoholism, the physical space of Bom Jardim and the area on which MSMCBJ resides is a welcoming space.

My first experience in the area was trying to find Padre Rino’s house. I asked the bus attendant to tell me and the two other people I was with when to get off and one of the men sitting next to us overheard and said he knew exactly where to get us off so that we would get to

¹⁵ Osava, "Bringing Community Mental Health to the Poor".

¹⁶ Interview with Antonia. See Field Journal, Page 19

¹⁷ See Field Journal, Page 5

the CAPS building. Then when we got close he told the man in front of him to make sure we got off at the right place. That man told the next man and soon enough the whole bus knew where we needed to go and assisted us in getting off the bus. The CAPS building however was not Padre Rino's house and so we had to go in and get more directions as to how to get to his house. We asked three people on the street as well for directions and everyone seemed to know exactly where he lived. The helpfulness of the community was apparent. Eventually we got to his house- a large light blue structure with two automatic gates and a person who needed to buzz you in. The inside had two communal computers and a few shared offices in which the staff worked and often time socialized. The large kitchen room was the main space where most meetings were held and many social interactions were encouraged. Outside of the main house Padre Rino had many different animals: birds, parrots, chickens, rabbits, dogs, cats, guinea pigs and turtles to name a few. Despite the historical context that would assume this place to be closed off and cautious, the environment that permeated the organization's presence in Bom Jardim was extremely free.

The other three large establishments in which MSMCBJ functions: Casa Ame, the CAPS building and the Centro de Desenvolvimento, had very similar atmospheres. Casa Ame and the Centro de Desenvolvimento are directly across the street from one another and the CAPS building is attached to the Centro de Desenvolvimento. Each building was covered in bright colors and spray painted art that displayed images that resonated with the themes of the buildings: i.e. the Centro de Desenvolvimento had a picture of people in a circle, covered by an indigenous paleosa and taking part in therapy since that was where the community therapy programs took place. Casa Ame which is a community center where arts programming, pre-college and professional classes occur and many other activities within Bom Jardim take place, also held the community

garden which was frequented by members of the community as mental health therapy. Casa Ame was two stories tall and always seemed to have people moving in and out of each room carrying out many different-seemingly unrelated activities. The CAPS building is also the location where people in need of medical or physical doctoral visits go. While in each one of these spaces, it felt very comfortable and safe which seemed to be a strong contrast from the environment outside of the buildings. ¹⁸

The area surrounding MSMCBJ showed more clearly the undertone of violence than the actual organization. Within Bom Jardim there are two main busses with 15 minute bus routes that serve the area and primarily run along two main roads. The busses are either the Bom Jardim II or Santa Claire II. Only a few bus stops are clearly labeled and the main stop I frequented was informally located outside of a drugstore. It was the kind of thing that reinforced the idea that foreigners don't frequently come to Bom Jardim. Along these main roads there are a few clothing stores and 2 different barber shops-each with barred and locked doors that only opened when you approach the store closely and called to the owner. Along with these few locally run stores there are two large grocery stores within 5 minutes walking distance of one another. After the first large supermarket there were two local restaurants. Beyond this central strip the physical layout of the organization in Bom Jardim is quite small. There were many small, square shaped houses in close proximity to one another neighboring a few collections of small mud-built houses with tarp roofs. Additionally, the main street next to the main terminal, Sequira, had many larger grocery stores, repair shops, and churches. ¹⁹

¹⁸ See Field Journal, Pages 2-3.

¹⁹ See Field Journal, Page 2.

The physical structures of the area felt more closed off than the environment inside of MSMCBJ. It almost seemed like a small escape from the streets of Bom Jardim. This deep contrast was especially visible during a Bio-Dance experience at the Centro de Desenvolvimento. While in the class was very apparent that everyone had let their guards down for that time and didn't seem to have any concerns about safety or violence-they were simply in the space and relaxed. This was then slightly disturbed once the class ended and everyone quickly and somewhat frantically went to find the individual they were to walk home with and within maybe 10 minutes everyone had cleared out of the room. You could definitely feel the change in vibes and the anxiety that people had about getting home as quick as they could, which was a stark contrast from the rest of the session. These deeply contrasting expressions of safety and danger were very prevalent throughout my experiences in Bom Jardim and hold consistent with the history and violent presence in the area.

In Bom Jardim, specifically, MSMCBJ offers programming to try and build upon this sense of community-such as the occurrence in the Bio-dance class and aims to create more opportunities where this type of experience can occur in order to place more importance on growing security not only in their surroundings or community, but also in themselves. What Bom Jardim lacks, in this context, is a safe and secure community which has effects on the internalization of their community's condition and their place in it.

