

From the loving imaginary libidinal to the conceptions between health and illness in a rural community in the northeast of Brazil.

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S U M M A R Y

This paper aims to put into perspective health anthropology along with rural anthropology, within an approach of sexuality. It also hopes to revise the imaginary of the scientific medicine, practiced by the Health Clinic in the rural community of Goiabeiras, in the Northeast of Brazil, the imaginary of common citizens, based on a pretentious endogamy of local groups, on the kinship, and the loving libidinal imaginary produced by intense passions. Therefore, the intention here is to give an ethnographic analysis or, in other words, to analyze the manipulation, through rumors in a male dominated culture, of the conceptions between health and illness, in what deals with the marital relations and extra-marriage of the locals. In brief, the main objective is to bring into light the reasons, anchored in the ethics of the affects; such reason is unknown by that Health Clinic.

A R T I C L E I N F O

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Rural Anthropology, Health Anthropology, Sexualities, Body, Social Imaginary

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“Le paradoxe de la maladie qu’elle est à la fois la plus individuelle et la plus sociale des choses.”

(Marc Augé, 1984)

(Re)negotiations for the friendship ties, the relationship of notions between health and illness in the rural community of Goiabeiras has been presented in a circuit of reciprocity supposedly endogamous which rules the relatives and compaternity relationships, as far as a hierarchic sexual system under an imaginary social and libidinous system is concerned.

Hence, for better understanding the dating affection strategies, such phenomenon is expanded, due to intensities and passions in two concomitant plans; one which is official, discursively connected to the local Health Care Centre teachings and another one which is gratuitous, in the sexuality unspoken ambit.

Thus, the conceptions between health and illness are (re)invented and the dichotomies – pure/impure, clean/ polluted and healthy/ill – are strategically revisited, or paradoxically diluted, for the furtive dating actions, for the masculinity and femininity ritual dynamics and to distinguish the family's name and blood.

Unlike what thinks Émile Durkheim (1984), as he treats the pathological as a deviation in relation to the average, or like Ruth Benedict (2000), when the disease occurs among the virtualities which is used as a margin to the cultural reality of a social group, the Goiaibeirenses complexify a dialogic and etiologic relationship between the physical and moral which penetrates the place of the subject undertaking the disease, manipulated, especially by the rumours'ambiguities and by the imaginary. Besides, it is overlapped in such gossips that lead us to a first questioning: after all, what is (re)negotiated as a disease and what does it say about the sexualities in such ethnographic context?

In *Ordre biologique, ordre social*, Marc Augé (1984) points a way to us. The disease for the anthropologist, firstly tells us about the individual, as far as his constructions of world, his behaviours, his destinations, and his accidents are concerned. Secondly, she tells us about the society, the social causes, attending the values and the alliances, as far as kinship, compaternity, etc are concerned and at last, she gives us answers departing from the observed facts: symptoms and circumstances of the ill as well as of the illness.

Furthermore, and giving continuity to the analytical vies, the relative notion of disease is based on rural societies which François Laplantine (1991) perceives as effect of a free vengeance, as an accident which happens by chance, through the destiny, through fate, against which nothing can be done. The ill's persona, or the group to which it belongs, lives then what happens to him as a scandal and injustice since being considered as a victim who suffers for something he did not cause, he [the ill] proclaims his innocence and his resentment (Laplantine, 1991:227).

In *Da doença à desordem*, on the other hand, Paula Monteiro (1985) emphasizes that the definition of disease is so much so, and in variable degrees, a consequence of an arbitrary choice of a socially built health norm. Such health norm shows, inevitably, consequences of political order, as far as the social group, which detains the power of such definition, at the same time, detains the power of intervention over behaviours and individuals. Meanwhile, we get closer to what thinks Michel Foucault (1984), as he affirms

that the disease extinguishes, but underlines; abolishes, in one hand, but it is supposed to exalt, on the other; the essence of illness is not only in the emptiness which has been created, but also in the positive plenitude of substitution activities which has come to fulfil it (Foucault, 1984:24).

