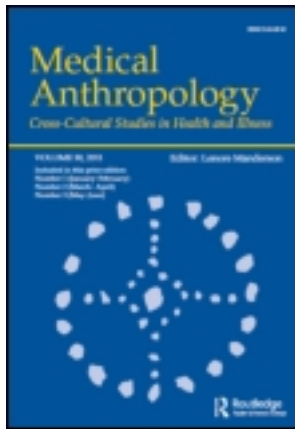


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Anthropology of Health in Brazil: A Border Discourse

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Anthropology of Health in Brazil: A Border Discourse

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This article traces the development of anthropological research on health in Brazil in light of discussions on modernity/coloniality and world anthropologies. Originating in the 1970s, stimulated by external and internal pressures for scientific production and along with the expansion of graduate programs, a network of anthropologists has consolidated and multiplied in Brazil. We describe the development of research groups, meetings, and publications in order to characterize Brazilian anthropology of health as a research program that distinguishes itself from North Atlantic medical anthropology. We examine the visibility and circulation of references in academic publications to explore the participation of Brazilians in the global discourse and, more specifically, in the North-South dialogue. From a comparative perspective, we argue that anthropological investigations of health reflect a perspective and ethos distinctive to Brazil and its historical and political processes.

Keywords *academic visibility, anthropology of health, Brazil, North-South dialogue, research development*

Since the 1980s, anthropological research in Brazil on health and disease has multiplied sufficiently to identify the formation of a research program specific to this country. Compared to North Atlantic medical anthropology, the Brazilian research program has a distinct configuration of professional identity and theoretical and analytical paradigms. In this article, we examine the development of this emergent research program in light of current discussions on world anthropologies (Escobar 2002; Ribeiro 2006; Ribeiro and Escobar 2006). We focus on anthropologists, research groups, and publications; these are associated with graduate programs in anthropology and with public or collective health, the latter being a field that grew out of the return to democracy in the 1980s, with close ties to the political and social sciences and less to public health's

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epidemiological focus. Finally, to explore the participation of this research program in the global discourse of North Atlantic medical anthropology and in the North-South dialogue, we examine the visibility of its publications.

According to Escobar (2005), participants in the Latin American modernity/coloniality research program contest the idea of universal social and human sciences and seek to intervene in the discursivity of modern sciences, pluralizing and decentering the production of knowledge and new paradigms. These new paradigms result from “border thinking” and “border epistemologies,” which differ, although not completely, from hegemonic discourse.¹ Characterized as part of a “peripheral” (Cardoso de Oliveira 1999–2000) or “other” anthropology, Restrepo and Escobar (2005:121) argue that Brazilians contest Anglo-American anthropology to a greater degree than most Latin Americans. Here we explore to what extent anthropological studies on health in Brazil have developed a certain theoretical autonomy and if its paradigms are internationally recognized and accorded authority.

SOME THEORETICAL AND CONCEPTUAL CONSIDERATIONS

To understand the expansion and consolidation of knowledge production related to anthropology and health, in this article we employ research program, external and internal structural forces, interest profile, and ethos as concepts. This enables us to identify the emergence of health as a research theme and to examine power structures, events, and actors that have influenced its evolution. In addition, we seek to understand its particular characteristics and to what extent anthropological studies of health are recognized as a legitimate research agenda in Brazil.

A research program develops as an emergent but significantly cohesive perspective that fuels a series of investigations, meetings, publications, and other activities around a shared set of concepts (Escobar 2002:31). Necessarily characterized as multi- or interdisciplinary in scope, it develops within the research environment. Research problems, theories, concepts, methods, and strategies are negotiated among related fields and networks that extend beyond traditional disciplinary limits as investigators reach out to others working with the same goals, questions, and themes. New research questions, which may be perceived as marginal or irrelevant to the central interests and priorities of a discipline, stimulate the creation of new relations outside the established boundaries and power structures.

The development and growth of knowledge is to a great extent dependent on the institutions within which research is conducted. Both external and internal structural forces stimulate or retard its advance and affect the creative exchange of ideas. Science is subject to existing social and cultural values as well as economic structures. National educational policies, funding for universities and research, and bureaucratic organization and functioning of its institutions impact upon its growth. Academic structures are built on specific departments organized by disciplines, subdisciplines, thematic research groups, and research centers. The interfaces, margins, and crossroads between disciplines are affected by administrative decisions made at the university level that are in part a result of nonacademic or external forces.

Federal, state, and private sources support Brazilian universities. The Federal university system is the largest and most prestigious, emphasizing both research and teaching. Federal universities are evaluated and funded through a highly centralized and interdependent system involving two Federal funding agencies: Coordinating Agency for Professional Training in Higher

Education/Ministry of Education (CAPES) and National Council of Scientific and Technological Development/Ministry of Science and Technology (CNPq). CAPES accredits, evaluates, and ranks graduate programs, setting the agenda for their development and consolidation. This ranking determines the funds received by the graduate programs from both agencies, including the number of scholarships that are awarded to students.

CNPq ranks researchers individually and awards “Productivity Grants” to a limited number of investigators based on peer review of their academic productivity and project proposals. Due to the limited number of these grants, CNPq researchers are a highly visible elite group. CNPq maintains a website that contains an on-line curriculum data bank, *Curriculum Lattes*, and a directory of research groups. To benefit from research funding, investigators must be registered in these data banks.

In addition to these structural forces, both the interest profiles of researchers and the ethos of any particular academic milieu influence the development of a research program. Individual and collective choices, interests, and values affect the epistemological paradigms, themes, theories, and methods that shape the questions asked.

A researcher’s interest profile represents the combination of personal and professional experiences and capacities to transform interests into teaching, research, and publications. Investigators are recognized and identified by their interest profiles. Candidates for graduate studies are drawn to those departments or professors whose interests correspond with their personal interests. As in other universities, the interest profiles of the professors influence the selection of students and in some ways limit the topics investigated.