Aldeia: The Pitaguary Indigenous Reserve and People

Pitaguarí is the group of Indians who inhabit the Pitaguary mountain, located in the municipality of Maracanaú, Ceará. The Pitaguarí Indigenous Land has an area of 1,735.60 hectares and which encompasses the settlements of Santo Antônio (including Aldeia Nova,

Retiro and Ipioca), Pau Branco, Olho d'Água, Horto, Munguba and Jubaia, among others. Santo Antônio is the most populous with families located on the top of the mountain and others who live in the midst of the non-indigenous urban population. Their population is 450 people living on the Indigenous Land and 300 in the surrounding areas.²⁰ The Pitaguary belong to the peoples of the Tupí-Guaraní language family which, in the 16th and 17th centuries, settled on the coasts of Ceará in successive migrations coming from Pernambuco, Paraíba and Rio Grande do Norte.²¹

The physical location is full of nature. Since the reserve is about an hour and thirty minutes away from the center of the city, it is right below the small mountains and has preserved most of the nature in the area. The reserve is covered in trees, farm animals and dogs that most of the time runs free, a governmentally preserved lake, and dirt paved roads. The houses are mostly constructed from cinder blocks and mud and most of the time the family living there was the one that constructed it. Water and electricity are scarce but present. Automatic toilets are practically nonexistent and windows are open to let as much natural light come into each house as to cut down on electricity usage. Cars are also few and far between and motorcycles are much more frequently used. The entirety of the area is residential aside from a small local market and one small school-that operates all day and has each age group coming to school at a different time: elementary age in the morning, middle school age in the afternoon and high school age in the evenings. Everything else-food, health care, clothing, is all located just outside the residential area of the reserve.²² Right at the entrance of the reserve is the Health Post that has been put in by the government and is fairly new. It holds dentists, doctors, nurses for distributing shots,

²⁰ Pinheiro, J. (2007, September). *Povos indigenas no brasil*.

²¹ Ibid

²² See Field Journal, Page 14.

OBGYN doctors, SUS workers, and many other people to assist with the health quality of the community.

The family in which I was living was made up of four people, one married couple and their two children. Simone was the mother of the family and was 36 years old. She was very outgoing and seemed to know everyone in St. Antonio. Among her many jobs as a nurse, a vendor in Centro, and a blood laboratory worker, she lead the adult illiteracy classes as a volunteer every weeknight in the community center and also taught community therapy classes for the Movement throughout nearby communities-specifically working with children. Joachim was the father of the house hold and was 42 years old. He worked as a vendor of clothing in Maracanao and Centro. Sara, the 14 year old daughter of the family was a student and loved everything about make-up, boys, Facebook and music. She had big plans to go on to college to be a police woman or a doctor and was more of the care taker of her family. She woke up every morning at 6:30 am to clean the house and cook her father breakfast before he went to work. The brother of the family was 16 years old and was only in the house 2 nights out of week I spent there due to his schooling that was a 1 hour commute every morning and most times he chose to stay near his school. He was very active in MSMCBJ and spent much of his free time in the programs that the organization offered.²³

Each night people in the community met at the community center for the adult illiteracy classes and to socialize after class subsided. Children from around the community would also meet in the community paleosa where soccer, tag, and chit-chatting amongst the younger kids commenced. This paleosa was also the sight of some of the community rituals that occurred each

²³ See Field Journal, Pages 14-17.

Saturday. Aside from this ritual space, the community also congregated around a large mango tree, near the center of town that was a traditional space of ritualistic meetings and ceremonies.²⁴

The breakdown of safety and security in this area was almost not a topic of discussion. The overwhelming feeling was one of safety and community security. Everyone in the reserve shared the same history and cultural respect for one another and thus the community strength was very strong. When speaking to Simone about her perspective on the community security she explained that each Saturday the community gets together to discuss any problems that are present and each person gets a vote as how to handle each situation. For example, if someone has a problem with drugs or a family cannot make a payment, the community comes together and helps support that person overcome their addiction and gather money to assist the family in making the payment. The system, while socialist, works for the people as it is steeped in historical significance and builds a center of trust and safety. Walking alone at night, for example, was something that was not a concern-a steep contrast to the experience in Bom Jardim. The one problem I was able to discover was teenage pregnancy. However, when this problem was explained it was presented in a way where most of the young couples here feel that there is no problem with having children in that they have such a strong community support system.²⁵

The one area that this community lacked as far as community mental health was the presence of opportunity. Since the physical location of the reserve is so drastically far from the commercial center of the city and only one bus comes back and forth from the reserve, the problem was finding a way to provide employment and educational opportunities that the reserve

²⁴ Interview with Simone. See Field Journal, Page 26.

²⁵ Ibid

cannot provide. This lack of access created a sense of poverty that when internalized further builds on the history of the indigenous people of being discriminated against and denied access to growth. By having MSMCBJ provide these opportunities, growth can occur on an individual level without compromising the safety and strength of the community relationships.