Chiefly, in *Da vida nervosa*, Luiz Fernandes Dias Duarte (1986) presents the semantic construction of the group nerve/nervous in the urban working classes in Rio de Janeiro, their mechanical and organic specific metaphors, in the group in which prevails the explicit mention to the nerves and the nervous, or rather, a physical-moral space which internalizes the perturbation representations in the societies in behalf of behaviour conditioning and genre relationships. And it is thinking of the control and in the subterranean strategies which rise out of the creation of the *afectos mal-ditos*, dates, in the Goiaibeirenses affectionate daily life, that the unsaid of sexualities amplifies this affectionate and etiologic dialog.

I.

In field research, January 2001, in the midst of a circumlocution among men of different ages in the only square located in the district of Goiabeiras, I heard from one of them in an accent of exacerbated virility the following statement: I fucked so much a gay yesterday that when I left him my penis was leaking! (Beto, 27 years old, married). Everything indicates that, if we analyze the official or scientific medicine discourse the utterance showed upwards refers to the popular gonorrhoea: sexually transmitted disease. But, for that Goiaibeirenses, and in that specific locus (the public square is the group of the "true man") it gives a proof of his virility, masculinity which must be shared in the "group of man" because and here we get close to the thought of Pierre Bourdieu (1999), virility is an eminently relational notion, constructed before the other men, for the other men.

In this sense, Beto's interpretation breaks down substantially with the discourse of official medicine which is represented at the only first aid station of the village, being open for official plans, since it is if only in the "men group" in the middle of the square that it could be said, overexcited and very distant from the domestic space of home, the idealized, imagined, as feminine.

We are led to believe that a hot sex is that which leaves scars, where the proofs are visible. Gays and women who undertake the man from the country afflicted with blenorrhagy are, many times and in certain groups, interpreted as "good in bed", hot.

However, the unspoken of sexualities amplifies even more the coexistence of conceptions between health and illness as far as the state health institutions and the Goiaberenses are concerned. It is in this sense that we get closer of what ascertained Francisco J. Arsego de Oliveira (1998) as he analyzed people who lived in four popular class villages attended by community health units closely bound to a public hospital complex in Porto Alegre, that is, there are two kinds of logic which are simultaneously present and explain such contradiction: in one hand “health is prevention”, widespread by the health centre and, little by little appropriated by the population; on the other hand, “the possibility of feeling sick” of the social stratum (Oliveira, 1998: 91).

The influence of kinship and of the family name is a second point we stand out. Let's see what was said by another Goiabeirenses: Why should I use condom with Tadeu as suggested by the people from the health centre, if he is a good father for his family? (Carlos, 23 years of age, 2001, single). Nevertheless, the notion of pure/impure, analyzed by Mary Douglas (1976), and here we think about healthy/ill, makes this rural circuit (kinship, family blood, the intended endogamy of local groups), a guaranty that immunizes the conception of contagious disease caused by sexual relationship, in a process of deconstruction and tightening of socialization of friendship ties and irrefragable virility. Metamorphosing, above all, the libidinal imaginary, and getting more and more distant, in such terms, of what thinks Mollaret (1987) as he affirms that infectious diseases results from and encounter of a man with this world of the infinitely small (Mollaret, 1987:329).

Hence, in Goiabeiras, the popular known chanha (another denomination for blenorragy), for example amplifies the strength of discourse of the virile male, opens to the gift of the encounter, of sexuated subjects/bodies and their dammed sociability, in theory, we refer to the imaginary construction and the affection of and to others. Meanwhile, if the disease, as thought by Laplantine, is always considered as that which is totally strange to those who suffer from it, it means, it is the other par excellence, the blenorragy of that Goiaberense which served as an example, it is symbolic to the invitation which makes him a “good eater” once he is the “active” in the sexual intercourse and/or in other words, becomes the “passive” in the sexual intercourse, a danger or, paradoxically, a hot sex man as we have already pointed out.

As far as AIDS is concerned, it is not very commented in Goiabeiras for a while. On the other hand, unlike what happens in big urban centres, it is mostly unperceived. Many cases are heard about in neighbouring towns around

the village. On the other hand, cancer, le mot tabou, as characterized by Nicole de Luca Turpain (1987), is faced metaphorically as that everyone knows and they avoid it by making a direct reference: “that disease”. An infirmity admittedly undesired. The fact of mentioning it already has a negative connotation.