As a distinguishing characteristic that marks any national anthropology, ethos is perhaps the most difficult to identify. According to Geertz (1973), ethos is the moral and aesthetic dimension of collective interaction that shapes its style, tone, or mood. Overing (1989, 2003) expanded this notion through emphasis on the aesthetics of everyday life, referring to the attention paid to form and design in productive and social skills. Following these authors, we recognize that social interaction, style of writing, and networking within a scientific community are not only affected by epistemological foundations of the practice of science but also by a group’s ethos. In the case of Brazil, more important than the use of Portuguese as a language we find that distinct aesthetic and other qualitative dimensions characterize the interpretation and nature of social production that is evidenced in writing and social networking (Cardoso de Oliveira 2008). Ethos, an integral part of the production of other knowledges (Escobar 2002), can be lost or misunderstood in translation.

The production of knowledge—its epistemologies, productivity, and renewal of concepts; the rise of new paradigms, role of seminal thinkers, and the interpenetration of ideas that give rise to what Escobar has called an epistemic change of perspective—involves a collective dimension that goes beyond structures. The emergence of a research program depends not only on external and internal structural forces, but also on internal environment and ethos that bring border thinking to the foreground in dialogue with Eurocentric ideas. The growth of a national anthropology or research program depends on more than just the epistemologies and interests circulating among the investigators, it also depends on the aesthetics of scientific production in its broadest sense.

THE BEGINNING OF ANTHROPOLOGY OF HEALTH IN BRAZIL

Brazilian anthropology historically has been more closely related to sociology than to archeology or physical anthropology, and the two fields share mutual interests in social demands and

nation building (Peirano 2005). Anthropology, along with the other social sciences, developed and consolidated from the 1930s to 1960s. During this time, well-known foreign anthropologists contributed to its growth. Some stayed for a number of years and were responsible for instituting theoretical tendencies. The School of Sociology and Politics in São Paulo received, among others, Radcliffe-Brown, Donald Pierson, Herbert Baldus, and especially Claude Lévi-Strauss and Roger Bastide. As a consequence, Brazilians cite more French authors, and many works related to health, including those of Boltanski, Bourdieu, Foucault, Herzlich, and Laplantine, have been translated and published in Brazil. This is not true for English sources in medical anthropology.²

Health was not an identifiable research theme in Brazilian anthropology initially but was subsumed under discussions on magic, folklore, community studies, religion, and so on. Pioneer investigations, particularly in folklore, tended to treat health and healing practices as traits of past cultures representing primitive thinking (Casculdo 1971; Cabral 1942; Mussolini 1946, 1949). These works were in accord with classical anthropological works on primitive medicine circulating at the time. For instance, Charles Wagley's chapter on health in *Amazon Town* (1953) offered a developmental interpretation, characterizing popular medicine as founded on magic and religion and thus doomed to disappear with the advance of modern medicine. This characterization is reflected in the work of a number of Brazilian authors (Galvão 1951, 1952; Araújo 1977; Fernandes 1961). However, not all took this position. Arthur Ramos (1934), an anthropologist and psychiatrist, shared Bastide's interest in Lévy-Bruhl's ideas of prelogical primitive thought and explored this in his study of African Brazilian cultures and religions, along with themes of nation building, race, civilization, and education. Internationally, Darcy Ribeiro was possibly the best-known Brazilian anthropologist during this period. Besides writings on Indigenous cultures, contact and the impact of diseases (1956, 1970), the formation of the Brazilian nation, and the civilizational process, he was an important educator with an active political life. His reworking of neo-evolutionary theories (1968), and not those about health, contributed internationally to an alternative view of a Eurocentric paradigm (Meggers 1968:x).

THE FORMATIVE PERIOD: 1970s AND 1980s

The period from the transition to democracy in mid-1970 to the ratification of the new Federal Constitution in 1988 marks an important period for graduate programs in anthropology and the beginning of anthropological studies on health. Master's programs in anthropology were founded at the University of Brasília (UnB) and the National Museum of the Federal University of Rio de Janeiro, and professors from these two universities set the agenda for research on health, drawing on contemporary concepts and paradigms but with little reference to discourses circulating in North Atlantic medical anthropology.

An important early project involved anthropologists from UnB and the National Museum on food habits and ideology. Eleven studies were conducted among peasant farming and fishing communities and agricultural and industrial workers (Woortman 1977). With focus on cultural representations and the organization of food habits, the researchers drew on analytical paradigms primarily from French structuralism and symbolic anthropology in their analyses of political and economic forces influencing subsistence strategies of these groups.

Among the group at UnB, Martin Ibáñez-Novión possibly identified most with North Atlantic medical anthropology (Ibáñez-Novión et al. 1978). He began his doctorate under Steven Polgar in England and was responsible for introducing publications in medical anthropology to his students, among them the works of Byron Good, Arthur Kleinman, and Alan Young.³ He helped initiate an interdisciplinary group interested in the intersection of biology and anthropology (Ibáñez and Ott 1983) and organized the first session titled Medical Anthropology for the Association of Brazilian Anthropologists (ABA) meeting in 1984. This topic did not appear again until the 1990s, and Ibáñez' visibility in the research program was short lived. Never finishing his doctorate, he became marginalized in the UnB graduate program, and although UnB produced a number of relevant master's dissertations resulting from the food habits study, health studies ceased to be a research line there for more than a decade.

Research activities at the National Museum demonstrate greater continuity. During the 1970s, the work of European anthropologists such as Marcel Mauss, Mary Douglas, and Victor Turner, and North American scholars such as Clifford Geertz (Rodrigues 1975), influenced interest in symbolic aspects of the body. In 1979, ethnologists at the National Museum published a seminal article proposing the body as the central paradigm for understanding Amerindian society and cosmology (Seeger, da Matta, and Viveiros de Castro 1987), and this article significantly shaped early studies in Indian health.

Gilberto Velho led another important group with interdisciplinary interest in psychoanalysis (Figueira 1981, 1985; Velho and Figueira 1981) during a period of expansion of psychotherapy among the middle classes of Rio de Janeiro (Duarte 1999–2000). Velho and his students were concerned with the study of complex societies—urban life, modernization, individualism, and stigma—from a symbolic and interactional perspective and not with the concepts or preoccupations of culture-bound illnesses, ethnopsychiatry, or social pathology as reflected in North Atlantic medical anthropology and earlier Brazilian interests in psychiatry that followed Bastide.