Combining the two communities:

Examining these areas, a link can be formed between the strengths of each location and the needs of the counterpart location as well as a cultural and historical link-making them prime examples of expanding the definition of community. The main weaknesses in Bom Jardim, with regard to mental health conditions, are the lack of connection between each citizen. The residents feel their struggles as individual endeavors and thus push themselves into isolation, internalizing their area's poverty, and then develop mental disorders. On the other hand, the people in St. Antonio have a strong sense of inclusivity and support within the reserve but lack the same access to commercial endeavors that the people of Bom Jardim have. Ruling out the factor of moving, the best solution for this group of people is to bring them access to different opportunities to improve their mental wellbeing. In looking at this closer, it can be assumed that each community can then help the other receive what the other lacks and thus create a link between the two where each problem is solved by social inclusion. MSMCBJ then acts as the medium for which to connect the two communities and carry out this simultaneous support system.

The historical linkage between the two communities can be found in their indigenous roots. "For we all are from the indigenous origin here and it is helpful to be reminded of our connections to each other. We are all in a circle, no one is in front of the other we are all next to

each other, no one is unequal in this way” as expressed by Anna Paula.²⁶ Additionally, in Ceara, most people are of indigenous origin and so this is a part of the culture.²⁷ In addition to their indigenous link, having the same general regional as well as national history provides a basis for similarities to be drawn and a larger community connection to naturally take place.

Separate Community Development Improving Mental Health:

Throughout my research with both the Pitaguary and the Bom Jardim residents’ one of the areas in which I observed MSMCBJ’s work is community development. Community development in this context can be defined as the different, area specific actions, taken by a particular group of people within a culturally rooted location or multiple culturally rooted locations, to improve upon the social, mental, economic, and cultural wellbeing of a community.²⁸ MSMCBJ works within two historically and culturally linked areas: Bom Jardim and Aldeia and uses each community profile to provide adequate and relatively demanded support.

In both locations, the individuals have a lower level of overall economic and community development which has a strong link to the presence of mental disorders, specifically in countries where income distribution is a problem, such as Brazil.²⁹ In the context of these two locations, each population shares a set of historically significant events bred from the oppression of their people. With the history of Brazil continually oppressing indigenous cultures through such means as slavery and lack of human rights it creates a culture where mental disability has a risk of being more prevalent.³⁰ Additionally, since Brazil has the second most unequal distribution of

²⁶ Interview with Anna Paula. See Field Journal, Pages 21-22.

²⁷ Ibid

²⁸ Ludermir AB, Lewis G. Links between social class and common mental disorders in Northeast Brazil.

²⁹ Ibid

³⁰ Ibid

income in the world. Disparity in educational attainment could be one of the most important factors perpetuating social inequalities in psychiatric disorder in the country.³¹ In the context of these societies, education can be defined as not just the access to traditional schooling, but also access to the betterment of all forms of education, such as those subjects that provide personal education and growth. Due to these factors, both favela areas as in Bom Jardim and indigenous reserves such as St. Antonio face a similar history of oppression and currently face systems where this oppression is consistently reinforced. Lack of access to resources keeps this cycle afloat and so the presence of MSMCBJ, in reality acts as a way to break this cycle and promote both personal and overall community growth.

As previously laid out, one of the weaknesses of the Pitaguary reserve, in the context of community development, is a lack of opportunity building. This initial area of improvement stems from a physical lack of access to these opportunities. Aldeia, while far removed the city atmosphere, maintains a small, localized, economy with just a few areas where consumption can occur and very little need for more than basics amenities. According to Simmone, one resident of St. Antonio in Aldeia, before Padre Rino came to the area the people had no direct was of obtaining transportation in and out of the main city center. His program, among many things, brought more direct access to the city providing more working opportunities as well as means of access to better education. Simmone also noted the importance of having access to these resources as the reserve only has one small school, with limited teachers and only a limited amount of jobs for people to obtain within the boundaries of the reserve, it is necessary to have access to other alternatives.³² This access to transportation is a main factor in allowing the people

³¹ Ibid

³² Interview with Simmone. See Field Journal, Pages 25-26.

of Aldeia the ability to expand their educational developments, leading to an improvement in mental stability.

Additionally, another program built up by MSMCBJ, is access to a wider set of classes. For younger individuals in Aldeia there are pre-professional courses as well as pre-college programs. The pre professional program helps bring Pitaguary people in contact with different organizations that are in need of indigenous interns. There is a program that uses MSMCBJ as an outlet for finding potential indigenous candidates that mandates that different companies hire a set number of interns from indigenous reserves each year to help provide more opportunities for successful education growth of these populations. MSMCBJ gives the Pitaguary direct access to these opportunities through the presence of this course providing important means for those that want to go on to different ways of life outside of the reserve.³³ This poses an importance in their personal self-esteem-building on their capacity to overcome the form of mental illness produced as a result of poverty internalization-but it also provides valorization and importance to the community.