Notwithstanding, we return to the supposed endogamy of local groups, paradoxically open to the interactions with other towns and for a supposed disruption of what was before assured with the knowledge of the so called “malignant disease” (what expresses a declination of the several kinds of cancers) to the detriment of the sexually transmitted disease (STD and AIDS). If such constructions, in several plans of purity/impurity, are reactions which condemn any object or idea, unable to confuse or contradict ideal classification, it is important now to refer to some more paradoxes.

One example of those is the Festa de Janeiro (a catholic party which has Saint Sebastian as a patron: the one who is considered to protect us against plagues, hunger and wars). It is the most traditional party in the community. It stands for a period of inversion. It deals with a kind of opening which does not reply in a juxtaposition of cancer in relation to AIDS, able to confound or contradict ideal classification at the logic of a social reproduction. In such context we go through the excitement of skin spots, itching (caused by dammed coitus in the bushes) for contracting the sexually transmitted disease during the party, on the contrary of the exacerbation of what represents the status of a “real man”. In such context, those itching reactions and spots express the supposed disruption of what was earlier assured by the supposed endogamy of local groups, it means, of not using masculine preservatives during sexual relationships.

The use of masculine preservatives during sexual relationships evokes, therefore, the loss of the idea that everyone is relative (even being distant). On the other hand, the plans of purity and impurity go beyond, they are justified in the discourse of those who impose in function of age who do not want to know about “newness”. Then we talk about older men and how they treat their bodies: we should respect the older people. It is a matter of recurrent and sometimes indirect classification which takes us to the plans of purity and guarantee – this is departing from the dialogue established for the effectiveness of research.

However, in short, we refer to the persistence and reference of relationship about ideal classification as a paradox which helps us to perceive the notion of disease in two

senses: the flowing of strategies in favour of dates and of the supposed endogamy of local groups, appealing in this rural universe.

We would like to emphasize that it was rather heard from some men from the community, usually from the ones known as gays through local rumours, something about someone with AIDS. However, as we investigated the possible victims, we noticed that the rumours were about some men and women who possibly threatened the decline of some relationships, be it for the more favourable economic situation, be it for the eroticism of their bodies, or ever for referring to outsiders who deceive with the order of the hierarchies in question. AIDS is not seen here as a gay cancer, as it is well discussed by Michel Pollak (1988), dealing with the association between homosexuals and AIDS in urban areas, however as a strategy for manipulation of information through gossips, for punishment of those who threaten.

However, recovering the libidinal imaginary, what is the position of the woman, leader of the family, and her influence in the construction of the paradoxes of sexualities, concerning the dilution or manipulation of the dichotomy healthy/sick?

II.

In *Morte masculina: homens portadores do vírus da AIDS sob a perspectiva feminina*, Daniela Riva Knauth (1998) analyses popular-class women who recognize the physiological necessity of men in sexual terms, so much that one of the main "obligations" they assume at marriage is to satisfy her. In these terms, they also admit that such "necessity" is not always completely satisfied in the conjugal relationship. This is a similar characteristic we notice as we talk to some Goiabeirense women: I will never swallow his sperm this is for 'prostitutes' and 'gays' and not for the mother of his children.! [After that Kelma spits on the floor] (Kelma, 28 years old, married, 2001). We can notice that the idea of the family mother builds a falocratic imaginary, excluding her from a libidinal language, as said by Daniel Lins (1997), as he deals with the inominable:

It is curious to observe the inexistence in the Portuguese language of a word to say that the married man, already with his "wife". It would be as though with her he would do nothing. It lacks the nomination to invent the relationship or, at least, to crystallize it in a loving libidinal imaginary. Nobody says: "I fucked my wife!" This paradigm of the knot reports the paradox of the masculine power over the women's body and announces a falocracy. (Lins, 1997:124)

The discourse about men's extra conjugal relationships told by family mothers is legitimated and those itching and spots caused by the so called "escaping" and "fence jumping" are (re)signified in function of the "nature of the macho" who does not dispense a coitus with "whomever comes". Just like the reports of the women who got the virus of AIDS through their husbands, analysed by Knauth, the condition of macho man, frees him of his fault by his contamination of the libidinal imaginary. At the rural community of Goiabeiras spots and itching are, most of the times, intrinsic parts of the legitimation and condition of the macho supplier, of his "virile nature" in which the woman is a substantial part, decisive of such cultural construction.