The most important figure to emerge from Velho's group is Luiz Fernando Duarte. His doctoral thesis was a seminal study on "nerves" (1986) among the working class and became a classic reference for the research program. Focusing on notions of illness, the body, and person among working-class groups, this work also contained the best review of Brazilian anthropological studies in health up until its publication.⁴ Duarte's ideas have roots in French sociology, and he contests what he perceives as a "biological bias" in North American medical anthropology. In several articles (1993, 1997, 1998a, 1998b, 2003), he takes odds with that which he calls the North American "empirical cultural perspective" of bodily processes and experiences. He proposes the concept of perturbation, defined as a physical/moral experience, as the key concept for anthropological studies in health. This perspective will be explored in the second part of this article.

Also during this period, North American anthropologists with declared interests in health research immigrated to Brazil and introduced courses and research groups on the theme in their graduate programs.⁵ For example, at the Federal University of Pernambuco (UFPE), Parry Scott pioneered studies on health, family, poverty, and community studies. In 1986 he organized a symposium that resulted in an early publication in the anthropology of health (Scott 1986). Jean Langdon introduced the course Medical Anthropology in 1983 at the Federal University of Santa Catarina (UFSC), and along with Dominique Buchillet of ORSTROM, France, she became a key anthropologist in Indian health research and intervention (Langdon 1988, Buchillet 1991a).⁶

Until the late 1980s, anthropologists investigating health did not identify with the field of medical anthropology. Research in the field was increasing, however, stimulated by public policy and the collective health reform movement. Two researchers, Marcos Queiroz (1982) and Maria Andrea Loyola (1984), with doctorates from England and France respectively, returned and were incorporated in medical schools. Studies on health topics were also conducted in most existing anthropology graduate programs, although only a handful identified with the research program. Affiliation of these early researchers with social medicine and collective health programs reflects an interdisciplinary tendency in this incipient field of studies that becomes an important characteristic in the 1990s.

In sum, anthropological research on health was growing in several areas, including popular medicine, nerves, culture of psychoanalysis, change in traditional practices, ideologies and representations, and Indigenous health. The first bibliographic reviews of the field (Queiroz and Canesqui 1986a, 1986b) identified these studies as the “Anthropology of Medicine” and called for the development of paradigms capable of analyzing the subordination of local social processes related to health in capitalist societies. The need for alternative paradigms to the biological approach was also stressed. Sharing this perspective, anthropologists in Indian health engaged in dialogue with biomedicine and public policy, arguing for the importance of collective social and cultural factors in the ritual production of the body, illness patterns, and healing (Buchillet 1991b; Verani and Morgado 1991).

CONSOLIDATION OF THE RESEARCH PROGRAM: THE 1990s TO THE PRESENT

By the 1990s, the research program was clearly visible. Anthropologists with interest profiles in health were returning from doctoral studies abroad. Graduate courses were being offered under titles such as Anthropology of Health, Anthropology of Illness, and Medical Anthropology, and publications were increasing in number and diversity. Themes under investigation multiplied, stimulated by national and international financial support of research related to health policies and the global agenda; consequently, the topics developed in the 1990s were similar to those outside Brazil: gender, reproductive health and sexuality, HIV/AIDS, violence, drug and substance abuse, mental health, primary health services, alternative therapies, ethnicity and race, and ethics.

In 1993, the First National Encounter in Medical Anthropology was held, marking the consolidation of a network of investigators. A diversity of themes was evident: health and religion; mental health, nerves, and psychosocial problems; dialectic relations between subject-object in therapies and the production of sickness; and medical professions and the production of professionals and practices (Alves and Minayo 1994:10). The association of health topics with classical anthropological themes was evident (Carrara 1994). A second encounter was never convened, however, and unlike the United States and Europe, Brazilian anthropologists never established a professional association or journal dedicated to health. However, since the Encounter, the network of anthropologists and their participation in national events has intensified and multiplied.

The expansion of the anthropology of health research program since the 1990s accompanied the development of doctoral programs throughout the country in order to reduce dependence on Europe and North America for advanced training of Brazilian researchers. The number of

TABLE 1
Anthropological Doctoral Programs with Research Groups in Health

Doctoral program and year created	Year health research initiated and research groups listed in CNPq directory	Program research lines	Key topics
National Museum/Univ. Federal de Rio de Janeiro MN: 1980	1970s Person, family, and religion; Culture, social, and political identities	Family, reproduction, and religious ethos in Brazil; Research on the subject, interaction, and change	Body, person, psychoanalysis, mental health, sexuality, medical professions, reproduction and medical technology, healing rituals, Indian health, AIDS
Univ. Federal de Santa Catarina UFSC: 1996	1983 Indigenous knowledge and health; Nucleus of contemporary anthropology; Medications in local indigenous contexts	Health, illness, and body Family, gender, and sexuality Public policy, social justice, and human rights	Indian and popular medicine; shamanism; public policy; gender, body, health, and subjectivity; hospitals and medical institutions; religion and psychoactive substances; homosexuality; medications
Univ. Federal de Pernambuco UFPE: 2000	1983 Family, gender, and sexuality; Reproductive and Indian health	Family, gender, and sexuality	Community health, poverty, sexuality, family, Indian health
Univ. Federal de Rio Grande do Sul UFRGS: 1992	1989 Anthropology of the body and health—NUPACS	Gender, body, and health	Anthropology applied to health; medical anthropology; reproductive health; sexuality and gender; culture and security in large companies; body; food patterns

Univ. Federal da Bahia–Social Sciences UFBA: 1999	1993 Studies in social sciences, environment, and health (ECSAS)	Culture, identity, and body; Corporality, social practices, and narrative	Gender, family, race, and health; illness experience; narrative and therapeutic processes; health, society, and culture; medicine and literature
Univ. Federal da Bahia Anthropology UFBA: 2007*	1997 Intersection of knowledge: culture, body, and health; Interdisciplinary group for study of psychoactive substances; Nucleus for interdisciplinary study of the female	Body, sexuality, and therapeutic knowledge	Traditional knowledge, ethnohistory; pain, suffering, and therapeutic systems; reproduction; mental health and gender; healing; narratives; cultural context of psychoactive substances
Univ. Federal de São Carlos UFSCar: 2009*	1995 Therapeutic models, health policy, corporal practices, and anthropological research	Anthropology of health; sports and body	Therapeutic models, health policy and institutions; Indian health; mental health; person and subjectivity, sports
Univ. de Brasília–UnB: 1981	1970s Political anthropology of health	Anthropology of health	Gender, public policy, Indian health, sanitation, health institutions
Univ. Estadual de Campinas–UNICAMP: 2004*	1994 Sexuality, gender, and body; Aging and power relations	No health research line listed	Body and techniques of rejuvenation; gender and aging; domestic violence
Univ. Federal de Pará–UFPA: 2009	1980s Anthropology, religion, and health; City, village, and heritage	Social ecology of health and disease	Symbolism, religion, and health

*Formally part of doctorate in social sciences.

doctoral programs in anthropology increased from 3 in 1989 to 12 in 2009. Anthropologists working in health-related themes were distributed between these and graduate programs in collective and public health as well as in governmental and nongovernmental organizations that provide health services.