The pre-college or pre-faculdade courses are important in that “many of the people in the program wouldn’t have access to extra studying or help for the [pre college] test without the program and it helps bring more opportunities for them to get more education since a lot of their parents didn’t have the same access to those things. It also gives them something to do afterschool to make them more interested in continuing their education and it allows them more support to do well in school and the encouragement to continue their education”.³⁴The inspiration and continuation of education helps to combat the problem on mental health, as seen

³³ See Field Journal, Page 2.

³⁴ Interview with Benissio. See Field Journal, Page 16.

by Ludermir's research, thus, having this program helps directly combat mental health disorders in the community through preventative measures.

In addition to these few examples of how MSMCBJ works to provide opportunities to people in Aldeia, it also works to provide the people of Bom Jardim with a different set of tools to help improve their mental state. Bom Jardim, while it has more access to direct opportunities of education, transportation and commercial involvement, does not possess the same community strength as Aldeia which hinders the resident's abilities to recognize room for their potential to grow and achieve significant aspirations. Each individual in Bom Jardim has the ability to join similar pre-professional or pre-faculdade classes run by MSMCBJ, but these classes alone don't pose the same struggles of access and ability as they would for the individuals in Aldeia and vice-versus, each individual in Aldeia has the opportunity to join the community therapy classes but don't find a need to go to such lengths to do so when they can have the same experience within their own communities. Due to this understanding, the Movement mainly focuses on giving people in Bom Jardim the opportunities to relax and feel a connection to self, community, nature and other elements of their lives that help them feel of purpose and value. This then in turn improves their mental state.

Community therapy, self-esteem and bio-dance classes are held throughout the week in Bom Jardim in order to allow the people to consistently have the opportunity to connect with one another and mentally escape from their mental struggles. During an experience observing a bio-dance class it was clear that the sense of safety and security was different than on the streets of Bom Jardim and it was very apparent that the people there were not at all thinking about some of the negative things going on around them. Bio-dance is an expression of free flowing movements, with a root in indigenous cultural traditions, in which the natural movement of the

body is done to restore individual connections to one another and the earth.³⁵ There was a lot of fraternizing, people catching up with friends, many hugs and kisses, and a sense of community warmth that was simply not present while walking outside. Since the class was put on during the nighttime, however, this calmness was then slightly disturbed once the class ended and everyone quickly and somewhat frantically went to find the individual they were to walk home with and within maybe 10 minutes everyone had cleared out of the room. You could definitely feel the change in vibes and the anxiety that people had about getting home as quick as they could, which was a stark contrast from the rest of the session. This significant change in tone and behaviors shows the impact that the freedom of movement and personal expression of the Bio-Dance class was able to have on the mood and mental understanding of participants. This demonstrated how important providing this space for not only personal connections but also community support is in moving past the difficulties of daily life in the favela. Through these experiences it is visible the mental healing that occurs through these classes.

Another element of direct service for mental health that MSMCBJ provides in Bom Jardim, that is specific to the community development needs to the area, is care taking homes. Where in Aldeia, a specific location for a set of mentally ill individuals to be cared for by professional staff, would most likely never be necessary. With the importance placed on community support and aid, if a situation were to occur where an individual faced similar mental health problems, it is likely that the people would work together to care for that individual. According to the main nutritionist of the group house, Maria, the main reason that people end up in these situations is due to a lack of ability-financially or time commitment-wise- on the part of

³⁵ See Field Journal, Page 4.

their families or home care-takers.³⁶ This direct service is important however, on many levels for improving upon the condition of those who are in Bom Jardim. First, it allows a substitute for a strong group presence where the mental health of the previous care-takers can improve. Second, it allows those individuals with mental disorders to have proper and consistent care that may not have been given to them previously. Finally, having this system of somewhat guaranteed support present helps bring different opportunities of support to the people of Bom Jardim who may not have previously had that option. One thing that Simone said on this subject was that many people come into MSMCBJ or Community Therapy classes just thinking they have just a small issue and realize, through self-understanding, that they do need more consistent medical or therapeutic help.³⁷ This being seen, it poses great importance for MSMCBJ to be supporting not only the more surface level, bio-dance and community therapy classes, but also the more intervention-based mental health programs such as this support house.

Overall, these two communities face different specific needs to build up their seemingly separate community strength to combat mental disorders. What is seemingly behind the scenes is how these communities work to promote mental wellbeing and end up sharing with one another to make this happen.