Thus, as common people say *chato* a species of crab louse (*phirirus pubis*), in conversations with some Goiabeirenses, they affirm eagerly that the machos always get the lice from the *quengas* (prostitutes) and always from animals as one of them said. In a kind of symbiosis with the body they are thought of as a kind of sexuality extension of the "real men". The *cabra-machos* [men] from here "eat" everything! Jenny-ass, hen, female kid goat, etc. That's why they get the "lice" and us, gays and women too! (Dário, 25 years old, 2001, single). Therefore, such parasitic are a consequence of nights of intense coitus, in juxtaposition with the quantity and quality of them. In this sense, we get close of what Auge denominates *principe de coherence*:

From the disease to the social aetiology and from the diseases to the non social aetiology, re-appearing through the "social" or "natural" disturbed it is so explained the apparition in the same logic of differences, functioning as the principle of coherence. (Augé, 1984: 79)

What the narratives of official medicine told at the local health centres and the neighbouring-town hospitals, present as sexually transmitted diseases are (re)signified by Goiabeirenses as a species of maniple-action in behalf of the date, as it has already been said. In this sense even the temporality is reinvented, deceived in the performances of the narratives which many times are indirectly used as an invitation to the copula. Say that you are and that you have never had those lice. [In the case of the so called gay, the "passive" in the sexual], but speak loud, this way, the "machos" will hear you and they will think you are calm and not like those who "give" to everyone! (Fernando, 22 years of age, single, 2001). This idealization of Fernando tells us many things, shows us how the conception of the disease is renegotiated and with constant metamorphosis

in the narratives for the consummation of the invitation. And, it is about the performance of the narratives in the dealing with the diseases that Byron J. Good (1994) adds:

Much of what we know about illness we know through stories – stories told by the sick about their experiences, by family members, doctors, healers, and others in the society. This is a simple fact. “An illness” has a narrative structure, although it is not a closed text, and it is composed as a corpus of stories. Second, stories are not only the means by which illness experience is objectified, communicated, and reported to others; they are also a primary means for giving shape to experience and making past experience available to sufferers themselves. Significant experience is stored in the stock house of memory as stories, and remembering and recounting those stories provide access to the attendant experiences. (Good, 1994:164)

However, Good shows us how the narratives about the disease are a corpus of story episodes and with this corpus it is impregnated by fiction elements, it means, such narratives have a plot: the happenings are ordered in the stories of the events, giving them configuration. And the conceptions of disease and its prerogatives for the Goiabeirenses are not an exception.

III.

It is worth to emphasise another facet of the idealization of the rural life: food as a “fortifying” free of any “contamination” in theory, like a guarantee for the “healthy body”. It is alimentation that reproduces self care which makes us think the dichotomy dialectics healthy/ill. In such terms a healthy food, for example, without any poison or other elements including in it, which can as they say weaken the body, pushes away any possibility of serious diseases, but in case the subject is caught by any of them it is the destiny or the family blood which are usually the “responsible” for that.

Being thin in such ethnographic context is not a synonym of disease as the case of the association with AIDS with this phenotype in most of the big urban centres, concerning homosexual relations and most recently with heterosexual relations, on the contrary, many times, being thin is associated with sexual performance, it means that boys who are very thin are usually said to be “good in bed”. Once gain, the woman has a significant parcel in this libidinal imaginary, once they suck the work strength (sweat) of the men during the coitus making them get thinner. Did you see how José got thinner after he got married [laughing]? That’s it. It was good for him...[laughing] (Maria, 27 years of age, married, 2001).

Paradoxically a man after becoming “complete” can also get fat, in this sense, he is considered to have “settled down”, but at the same time his phenotypic situation is legitimized, since according to the reports of the women analyzed by Knauth about their husbands, they would need them via imaginary, to “look after” their lives, their things and their bodies.

Still in this perspective, the popular *catuaba*, alcoholic beverage is used as aphrodisiac, stimulating of the coitus and as a sign of virility. It is a hot drink that “take everything up” this way the macho gets rid of “brochar” as they say of (not functioning during intercourse) and consequently the women’s fear, getting perfect health to put up with the sexual intercourse.