Table 1 presents anthropology doctoral programs with research groups in health. It does not include those groups listed in the CNPq research directory in nondoctorate programs, and it focuses, although not exclusively, on CNPq researchers because of their visibility.

Certain observations are important in understanding the politics and power of Brazilian academics as well as the strong affiliation that Brazilians have with “classical anthropology.” The National Museum, one of the two highest-ranked programs by CAPES, continues to contribute to health studies but, as in the 1970s and 1980s, does not perceive its analytical orientations as aligned with medical anthropology or anthropology of health. Duarte, one of two principle investigators, has the highest classification as a CNPq researcher, and his theoretical approach, which focuses on social relations and the construction of “person,” is especially influential.

The consolidation of new research groups in the 1990s was strengthened by Brazilians who had undertaken doctoral studies abroad and who returned to the Universidade Federal de Rio Grande do Sul (UFRGS), Universidade da Bahia (UFBA), and Universidade de São Carlos

TABLE 2
Doctoral Programs in Health with Anthropologists

Doctoral programs	Current research groups	Key words
Institute of Social Medicine/Univ. Estadual de Rio de Janeiro UERJ	Gender, sexuality, and health; Health institutions and representations; Knowledge, biomedical practices, and the production of identities; Institutionalization of psychological knowledge in Brazil	Sexuality; medical institutions; psychoanalysis in Brazil; family; AIDS; popular medicine; medications; gender; youth; citizenship; caring and curing; illness, diagnosis, and identity
Department of Preventive and Social Medicine at UNICAMP	Health, memory, and society; Culture, health, and illness	Sociology of health; nutrition and anthropology; health services; teaching social sciences in health programs; health and medicine; representations of health and illness; work relations in health
ENSP/FIOCRUZ Rio de Janeiro (with research centers in Manaus and Rondônia)	Health, epidemiology, and anthropology of Indian peoples; Social-cultural studies of the process of health-illness-therapy; violence and health; public health and aging	Indian health; violence; medical anthropology; nutrition and food habits; demography; anthropology of aging; cultural psychiatry; qualitative methodology; epidemiology and biology of Indian populations
Institute of Collective Health, UFBA		STD/AIDS; anthropology of health; body; gender; consumption of anabolic steroids; mental health; urban violence; symbols and practices of health; traditional therapies and methodology

(UFSCar). They have been important in introducing sociological and North Atlantic paradigms of illness, disease and sickness, experience, narrative, phenomenology, and theories of the body (Alves 1993, 2006; Alves and Rabelo 1997; Rabelo, Alves, and Souza 1999; Leal 1995).

NUPACS, the research group of UFRGS, shares with UFPE and UFSC cooperation with governmental and nongovernmental organizations involved in social and legal causes as well as interdisciplinary collaboration with the biomedical sciences. Its professors published a qualitative research manual in health for nonanthropologists (VÍctora, Knauth, and Hassen 2000) and are among a minority of Brazilian anthropologists who support rapid assessment procedures.

Since the 1990s, nationally trained anthropologists have increasingly entered graduate programs in preventive medicine, social medicine, public health, and collective health. Collective health is a field particular to Brazil that grew out of the sanitary reform movement that accompanied the transition to democracy and the establishment of the Unitary Health System (SUS) in the 1980s (Canesqui 2008; Loyola 2008; Nunes 2006). It is distinguished from public health, with its focus on epidemiology, and is associated with health reform movements in all of Latin America. Collective health is characterized as more political and interdisciplinary, and the social sciences have made important contributions to its development since the 1980s.

Table 2 presents doctoral programs with participating anthropologists. Using “anthropology and collective health” to search the CNPq Research Group Directory, 21 groups were identified, although not all are lead by anthropologists.

NETWORKING: MEETINGS, CONFERENCES, AND CONGRESSES

Brazilian anthropological networks are sustained through participation in local, regional, national, and international meetings and conferences. ABA, the Brazilian Association of Anthropology, holds biannual meetings; in 2008 there were more than 2000 registered participants. Regional events are held in alternating years, the two principal ones being the Meeting of North/Northeastern Brazilian Anthropology and the Anthropology Meeting of Mercosul. Both include participants from other Latin American countries; the latter is a large regional event alternating between Argentina, Uruguay, and Brazil. In all these conferences, the number of sessions dedicated to the anthropology of health has increased significantly over time.

The other important academic forum in the social sciences is the National Association of Graduate Studies and Research in the Social Sciences (ANPOCS), founded in 1977. In the 1980s, there were attempts to include a group in this forum titled Health and Society, composed of sociologists, anthropologists, and researchers from collective health. Their proposal was rejected twice by ANPOCS on the grounds that it was more appropriate for the collective health association (Minayo 1998). The first health theme to be approved in the 1990s, Body, Person and Illness, was oriented to classical anthropological discussions and coordinated by Duarte.

Collective health meetings, organized by the Brazilian Association of Graduate Studies in Collective Health (ABRASCO), are held frequently with the Latin American and International Forum for Social Sciences and Health. These events have been decisive for the growth of the research program and the formation of a network outside Brazil. ABRASCO holds large annual meetings, alternating between the areas of epidemiology, collective health, and social sciences and health, although any single congress includes sessions and workshops with anthropologists. The First Brazilian Congress of Social Sciences and Health was held in November 1995

(Canesqui 1995). The second, in 1999, was held in conjunction with the Latin American Forum of Social Sciences and Health and resulted in an edited volume (Goldenberg, Marsiglia, and Gomes 2003) with papers on social sciences and health; culture and subjectivity; methodological diversity, inequalities and health differences; Indian health; race and ethnicity; prevention; relations between the private and public sectors; social fragmentation and forms of solidarity; and quality of life, violence, and health. The third congress was held in Florianópolis in 2005 (Camargo 2005) and the fourth in 2007 in conjunction with the Tenth Latin American Congress of Social Medicine in Salvador, Bahia.