Improvement of Mental Wellbeing through Community Inclusion

By taking the idea of community development and emphasizing the need for people to work together to help solve problems or give a wider range of options for growing life potential people in these traditionally underserved communities can increase their overall wellness. Padre Rino previously worked as both a Doctor and a mental health psychologist and so his philosophy is

³⁶ See Field Journal, Page 5.

³⁷ Interview with Simone. See Field Journal, Pages 24-25.

one of people helping people. Having community therapy, self-esteem classes, free massages for people in Bom Jardim, and Bio dance he helps bring people to a common ground whether that be bringing them into a supportive group to feel connected with other people with community therapy, or bring them back to the natural state of movement and the indigenous relationship with the earth with bio-dance, he helps bring people in Bom Jardim back to a sense of ‘wholeness’ and ‘purpose’ and that is what helps improve their mental health.³⁸

In Aldeia, as previously explained, the community gets together each week on Saturday to discuss any problems being faced. This sense of community presence is felt throughout daily life as well. Parties, drugs and violence are not real problems as everyone in the community knows everyone else and when a problem as so is detected it is addressed at the meeting. Additionally, if someone has a problem with making a payment or there is a problem with a family not being able to support a child that is a result of teenage pregnancy (one of the only real present problems in the community, aside from adult lack of literacy) the community gets together and pitches in to help each other care of their children or make payments on time. Even in the instance of adult illiteracy, they community started a class-in which Simmone teaches- that helps teach those interested in learning, how to read, write and do basic math. Since the issue of community strength in the basic sense isn’t present, the main area that is improved upon my MSMCBJ to improve mental health is providing opportunities. By giving people there more access to opportunities to grow their education, obtain another source of income, help their kids get into better colleges, etc. they are able to grow their own self-image and create more sense of pride in their culture by being able to maintain their life styles and give the best they can to their children, friends, family and themselves as well.

³⁸ Campos, L., & Cafardos, P. (2009, September 28). *Paginas azuis-padre rino bonvini. O Povo.*

One example of this is seeing Simone have the opportunity to learn massage therapy and how to lead community therapy sessions gives her more opportunities to learn about health and help others. This ability to help others feel good about themselves, and her ability to use community therapy to help improve her own life allows her to put more value on her contributions to her community as a whole. This valorization thus, in turn builds a greater self-esteem and gives her pride in her cultural history and education. One element that is key to this success however, is the dependence of Aldeia and the people residing there on other communities, such as Bom Jardim. If Simone didn't have another location to access with the need to being reconnected to their indigenous roots, then this exchange wouldn't be as successful. Simone, needing another area in which to perform her skills and the people of Bom Jardim in need of these skills, makes an obvious connection that MSMCBJ facilitates. What this exchange doesn't show, on the surface, is that since they share the same ancestry and historical background, this connection of community doesn't just heal on a personal level but also heals on a wide scale where the people in one group become reintroduced to their cultural roots introduced to them by another group in need to access to more modern life technologies.

In Bom Jardim, a similar mental health growth occurs, with emphasis on different elements of their condition. In one community therapy class, two sisters spoke of their troubles since their mother had recently passed away. Through the community therapy class they were given the opportunity to share that with people in their own community, something that is strongly valued in indigenous cultures, such as in Aldeia. This space provided them with the chance to feel a sense of community support and not like they are in the situation alone. When people, such as these girls talk about their situation in this space they can obtain support and advice and most of all can see that other people are suffering and have suffered as well. After the

class and their sharing, advice, hugs, kisses, and inspirational quotes were given which helped me, despite my complete lack of connection to the girls, feel included in their healing. This great sense of personal assistance and sharing within a community that already has a greater mutual understanding of the lives in which they live and the day to day struggles they face helps to build community. Since there are already so many struggles, the community is created quickly and with much strength. This understanding that we, as people, are not alone can help raise people from depression or low self-esteem. In many areas of Bom Jardim this same sense of community is played out, such as how everyone in the area knows of Padre Rino and an entire bus full of people helped me find his house my first day in Bom Jardim.³⁹ The changing factor is that through the model laid out by the indigenous people of community therapy and group aid-this sense of inclusiveness is channeled to help improve mental health while subtly adding a greater sense of connection to their indigenous roots, which by nature helps people heal. The point is not to just connect the people of Bom Jardim to the Pitaguary, but to reintroduce them to their heritage and history which can create a sense of increased inclusion, connection, and self-worth.⁴⁰ In this sense it is not just the process of speaking about problems or connecting with a singular community but rather the idea that by connecting it a seemingly singular community of people one can tap into a larger sense of self that includes the cultural and historical significance of ancestral heritage. Whether or not this is the goal or even the realization of participants in these therapies and vice versus with improved access to opportunities for the indigenous people, this helps magnify they effects of the initiatives brought out by MSMCBJ.

³⁹ See Field Journal, Page 2.

⁴⁰ Interview with Anna Paula. See Field Journal, Page 21.