This way, alcoholic beverages become the imaginary personification of the hillbilly macho involved in the masculine domination. Unlike the French Bretons and their identity association with alcohol their *l’énorme culpabilisation du fait de boire*, as mentioned by Thierry Fillaut (1987), which built a distinctive trade throughout the centuries, from those who live in that French region, in Goiabeiras the association with alcohol is eminently associated with the masculine and their rituals of virility, without any apparent guilt because it is “part of the real man’s nature” greediness for alcohol, when the women who drink it too much are known as “quengas”.

If the recent story on the combat to alcoholism in big urban centres is conducted by the cosmopolitan science and moral of safety and public health, there is on the part of such public institutions, and here we agree with Maurice Robert (1987), a lack of gratitude of the strength of cultural values and efficiency of the social and libidinal imaginary concerning rural universes, once as concluded by Robert: from an incorporate normality we get to a decreed normality (Robert, 1984:40), and as the Goiabeirenses say: we need our ‘vitamin’ [alcohol] to eat you gays! (Cicero, 35 years old married, 2001).

The well known cirrhoses, a disease caused by drinking too much alcohol is interpreted as originated from the “surprising turns of destiny” as a disruption on the ideary of the “true man” once drinking is a synonym of virility of a macho who should be always prepared, the *trop-boire*, as mentioned by Robert, *décrié et l’impossible-boire*, or rather, the act of being usually drunk, in this context, is negative. It is the “macho’s” lack of control and his ‘weakness’, or rather, fragility or the masculine crisis facing the alcohol by which he is “dominated” now in such inversion he puts the woman, in sociological terms in an inverted position of the mascu-

line domination, that is, the social order is remarkable, once the women, family mothers, are ideally in a position of subalternity, now with the macho fragility caused by the cirrhosis, they are the ones who play the role of the strong, looking after and solving the business problems of the ill.

IV.

The so called “world diseases” popular term used in the north-east of Brazil to classify the STD and to give them an impersonal connotation, they get paradoxically gradable values. They are manipulated by the rumours for the decency or, paradoxically for the other’s exaltation.

The behaviour stressed by the dichotomy health/ill are, therefore of the order of the hierarchic sexual system discourse, built in the north-eastern remote interior of Brazil in behalf of the conspiracy and alliances, ruled in the kinsfolk and in the neighbouring relationships and as institution of the libidinal imaginary of love, at the rural community of Goiabeiras.

Personalities are defined, irrigated by the family blood in which the ritual are (re)organized for the dialectics of the masculine domination, once it is doing and analogy with what affirms Foucault dealing the history of mental diseases, the personality becomes, this way, the element in which the disease is developed and the criteria which permits us to judge; it is at the same time the reality and the measurement of the disease. (Foucault, 1984:15). Machos, women and gays form, in this rural context, an affective trilogy which acts by deceiving this instrumental dichotomy (healthy/ill), shaking the so called *campesinidade*, based on a moral order, creating escaping lines to other ways of life.

If “poor people has no time to get sick” and here we get close to the reports collected by Duarte, in the popular classes in Rio de Janeiro, at dealing with the so called nerve diseases, in Goiabeiras the popular medicine, the *rezadeiras* and *benzedeiras* try to heal the evil spells of the body attacked by the aggravation of the so called *doenças do mundo*. The fact of not using the masculine preservative by the *afectos mal-ditos* just endorses this article; because the guarantee that everyone is relative (even distant) make them strong and healthy bodies in which the destiny would supposedly determine trajectories.

In this sense the notion of disease associated to homosexuals is not perceived as ethnographic datum. They talk about homosexuality as a disease in analogy with the big urban centres, as the treat that stereotyped behaviour for the gay way of life, in a distancing, in locus, of what is thought of as gay, this one, who has as nature “passivity” in the sexual intercourse and as

destiny to pacify “the hottest physiological necessities” of the machos, keep in mind that the family mother is in charge of semantically “keeping the respect”.