International forums of social sciences held in other Latin American countries routinely include Brazilian anthropologists. In 1994, a meeting in Venezuela resulted in a publication that included a section on Social Sciences of Health in Brazil (Briceño-León 1999). In 1999, the Fifth Latin American Congress of Social Sciences and Health, also in Venezuela, resulted in a volume published in Brazil (Briceño-León, Minayo, and Coimbra Jr. 2000). The Seventh Congress, held in Brazil in 2003, produced a volume of selected papers (Minayo and Coimbra Jr. 2005). These collections represent diverse topics under investigation and reflect a growing network of anthropologists, other social scientists, and medical professionals.

PUBLICATIONS

The National School of Public Health Sergio Arouca/Oswaldo Cruz Foundation (ENSP/FIOCRUZ) has played a major role in publishing anthropological research on health due to the efforts of Carlos Coimbra Jr. and Maria Cecilia Minayo. It is the home of *Cadernos de Saúde Pública*, a high-ranking public health journal in Brazil. It published a special issue on Indian health with articles by anthropologists (Coimbra Jr. 1991) and a second issue in 1993 on anthropological approaches to health (Minayo and Coimbra Jr. 1993). In 1994 the FIOCRUZ editor published two books on anthropology and health (Alves and Minayo 1994; Santos and Coimbra Jr. 1994). In 1998, it initiated the Anthropology and Health Collection, which has published 16 titles to date. Coimbra and his colleagues, working in Indian health, have published numerous articles and books with the editor, and in 2003 the Indian Health Collection was initiated with Garnelo's doctoral thesis on the Rio Negro region (Garnelo 2003).

Currently Minayo is editor of *Ciência e Saúde Coletiva*, ABRASCO's publication. This journal has published important and timely debates on the contribution of the social sciences to health on topics such as violence, AIDS, health services, etc. Its authors are frequently from other Latin American countries and although the principal language of the journal is Portuguese, it also publishes in Spanish. Both *Ciência e Saúde Coletiva* and *Cadernos de Saúde Pública* have also recently begun to include articles in English as an effort to dialogue with non-Portuguese speaking scientists.

The Institute of Social Medicine of UERJ has published *Physis: Revista de Saúde Coletiva* since 1991, with articles by Brazilian and foreign anthropologists. Anthropology articles are also published in *Revista de Saúde Pública* of the University of São Paulo (USP) and the more interdisciplinary *Saúde e Sociedade*, published jointly by the School of Public Health of the Federal University of São Paulo and the Paulista Association of Public Health.

Although no anthropological journal specializes in health studies, the topic appears in thematic issues. *Horizontes Antropológicos*, published by UFRGS, has published three special

issues on sexuality, health, and the body organized by members of NUPACS (Leal 1998; Knauth and Víctora 2002; Víctora, Knauth, and Terto 2006). *Revista Ilha*, published by UFSC, has recently published a thematic section on religion and healing (Groisman 2005). Other journals published by anthropology graduate programs, such as the prestigious *Mana* (National Museum), *Revista de Antropologia* (USP), *Anuário Antropológico* (UnB), and *Tellus*, publish an increasing number of articles on health.⁷

VISIBILITY OF BRAZILIAN JOURNALS⁸

Bibliometric methods were used to examine the visibility of Brazilian research in international anthropology. Most databases are produced in the United States and Europe, and, until recently, Latin American journals were barely present. This has changed over the past decade (Virtual Health Library 2008). In 1997 the Scientific Electronic Library Online (SciELO-Biblioteca Científica Eletrônica em Linha) was launched in Brazil in order to improve scientific communication in developing countries of the Global South, particularly Latin America and the Caribbean. Its objective is to index Brazilian scientific journals with full-text articles and universal open access to overcome the phenomenon characterized as “lost science” by Gibbs (1995). To be included in SciELO, a journal is evaluated for its scientific merit and the regularity and quality of scientific production. In March 2009, the Brazilian SciELO included 193 titles from all fields. The network currently includes full sites for eight countries; seven others are under construction and there are two thematic collections in Public Health and Social Sciences. It currently includes 473 journals from 12 Ibero-American countries and 1 Caribbean nation (Meneghini 2007).

Table 3 provides information regarding access to the journals mentioned in this article. Presence in the SciELO index indicates visibility within and outside the country. The journals listed publish articles relevant to the research program.

Pressure to publish has become a strong internal force in Brazil over the past 15 years. Productivity is central in the evaluation and ranking of graduate programs and researchers conducted by CAPES and CNPq. Efforts over the past 10 years to construct scales to rank publications continue to be a topic of evaluation teams, and publications in international journals are generally accorded a higher ranking.

Another measure of visibility is the presence of an academic journal in relevant international indexes. Table 4 shows the presence of Brazilian journals in six relevant indexes: Medline, Web of Science, Scopus, Sociological Abstract, Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), and SciELO. The journals with full open access have a good international visibility, although as indicated, journals with a public health focus have greater visibility than the anthropological publications.

As illustrated, some medical/public health journals appear in Sociological Abstracts, indicating their interdisciplinary nature. On the other hand, the two anthropological journals in these indexes are not included in the medical indexes. One of the earliest anthropological journals, *Anuário Antropológico* of UnB does not appear in any index. *Revista de Antropologia*, the oldest Brazilian anthropological journal, was excluded from two indexes, including SciELO, when it failed to maintain a regular publishing schedule.