An Application of the Indigenous Method of Healing through Community Development

The connection between Bom Jardim and the Pitaguary isn't so much that each group of people have community therapy classes or pre-professional classes, it is that this organization uses the strengths of one area to help improve upon the weaknesses of the other area.

The people in Bom Jardim, as explained, have a more direct access to more professional opportunities and schooling, simply based off of their location. In many conversations people who lived there moved from the interior specifically to obtain more financial opportunities. MSMCBJ sees that there is of course problems with unemployment and lack of resources but their main focus is helping them realize their potential to access the resources that are close to them and engage in different elements of their own community to help them improve wellness. MSMCBJ does this by directly supporting their mental health growth with an obvious presence of mental health development for adults and children, i.e.: massage, reiki, therapy classes, art therapy, etc. Additionally, they help address the main problems of the area that come along with being in a favela setting such as giving artisanal work to women in the community or afterschool programs for children to make sure they stay away from drugs and violence after school. These elements of the work in Bom Jardim are more about direct assistance and developing a stronger sense of community, safety, and a greater network of support. In this way MSMCBJ helps develop the community of Bom Jardim in a way that leads to its specific needs for development that will help improve its overall state of wellbeing.

The work in the Pitaguary reserve is not so much one that is based on community strengthening as it already has an extremely strong support network in place based on the generally revered history of their ancestors. In this case MSMCBJ doesn't work to give direct

massage therapy classes or afterschool programming to keep kids away from drugs- since the community already has a system in place for helping one another when they are economically pressured or their children are having problems with drugs-they already work as a community. What this work is based on is providing the people in St. Antonio with opportunities to obtain the same types of jobs and activities that those in other areas of Fortaleza are able to obtain such as pre-college programs, pre-professional programs, language classes, etc. These classes, while also open to the residents of Bom Jardim, are a main focus of the support in the Pitaguary community as once they obtain more access to resources they automatically obtain more opportunities and in a community that has strong community sense and little violence or crime, providing option is the best way to give people there a sense of pride in who they are. They can live the life they want, on the reserve of their people and still obtain the same opportunities that others do in favelas or similar financially dependent communities. This allows for them to obtain a better sense of wellbeing and a better way of life if they chose and as Padre Rino states “giving someone opportunities gives them the tools to improve their life” (O Povo Journal, 2012).

One unique thing about these two approaches is that it is still, in its nature inclusive. No element of healing and no opportunity for either group of people is left out or excluded. For instance, the amount of programs that they have and the amount of people that they work with such as CAPS (the government mental health program), different companies mandated to employ a certain number of indigenous teenagers for internship programs, community therapy, care taking for the mentally ill, music, art, artisanal work, and they are always open to adding more things, is in its core an indigenous value. Even in the sense that each community is examined and developed for its strengths and weaknesses, no option is ever excluded and if needed the other tactics can be used, especially on an individual basis. The importance of this

idea is that inclusion and openness in the healing process is in its core an indigenous value. By including not just one element of healing and not just one community the entire Movimento is an indigenous mechanism to help promote emotional, psychological, physical and mental wellbeing.

Such as with the previous examples of Simmone being trained as a massage therapist, bio-dance being used in Bom Jardim, and pre-professional programs led by people in Bom Jardim-such as Benissio- for Pitaguary high school students, all of these examples provide cyclical opportunities for self-valorization and mental healing for one person or group in one of the specific communities while simultaneously improving the mental wellbeing of people in the alternate community. Not just limited to these examples, but on a wider scale, most every element of healing taken on by MSMCBJ has the effect of bringing communities together and also address one issue-the issue of poor mental health-by many different and seemingly endless ways. By doing the specific programming in each community, people can feel a sense of accomplishment and valorization for their heritage, thinking that they as individuals from either historically oppressed culture is helping another group of people and whether or not it is realized has the effect of validating the worth their upbringing and culture. This then allows each person-either the one helped or the ones giving the aid-with the opportunity to return back to their own thoughts, relax and feel more of a complete purpose. They are able to feel better about their lives and their situation and directly work to grow their mental health positivity. Each community is served in a different way in which results in the same valorization of self. This circular motion of healing is, at its core an indigenous practice.

The brilliance of this work is that not only does it provide many options for personal growth but it allows for people to take advantage of whichever elements they see personally fit

which can then lead to a greater self-realization of their problems. For example, it is common in the Community Therapy classes for people to start coming and see progress and realize that their problem may be more severe than they initially thought. Since MSMCBJ has resources for more direct service, oftentimes people will end up helping themselves get more help such as going to visit the CAPS post run also by MSMCBJ. This ability for people to decide how much and what their treatment can be formulates another level of self-esteem and further leads to healing.⁴¹

Since this mode of healing inclusivity is in its own sense indigenous, the practice of MSMCBJ is to construct situations and provide funding, staffing, and maintain an open mind for new opportunities for the people of both of these communities to obtain a greater understanding of their own human potential through not just seeing what they are doing as means to improve mental health but as a way to rather help others, as one whole community separate of physical location, realize their potential.⁴²

⁴¹ Interview with Simone. See Field Journal, Page 24.