And, ruled in observing participations, we add the affective necessities with the minimization of obligations and deepening of friendship and complicity ties. The homosexual is a sick, sinful person (...) that subject from the city; I haven’t seen one around yet. Now if you want to talk about ‘gays’ they say there are plenty of them around here... (Josefa, 45 years of age, married, 2001)

There is a kind of formality in each of the reports when the subject is homosexuality, and there is usually and association with disease and sin. Unlike those are the conversations about the so called gays, those who always around undetermined in the official discourse and very well known by the rumours in the village. And it is thinking about this watching over and punishing of the discourses presented here, ruled in a moral arrangement (peasant moral order), that the symbolic efficiency of the metaphors about the disease come to the surface and are strategically manipulated. In this context in *A doença como metáfora*, Susan Sontag (2002) adds:

Nothing is more punishing than attributing the meaning of a disease when this meaning is invariably moralistic. Any important disease whose cause is obscure and whose treatment is inefficient tends to be overloaded with meaning. First of all the object of the deepest fear (corruption, decadence, pollution and weakness) are identified with the disease. The disease itself becomes a metaphor. Then, in the name of the disease (that is, using it as a metaphor) that horror is imposed to other things. The disease begins to adjective. (Sontag, 2002:76)

The conceptions about diseases are in the order of the driven discourse. A certain instrument for regulating the use and pleasure in the bodies based on the excess, for legitimating scientific values at the health centre in Goiabeiras. Hence, we can notice how such metaphors are (re)negotiated in behalf of rites of masculinity and femininity, internalized in the body by the subjects in question, having the libidinal imaginary as a focus which is opposed to the rules professed by the official medicine personified at the local Health Care Centre.

V.

The conceptions of the sexually transmitted diseases, with their metaphors and rites, are also good to experiment the complexity of the unsaid of sexualities in rural environments. Goiabeiras is an example although there are traces, as I could notice in some informal talks with agricultures

from other regions of the countries that such (re)negotiations about the dichotomy Healthy/sick concerning the affections are not characteristics specifically from that rural neighbourhood, but they go beyond the fences of their limits. Nevertheless, the aim of this article was to add the theories about the Brazilian peasant moral order and elsewhere the sexuality reasons which the only reason of the health care centres ignores, as far as disease, is concerned, being opened here for a dialogic relationship with the disease anthropology. The moral order which plies over the field, the so called *campesinidade*, is good just to make us perceive the ideary external body of the popular imaginary encouraged by the Brazilian literature about the rural but not the sexual movement of their internal viscera experimented by and in the bodies. The metaphors between health and disease are just one of the ways of perception of an ethic of the affections which prevails in spite of the “newness”, being different of what says Henri Mendras (1978) as he treats peasant sexuality as something basically static.

If the disease anthropology theorists or the health anthropology theorists emphasize the influence of the official medicine, religion and popular medicine for the political and social games manipulation dealing with adjectivation of the disease and the ill, we add the dimensions of sexuality in rural universes.

At last if in Ceará if can't be found, how can we think about public policies or the so called peasant moral order without taking into consideration the manipulation of official and obliging discourses? Here is the Goiabereenses discursive efficiency and perhaps in other places a social and libidinal imaginary with their strategic and dominant values in the official plan and on the other hand the creations of untold obliging dates, other ways of living, in short, as they say: we here man, are not fool at all! (Zico, 47 years old, married, 2001)

Notes

1. Fictitious name to refer to a supposedly monogamic small village located in the hinterland of the state of Ceará Brazil.
2. We conceive the idea of *afectos mal-ditos* to the affectionate relationship prescribed and proscribed by the peasant moral order's theorists and local rumors as far as sexual experiences between subjects of the same sex are concerned. In this sense, for a deeper study of the concept see FERREIRA, P. 2006, *Os afectos mal-ditos: o indizível das sexualidades camponesas*. Brasília: DAN/UnB. Master's Dissertation in Social Anthropology)
3. All the names are also fictitious.
4. Paradoxically, some women are called “quengas” and they have skin spots, so they are said to be “hot”. They kind of get closer to men who, sometimes and in specific circuits, exalt the falocratic imaginary, having the itching and spots as ample proves.
5. We understand that a “real man” like the married one, once it is through marriage that in rural areas that a man can be considered a “real man” (with his legal prerogatives), in their turn, the ones who do get married are called “rapazes velhos” (old boys) and are counted out of the of the former's social group.
6. Peasant moral order was developed by Klaas Woortmann (1987). It deals with the peasants' rights departing from a moral order passing by the peasant ideology which in our perspective seeks to explore other ways of life far beyond this officialized order.
7. I could notice that such statement researching about some rural communities in the hinterland of the states of Goiás, Tocantins, Paraíba, Minas Gerais and Rio Grande do Norte (Brazil).
8. This maxim is really known in the region, concerning the act of officially hiding homosexual relationships.