Figure 1 is a cluster analysis using multidimensional scaling that examines the direction and distribution of cross-references in 15 international and Brazilian journals based on Scopus data

TABLE 3
Access to Public Health and Anthropology Journals

Title	ISSN	Publisher	Starting year	Main area	Availability
Cadernos de Saúde Pública	0102-311X 1678-4464 (e)	Escola Nacional de Saúde Pública	1980	Public health	Print/full open access
Ciência & Saúde Coletiva	1413-8123 1678-4561 (e)	Associação Brasileira de Pós-Graduação em Saúde Coletiva	1996	Public health	Print/full open access
Physis: Revista de Saúde Coletiva	0103-7331 1809-4481 (e)	Universidade do Estado do Rio de Janeiro, Instituto de Medicina Social	1991	Social sciences	Print/full open access
Revista de Saúde Pública	0034-8910 1518-8787 (e)	Universidade de São Paulo, Faculdade de Saúde Pública	1947	Public health	Print/full open access
Saúde e Sociedade	0104-1290 1984-0470 (e)	Universidade de São Paulo, Faculdade de Saúde Pública	1991	Public health	Print/full open access
Horizontes Antropológicos	0104-7183 1806-9983 (e)	Universidade Federal do Rio Grande do Sul	1994	Anthropology	Print/full open access
Revista Ilha	1517-395X	Universidade Federal de Santa Catarina	1999	Anthropology	Print/full open access
Mana	0104-9313 1678-4944 (e)	Universidade Federal do Rio de Janeiro	1995	Anthropology	Print/full open access
Revista de Antropologia	0034-7701 1678-9857 (e)	Universidade de São Paulo	1953	Anthropology	Print/full open access
Anuário Antropológico	0102-4302 1519-9452	UnB/Edições Tempo Brasileiro	1976	Anthropology	Print
Tellus		Universidade Católica Dom Bosco	2001	Anthropology	Print/full open access
Vibrant, Brazilian Virtual Anthropology	1809-4341 (e)	Associação Brasileira de Antropologia	2004	Anthropology	Full open access

Source: Ulrich's Periodicals Directory, Latindex Catálogo.

Note. (e) = Electronic version ISSN.

TABLE 4
Indexing of Brazilian Periodicals Mentioned in This Study

Title	Medline	Web of Science	Scopus	Sociological Abstracts	Lilacs	SciELO	Capes Anthro/ Public Health
Cadernos de Saúde Pública	X	2007–	1998–	X	X	X	A1/A2
Ciência & Saúde Coletiva	X	2008–	2002–	X	X	X	—/B1
Physis: Revista de Saúde Coletiva			2005–	X	X	X	B3/B1
Revista de Saúde Pública	X	1985–	1967–		X	X	—/A2
Saúde e Sociedade		2008–	2003–	X	X	X	B2/B3
Horizontes Antropológicos			2004–	X		X	A1/B5
Revista Ilha							B3/—
Mana		2007–	1996–	X		X	A1/B2
Revista de Antropologia			1996–2007	X		X	A1/—
Anuário Antropológico							B1/—
Tellus							A1/—
Vibrant, Brazilian Virtual Anthropology							B1/—

Sources: Ulrich's Periodicals Directory, Latindex Catálogo, Capes–Qualis 2007.

for articles published between 2000 and 2009.⁹ The Brazilian journals (lighter grey circles) are the same as those listed previously with full Scopus coverage, and the international journals (darker grey circles) selected are those that represent North Atlantic medical anthropology. The thickness of the directional arrows and the proximity indicates the number of references to other journals in relation to the total number of publications in the journal. The size of the dots indicates the total number of publications in each journal during the period. The analysis demonstrates that Brazilian journals tend to cluster separately from the international journals, indicating limited exchange. The major Brazilian public health journals have a closer interface with international ones, but in general the referencing is self-contained within the respective clusters. Public health journals seem to congregate in the upper portion of the map and anthropological journals in the lower, indicating a division between the public health cluster and the anthropological cluster of journals in Brazil. International journals with a social emphasis appear to be more closely related to the Brazilian publications.

The tables and figure demonstrate that visibility of Brazilian journals through indexing and open access is improving but public health journals have a longer and better record than anthropology. Figure 1 appears to indicate a dialogue between the international medical anthropology journals, with limited exchange between these and the Brazilian publications.

Since English continues to be the predominant global scientific language, Portuguese remains a barrier: few international investigators read it with ease; Spanish, in contrast, is more accessible (Becker 1992:1), and research on access to SciELO articles (whose publications are predominantly in Portuguese) reports that most of its articles are accessed from countries in which the primary language is Portuguese or Spanish (Meneghini and Packer 2007). We examined the online curriculum vitae for 26 Brazilian researchers identified as medical anthropologists between 2004 and 2008 to measure the extent to which they currently publish in international journals. We detected a small increase of publications, particularly for those in English. However, considering the high priority given by CAPES and CNPq for international publications, the increase does not seem to be substantial. As already mentioned, a strategy followed in the past few years has been the publishing