⁴² Barreto, Adalberto. *Terapia Comunitaria Passo A Passo*. Print.

Conclusion

This idea of social inclusion for wellness, is not one of new creation but rather one of new application. With the Americanization of mental illness the indigenous methods of healing for many different cultural subsets is obsolete, which ends up discounting many valid options for healing and mental growth. Where the ‘American’ view of medicine is a singular, often secluded, doctor-patient relationship an indigenous view expands to include the community as healer, not just the doctor. This idea ends up including-in modern application-not only alternative methods, community activities, connections to the earth, and connection to indigenous heritage-whether that be directly Indian tribes, or afro-descendent groups, or even connections to the earth as a healing mechanism-but also including this doctor-patient relationship as an opportunity for individuals to further heal. MSMCBJ brings these old techniques of inclusion to Bom Jardim and Aldeia and is one example as how the preservation of this technique helps improve upon the mental health of a specific population.

Where the work that MSMCBJ does may not solve each case of mental illness in Aldeia and Bom Jardim, it does provide a strong set of options for those individuals who seek out their services. Not only does it allow for direct mental services but also provides many options for general wellness improvement. What makes these programs unique is not just their multifaceted approach to generating wellness but also their connection of community. Brining two communities together: directing the less ‘problem-solving focused’ community of Bom Jardim towards an indigenous theory of community based self-valorization and simultaneously connecting the indigenous population with access to overall wellness building opportunities in Bom Jardim, these communities work together to further progress their overall wellbeing. This connection and emphasis on inclusion makes this work indigenous in nature. These indigenous

perspectives create a unique form of alternative wellness that looks beyond the stereotypical idea of alternative medicine with ‘reiki therapy, homeopathic medicine, and other unconventional techniques’. This organization, while incorporating those therapies as well as other alternative views of therapy such as language classes and the creation of artisanal markets works to improve mental health, self-valorization and community pride through an indigenous perspective of social healing through community inclusion.

The work of this organization is thus three fold in each community. It provides people with opportunities that are emphasized based on each area’s strengths and weaknesses in order to better their situation. Additionally, it connects each area with a greater community-the Pitaguary with professionally-focused connections for educational, career focused and personal growth and reintroducing the residents of Bom Jardim with their oftentimes lost indigenous roots which breeds a sense of community connection and value. Through this cycle of mental healing, a new expression of the old ideals of mental wellness can be applied. Finally, the third step MSMCBJ’s work is acting as the facilitator of this work and as the medium for which all of these tactics are connected, which thus, theoretically makes MSMCBJ the facilitator, maintaining, this alternative mode of untraditional medicine.

Overall, the work of MSMCBJ helps continue the practice of indigenous healing in a modern application. The success of the program in carrying this out is, overall, related to their ability to simultaneously develop community needs with respect to what the individuals in each area actually desire. By having a strong connection with both of these areas MSMCBJ has been able to provide a means for healing for numerous people and has thus improved upon the individual and community conditions in each of these areas. In conclusion, this study is one, replicable example of how rural, traditional communities can bring value to more urban

communities and urban communities can bring value to rural communities by means of community mental health development.

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Appendix

1. Could you have done this project in the USA? What data or sources were unique to the culture in which you did the project?

Yes, on some level I could have taken the same basic ideas and apply them to another similar organization in the US. That however was one of the main ideas of the project to examine a model that can be applied in other parts of the world. I did however, get to experience the relationship between a favela and an indigenous reserve which was a very unique expression of this theory of bringing together cultures.

2. Could you have done any part of it in the USA? Would the results have been different? How?

I could have only applied the theories and seen what the results were. I would hypothesize based off of this work that the effects-a growth of mental health- from combining two historically related groups of people (one being of stronger ancestral relevance) would improve. The results would have obviously been different, however, in the specific experiences and location/cultural specific realizations and applications. I would hope though that the basic understanding that combining these two types of cultures can lead to a symbiotic relationship of better overall wellness could be reached.

3. Did the process of doing the ISP modify your learning style? How was this different from your previous style and approaches to learning?

I originally felt that my preferred learning style was more of a hands on or experiential approach and ISP further solidified by preference for this type of learning.

4. How much of the final monograph is primary data? How much is from secondary sources?

I would say that the theoretical underpinning makes up for about 25% and the primary data is about 75%.

5. What criteria did you use to evaluate your data for inclusion in the final monograph? Or how did you decide to exclude certain data?