References

AUGE, M. 1984. 'Ordre biologique, ordre social: la maladie forme élémentaire de l'événement.' In. AUGÉ, M. (Org.) *Le sens du mal: anthropologie, histoire, sociologie de la maladie*. Paris: ÉDITIONS DES ARCHIVES CONTEMPORAINES.

BENEDICT, R. 2000. 'Padrões de cultura.' Lisboa: LIVROS DO BRASIL.

BOURDIEU, P. 1999. 'A dominação masculina.' Rio de Janeiro: BERTRAND BRASIL.

DOUGLAS, M. 1976. 'Pureza e perigo.' São Paulo: PERSPECTIVA.

DUARTE, L. 1986. 'Da vida nervosa: nas classes trabalhadoras urbanas.' Rio de Janeiro: ZAHAR.

DUKHEIM, E. 1984. 'As regras do método sociológico.' São Paulo: CIA ED. NACIONAL.

FERREIRA, P. 2006. 'Os afectos mal-ditos: o indizível das sexualidades camponesas.' Brasília: DAN/UnB. (Dissertação de Mestrado em Antropologia Social)

FILLAUT, T. 1987. 'Discours sur l'alcoolisme et manière de boire en Bretagne (1800-1914).' In. LAURANETIN, A (Org.) *Etiologie et perception de la maladie*. Paris: ÉDITION L'HARMATTAN.

FOUCAULT, M. 1984. 'Doença mental e psicologia.' Rio de Janeiro: TEMPO BRASILEIRO.

GOOD, B. 1990. 'The narrative representation of illness.' In. GOOD, B. *Medicine, rationality, and experience: an anthropological perspective*. Cambridge: CAMBRIDGE UNIVERSITY PRESS.

KNAUTH, D. 1998. 'Morte masculina: homens portadores do vírus da aids sob a perspectiva feminina.' In. DUARTE, L & LEAL, O (org.) *Doença, sofrimento, perturbação: perspectivas etnográficas*. Rio de Janeiro: FIO CRUZ.

LAPLANTINE, F. 1991. 'Antropologia da doença.' São Paulo: MARTINS FONTES. LINS, D. 1997. 'Lampião: o homem que amava as mulheres.' São Paulo: ANNABLUME.

MENDRAS, H. 1978. 'Sociedades camponesas.' Rio de Janeiro: ZAHAR.

MOLLARET, H. 1987. 'Sur le rôle des mœurs dans l'évolution des maladies infectieuses.' In. LAURENTIN, A (Org.) *Etiologie et perception de la maladie*. Paris: ÉDITIONS L'HARMATTAN.

MONEIRO, P. 1985. 'Da doença a desordem: a magia na umbanda.' Rio de Janeiro: GRAAL.

OLIVEIRA, F. 1998. 'Concepções de doença: o que os serviços de saúde têm a ver com isto?' In. DUARTE, L & LEAL, O (Orgs.) *Doença, sofrimento, perturbação: perspectivas etnográficas*. Rio de Janeiro: FIO CRUZ.

ROBERT, M. 1987. 'Réflexions sur les concepts de normalité et de pathologie dans l'alcoolisation.' In. LAURENTIN, A (Org.) *Etiologie et perception de la maladie*. Paris: ÉDITIONS L'HARMATTAN.

SONTAG, S. 2002. 'A doença como metáfora.' Rio de Janeiro: GRAAL.

TURPAIN, N. 1987. 'A propos des représentations du cancer.' In. LAURENTIN, A. (Org.) *Etiologie et perception de la maladie*. Paris: ÉDITIONS L'HARMATTAN.

WOORTMANN, K. 1987. 'Com parente não se neguecia: o camponato como ordem moral'. Brasília: ANUÁRIO ANTROPOLÓGICO/UNB.