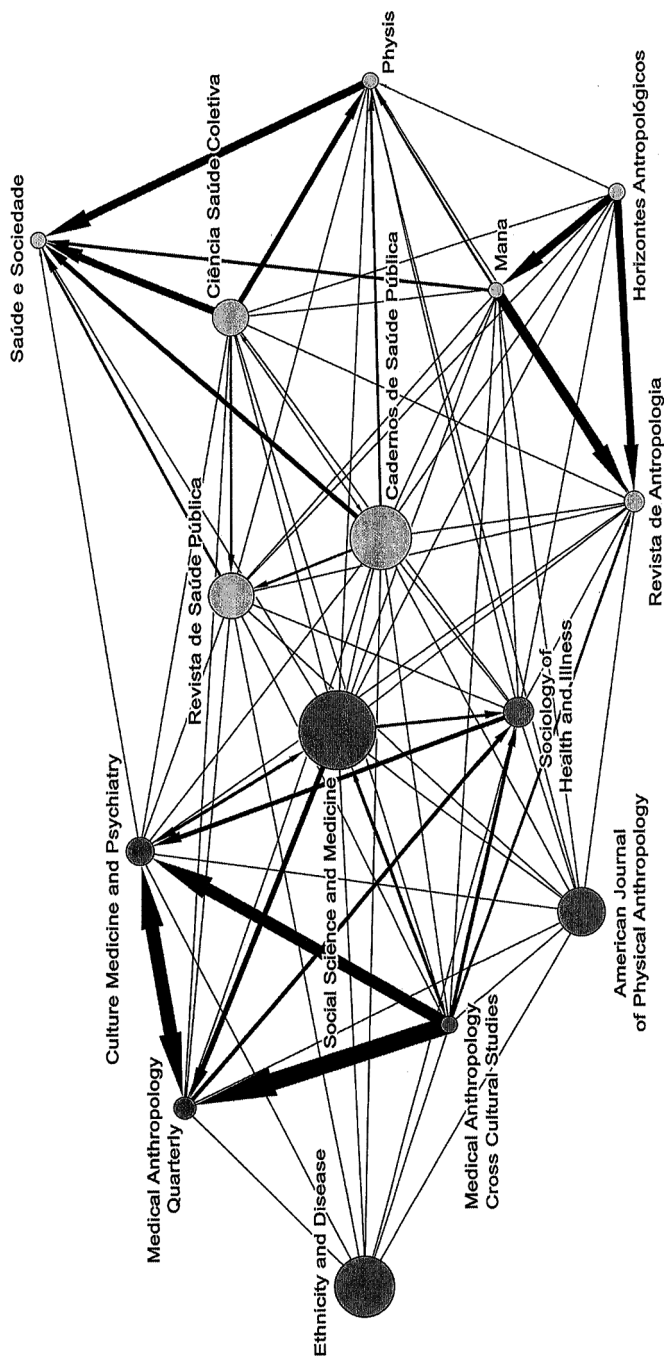


FIGURE 1 Cluster analysis of international and Brazilian journals in public health and anthropology.

of articles in English by *Cadernos de Saúde Pública*, *Vibrant*, and *Ciência e Saúde Coletiva*; however, the cluster analysis does not indicate significant results.

THE RESEARCH PROGRAM: ANTHROPOLOGY AND HEALTH

The anthropology of health research program took form as a distinctive theme of study in the 1980s and by the end of the twentieth century had resulted in the consolidation of an extensive network of anthropologists with pertinent interests and a reasonable body of research and publications. In 1998, as in our analysis, Minayo observed two trends: one located in anthropology programs, identified primarily with classical paradigms and with feedback into academic departments. The other with a stronger interdisciplinary thrust and collaboration, spread from anthropology graduate programs to those of collective health and other medical programs. Minayo described this network as a new “interdiscipline” and an “adolescent” field dependent on foreign theoretical-conceptual and methodological paradigms and still debating its identity as medical anthropology or as anthropology of health. Twelve years later, the configuration of anthropology of health in Brazil represents an emergent research program, with a disciplinary matrix that exhibits certain autonomy in its articulation with the paradigms of North Atlantic medical anthropologies and a network of investigators with interest profiles that manifest a uniquely Brazilian ethos.

In an English publication on Brazilian anthropology, Cardoso de Oliveira (1999–2000) used the terms “periphery” and “metropolitan” to speak of world anthropologies and the tensions between them. Like Escobar and Ribeiro, he recognized the efforts of peripheral anthropologies to achieve autonomy and effective development on a global scale and suggests several indicators that inhibit these efforts: (1) institutional weakness (lack of libraries, fulltime professorships, financial resources for research), (2) dependency on foreign countries for advanced professional training, (3) poor job market, (4) poor international circulation of periodicals, (5) research focus within national territory, and (6) a metatheoretical profile dependent on Eurocentric paradigms.

We have shown that Brazilian anthropology, along with other academic fields in the country, is evidencing a growing autonomy. The number of graduate programs has grown to the extent that today most Brazilians gain advanced professional training within the country. This is particularly true for anthropology, including the anthropology of health. While in the 1980s and early 1990s the field was influenced by Brazilians trained abroad, this tradition has reversed, with fewer government grants supporting full doctoral research abroad in favor of “sandwich programs” in which a student receives exposure to metropolitan anthropologies for 4 to 12 months.

Brazilian research continues to focus on national issues and research topics, although studies outside Brazil now receive some financial support. Cardoso de Oliveira (1999–2000:21) argued that concentration on national issues contributed initially to the development of national anthropology but urged Brazilian scholars to go beyond their borders. Ribeiro (2006) suggested that regional anthropologies should study hegemonic societies. There is little evidence of this in the anthropology of health, however, and the field continues to be stimulated by national concerns and governmental and international funding for health priority research, such as violence, AIDS, substance abuse, gender, and mental health.

The metatheoretical profile is more complicated to evaluate because it involves both the internal development of alternative paradigms and the international circulation of these paradigms.

Ribeiro (1999–2000) argued that Brazil has been independent in the creative production of anthropology. But in terms of dialogue with major world anthropologies, asymmetric ignorance of its production continues as part of a tension in the spread of knowledge in which hegemonic centers are ignorant of the production of nonhegemonic centers while the latter accept that of the hegemonic in favor of their own history of knowledge (Ribeiro 2006:378). Characterized as provincial cosmopolitanism, Brazilian anthropology draws on international paradigms to create its own, but there is less circulation of Brazilian subalternative models in the global anthropological scenario.

Health studies in anthropology in the 1970s and 1980s originated out of national concerns, with limited theoretical dialogue with North Atlantic medical anthropology. By 1993, the range and distinctiveness of research was evident in the First National Encounter in Medical Anthropology. Since then, the plurality of paradigms has multiplied, making it difficult to characterize a single anthropology of health in Brazil. The Brazilian anthropologies of health have matured, and a border discourse distancing it from North Atlantic medical anthropology is evident.

One approach reflecting a distinctive theoretical profile is manifested in the discussions related to the concepts of body, person, and emotions. Although such notions are current in North Atlantic anthropologies, the discussion in Brazil is characterized by national concerns and theoretical tendencies. The body as a symbolic matrix was suggested to be a unifying paradigm for the interpretation of indigenous cultures and their practices (Seeger et al. 1987) and was promoted as an alternative to British and North American kinship models developed to understand African societies. All subsequent ethnological studies have been heavily influenced by this paradigm, including those of indigenous health practices. Outside ethnology, the person as a social and moral construction emerged as central for the study of social groups in complex societies, and Duarte's classic study of nerves (1986) marks its introduction to health-related studies. Since then, it has become a central Brazilian paradigm.

Although the body has been as a central paradigm in most anthropologies since the 1980s, the Brazilian discussion has closer affinity to classical French anthropology, including Durkheim, Mauss, Dumont, and Foucault (Duarte 2003; Minayo 1998; Leibling 2007) and less with what is perceived as the "bio-cultural" approach of North Atlantic medical anthropology. Emphasizing the social and moral nature of the construction of illness, Duarte suggested the term "physical-moral perturbation" in place of disease, illness, and sickness—concepts current in medical anthropology. Emphasizing the social construction of the body and the relational nature of health, he argued that anthropological understanding of health cannot be distinct from the preoccupations and paradigms developed within general anthropology.