If data helped me understand what I experienced, and put it in words that I was already using to describe my experience I chose to include it since it was clearly very relevant to me. Additionally, the experiences that supported those secondary theories that I was already thinking about, were the ones that I chose to speak about more in depth as it made sense to support my thinking. Also, those sources and stories that supported the original ideas that I had about my experience were included in my monograph.

6. How did the "drop-off's" or field exercises contribute to the process and completion of the ISP?

I felt that the drop off was important in that it gave me a familiarity with the city that came in handy when having to navigate to new locations alone or in a small group. Also, my drop

off was in Centro and I was able to form my own observations of Centro before Simone took me there and showed me her perspective which was helpful in creating a comparison.

7. What part of the FSS most significantly influenced the ISP process?

MST and the community project assignments helped with my ability to understand the goals and assignments necessary for ISP. Additionally, these experiences helped prepare me for different living conditions.

8. What were the principal problems you encountered while doing the ISP? Were you able to resolve these and how?

Organization and coordination with interviewees. This was solved by finding creative ways to uncover similar information-either through other interviewee subjects or further research or being persistent.

9. Did you experience any time constraints? How could these have been resolved?

The only time constraints I really felt, as opposed to the limited three week period to speak to as many people as possible were the restraints of those people I tried to speak to. Oftentimes I would have much time free to speak with someone but they had very little or the times they did have they would last minute reschedule. To resolve these things I simply had to be as flexible as possible and prioritize different experiences and interviews.

10. Did your original topic change and evolved as you discovered or did not discover new and different resources? Did the resources available modify or determine the topic?

Yes my topic evolved after I visited MSMCBJ during the community project week and felt that the resources for my original topic were not as prevalent as I had hoped. I did however realize my current topic while researching my previous one so in that sense I was able to use the same sorts of resources for my current research.

11. How did you go about finding resources: institutions, interviewees, publications, etc.?

Advisor, MSMCBJ resources, SIT resources, online searching and viewing other past ISP's working with the same organization.

12. What method(s) did you use? How did you decide to use such method(s)?

I used interviews, participatory observations and observations. Additionally, I lived in the two communities in which I was studying for a few days each as to get a better sense of day-to-day experiences of the people I was working with.

13. Comment on your relations with your advisor: indispensable? Occasionally helpful? Not very helpful? At what point was he/she most helpful? Were there cultural differences, which influenced your relationship? A different understanding of educational processes and goals? Was working with the advisor instructional?

Occasionally helpful. Natalia was helpful in setting up my transportation and basic schedules for the two locations I visited. However, after the initial set up of schedules she was no longer very present and basically every other element was on my own. Additionally, there were times when scheduling was very messed up and I showed up places when I was told to and Natalia was not able to alert anyone that I would be arriving to do forgetfulness or lack of time. The cultural differences that were helpful in this matter were the openness of the people I spoke with and the casualness of the organization's programming. Natalia definitely understood my goals and was helpful on an organizational level but not as much on an educational or advisory level.

14. Did you reach any dead ends? Hypotheses which turned out to be not useful? Interviews or visits that had no application?

Yes, after my first visit to MSMCBJ, during the community project, I found that my original idea to study indigenous medicine was not plausible given the lack of resources that were present in the organization on the matter. However, when I refined my project to look at the bigger picture of mental health, I was able to see how my experience was helpful in terms of a new question. After that point every interview was helpful on some level in that it gave me insights into the community whether or not it directly answered my research question.

15. What insights did you gain into the culture as a result of doing the ISP, which you might not otherwise have gained?

I gained more of an insight into the importance of community and how open the culture is in Brazil. I wouldn't have experienced the same sense of welcoming if I had just stayed in my homestay as the socioeconomic status of my host family was different and thus effected our community interactions. I also gained an insight in the lack of importance put on food and diet due to my time in the lower income neighborhoods. Additionally, I was able to observe an indigenous culture which was something that I would not have likely been able to observe if I had not participated in this research.

16. Did the ISP process assist your adjustment to the culture? Integration?

Yes, I was able to experience more of a social integration into both lower income areas that I stayed in and was able to see a different side of Brazilian life.

17. What were the principal lessons you learned from the ISP process?

Patience with organization and sources of information, applying sources to personal findings to create and support your independent theories about your experience, and the importance of being persistent with your goals.

18. If you met a future student who wanted to do this same project, what would be your recommendations to him/her?

I would definitely recommend knowing exactly what things you want to examine closer for your ISP and who exactly you want to interview because it is really easy to get caught up in

all of the things that MSMCBJ does. Also, I would tell them to have a lot of patience since the organization does do so much it is often your job to both be respectful with their crazy schedules and patient when things don't necessarily go the way they were planned.

19. Given what you know now, would you undertake this, or a similar project again

Yes!