In several articles, Duarte and others contested what they call "hegemonic North American medical anthropology." In his review of research on nerves, Duarte (1993) accused North American anthropologists as ultimately viewing the body as the natural substratum for illness. The deconstruction of the biological is evident in many Brazilian works (Rohden 2001). Arguing for a "radical culturalism" in which the body should be seen not as a natural determining organism but as the active stage of experience and relations, Duarte (1998a, 1998b) rooted anthropological studies of health in the center of the discipline, arguing for a "radical culturalism" and against the development of a subspecialty that views the body as subject to biological determinism. For Duarte and his colleagues, the subfield of medical anthropology as characterized in North America restricts itself to increasingly smaller circles of dialogue and is epistemologically closing in on itself (Duarte 1998a, 1998b). Furthermore, they rejected the methods developed by

these medical anthropologists, particularly rapid assessment procedures, with accusations that they simplify its concepts and reduce anthropology to a purely instrumental use (Menéndez 1998; Minayo et al. 2003).

One example of the Brazilian rejection of the North American approach is the absence of a Portuguese translation of Nancy Scheper-Hughes's book *Death Without Weeping: The Violence of Everyday Life in Brazil* (1992). While it was positively received and acclaimed as a masterful ethnography of poverty in North America and Europe, it was critically received and negatively reviewed by Brazilians. Several argued that her discussion of selective negligence supported a biological deterministic model of emotions (Duarte 1993; Franch and Lago-Falcão 2004; Santos 1995). Others criticized her methods of data selection and the absence of references to relevant Brazilian studies (Sigaud 1995; Scott 2004). Duarte's work is cited in her bibliography but he is not mentioned in the text, even when she briefly discusses the notion of person versus individualism (Scheper-Hughes 1992:414).

Another Brazilian critic of Scheper-Hughes's anthropology, Lydia Sigaud (1995), attributed her horror, indignation, and emphasis on scarcity to that of the perspective of a dominant country. She and others argued that Brazilians are not asking the same questions about their social and economic problems as those in critical medical anthropology; they are more engaged in the general questions of the population and its health policies (Minayo 1998:43). This is reflected in the interdisciplinary dialogue between collective health and anthropology.

The discussion between social sciences and medicine, under the rubrics of social medicine, preventive medicine, social epidemiology, and collective health in Latin America, has been consistently critical of the ecological model and the natural history of disease (Nunes 1985). Originally based on a generalizing structural Marxist perspective, today there is a creative dialogue among academics from several Latin American countries, articulating anthropology and epidemiology in an attempt to understand health practices and the dynamics of the micropolitics of daily life (Garnelo and Langdon 2005). This is reflected in the network of Brazilians and other Latin Americans brought together by the collective health movement (Briceño-León 1999; Briceño-León et al. 2000; Minayo and Coimbra Jr. 2005; Nunes 2003, 2006).

Since the 1980s, Brazilian anthropologists have contributed to this dialogue, contrasting the quantitative and qualitative epistemologies that divide the two disciplines and evaluating the success of the evolving relationship between them (Canesqui 2008; Coimbra Jr. 2000; Minayo et al. 2003; Loyola 2008). Even for those most closely linked to the biological epidemiological approach, anthropology is an explicit partner in discussions and research. Anthropological knowledge should not be in the service of medicine or subservient to it. Methodologically anthropologists continue to stress the importance of qualitative methods in health but have also developed mixed methodologies joining quantitative and qualitative techniques (Minayo et al. 2006).

CONCLUSION

We have argued for the emergence of what Escobar called a research program, characterized by a plurality of perspectives that circulate around anthropological preoccupations of health and social and political concerns particular to Brazil. It is by nature interdisciplinary, in dialogue primarily with collective health. Unlike North Atlantic anthropologies, the Brazilian discourse insists on cultural and social forces as determinative factors of illness. It does not deny biology

but conceives the body and illness as constructed relationally. Despite the plurality and experimentation with methodological paradigms and possible arrangements between the quantitative and qualitative, the research program maintains a unifying epistemological dimension that is social, cultural, and political. Our discussions of Brazilian notions of the body and their interpretations of how they differ from those circulating in North Atlantic medical anthropology are an important underlying dimension of its metatheoretical approach and its interpretive ethos.

This research program is clearly visible in publications and at anthropological, social sciences, and collective health meetings held throughout Latin America using Spanish and Portuguese. Portuguese continues to marginalize Brazilian scholars, as bibliometric studies have shown for health fields. The limited circulation and references to Brazilian authors and journals in the larger global medical anthropological community indicate that the anthropology of health, Brazilian style, is not fully recognized by the medical anthropologies of North America and Europe. This is particularly so for the “radically cultural” approach that is characteristic of Brazilian scholarship and ethos.

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NOTES

1. The concept “border thinking” was developed by Walter Dignolo as “the moments in which the imaginary of the modern world system cracks” (2000:23).

2. Three North Americans—Csordas (2008), Greenfield (2009), and Nations (2009)—have books published in Portuguese. Helman’s *Culture, Health and Illness* (2009) has been translated since 1984. Although his work is well accepted by health professionals, most anthropologists reject it on grounds that it promotes an instrumental use of anthropology.

3. He translated Young’s classic article (1976) for his students and planned on publishing a collection of translated articles.

4. Earlier reviews include Queiroz (1980), Oliveira (1984), and Ibáñez-Novión (1983).

5. As a visiting professor at UNICAMP, Diana Brown taught Medical Anthropology in 1979, with Queiroz (1980), Cardoso (1999), and Oliveira (1984) as students.

6. Reviews on the anthropology of health in Brazil (Diniz 1997; Carrara 1994; Leibing 2007) characterize studies in Indian health as focused on primitive medicine and ignore that the researchers of this theme share interests on the transformation of health practices and public policy that is fundamental to the development of the research program as a whole (Langdon and Gamelo 2004).

7. *Vibrant, Brazilian Virtual Anthropology* (www.vibrant.org.br), the web journal published by ABA since 2004, accepts articles in English, French, and Spanish in an attempt to dialogue with the Eurocentric anthropologies as well as those of Latin America.

8. The bibliometric research for the figure and tables was conducted at the University Library at the University of Gothenburg, by Håkan Carlsson, assisted by Anna Svensson.

9. Scopus website: <http://www.scopus.com>.

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