



## Witches and plants: alliances, rituals and biopolitical rebellion?

### *Bruxas e plantas: alianças, rituais e rebelião biopolítica?*

Flávia CHARÃO-MARQUES<sup>1\*</sup>, Alberto ARCE<sup>1,2</sup>

<sup>1</sup> Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, RS, Brasil.

<sup>2</sup> Wageningen University & Research (WUR), Wageningen, Gelderland, Netherlands.

\* Contact email: flavia.marques@ufrgs.br

Article received on July 19, 2021, final version accepted on July 11, 2022, published on October 6, 2023.

**ABSTRACT:** This article explores the significance of interactions between people and plants in understanding contemporary territorial socio-material experiences. By experimenting with a post-cognitive and actor-oriented approach, we acknowledge the processes of self-organization and semi-autonomous territorial existences. Through an extended ethnographic case study, we uncover the alliance between women and medicinal plants in South Brazil. The processes of individualization, singularization, and entanglement of socio-material practices enable the study of the *Witches of God* and their home apothecaries. The preparation, use, and distribution of remedies contribute to the reterritorialization of healthcare. Consequently, we suggest that certain rural areas in Brazil give rise to liminal spaces characterized by biopolitical rebellion, which challenge the privatization of life. The collapse of boundaries between biological, political, and non-political aspects in territorial life, along with the resulting disruptive embodiments, reveal new transindividual configurations that extend beyond the confines of the family sphere.

*Keywords:* agency; health; neomaterialism; territorialisation; women.

**RESUMO:** O artigo mostra como as interações entre pessoas e plantas são conexões importantes para entender as experiências sociomateriais contemporâneas. Experimentando com uma abordagem pós-cognitiva e orientada aos atores, reconhecemos processos de auto-organização e existências territoriais semiautônomas. O caso etnográfico estendido revela a aliança entre mulheres e plantas medicinais no Sul do Brasil. Processos de individualização, singularização e emaranhados de práticas sociomateriais nos permitem estudar as *Bruxinhas de Deus* e suas *farmacinhas caseiras*. O preparo, uso e distribuição de remédios reterritorializa os cuidados em saúde. Isto nos leva a sugerir que, em partes do Brasil rural, emergem espaços liminares de rebelião biopolítica, identificados por transgressões à privatização da vida. O colapso da separação entre as existências

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biológica, política e não-política na vida territorial; e as corporalizações disruptivas, finalmente, revelam novas configurações transindividuais para além da esfera familiar.

*Palavras-chave:* agência; saúde; neomaterialismo; territorialização; mulheres.

## 1. Introduction

If one can apply the term ‘bio-history’ to the pressures though which the movements of life and the processes of history interfere with one another, one would have to speak of ‘bio-power’ to designate what brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life. It is not that life has been totally integrated into techniques that govern and administer it; constantly escapes them. Outside the Western world, famine exists, on a greater scale than ever; and the biological risks confronting the species are perhaps greater, and certainly more serious, than before the birth of microbiology. But what might be called a society’s ‘threshold of modernity’ has been reached when the life of the species is wagered on its own political strategies. For millennia, man remained what he was for Aristotle: a living animal with the additional capacity for a political existence; modern man is an animal whose politics places his existence as a living being in question. (Foucault, 1999, [1976], p. 143).

This paper addresses the orientations of social actors in their interactions with the vitality of the environment where their lives unfold, bringing in-

to focus the processes of territorialization and the emergence of the "politics of non-politics" (Turner, 1968). By using biopolitics as a conceptual lens, we can visualize the elements of control over life, nature and hegemonic knowledge generated by industry, science, and technology (Foucault, 2009/1977-78). Paying attention to what eludes calculation and control, we explore socio-material processes that interfere with each other, including those that are not traditionally considered part of politics.

We understand that the interactions within the biopolitical force field<sup>1</sup> are shaped by the movements of life in fields of action that, despite bio-historical pressures, bring about transformations that allow us to explore singular and unique socio-material compounds that constitute territories of existence in Southern Brazil. However, our focus is on the biopolitical rebellions that emerge from the actions and organization of rural women in alliance with medicinal plants<sup>2</sup>.

Rebellions related to healthcare are legitimized by mobilizing socio-materialities associated with fulfilling the needs of the actors. In this context, rebellion<sup>3</sup> is understood as a course of action, with

<sup>1</sup>A field comprises actors directly involved in the studied processes. Our inspiration for this notion draws from Swartz (1968) and Moore (1973), although we acknowledge other interpretations of the concept. Swartz perceives the field as both social and territorial, enabling the identification of changes that occur when actors participate in or withdraw from specific processes. These processes unfold over time, experiencing expansion or contraction, and it is incorrect to assume that one state of the field is more stable or normal than another. On the other hand, Moore suggests that social fields are semi-autonomous and do not align with a corporate representation. Instead, they are processual and capable of internally generating "rules" that may or may not adhere to established institutional norms.

<sup>2</sup> From this perspective, the concept of "there is no individual outside its own transindividual becoming" (Massumi, 2015, p. 215) holds significance. As a result, the territory undergoes constant shaping as a product of this process, which is also known as "collective individuation" (Simondon, 2020). This viewpoint contributes to transcending the ongoing actor-structure debate, where Giddens (1984) has redefined structure as a flexible entity that interacts with agency. Additionally, since the 1980s, Beck has emphasized the importance of reflexive individuation in contemporary social change processes (see Beck & Beck-Gernsheim, 2002).

<sup>3</sup> To explore the notion of rebellion, see Worsley (1961), Gluckman (1963) and Thomassen (2012).

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its forms of situated and "disobedient" political activism. It is a process that transcends the disciplinary authority of rules and norms, where a group, in this case women, acts against what is considered established public policies, challenging existing governmentality<sup>4</sup>.

Recent academic debates, such as the one about new materialisms (Bennett, 2010; Coole & Frost, 2010), provide justification to explore the capacities of sociomaterial agency. This involves examining how human and non-human interactions generate territorial spaces. The orientation towards new materialities is significant in addressing contemporary existential issues, challenging the conventional understanding of 'agency' and the 'cognitive' dimension as exclusively human properties that shape the world. The sociomaterial relationship entails an 'intimate' interaction between people and materials, constantly shaping and making up a territory.

Deleuze & Guattari (1992) propose that a territory functions like a gravitational force amidst chaos, consisting of a set of forces that generate a dynamic of ordering. According to Guattari (2011), this heterogeneity defines the territory, encompassing social actors, material elements, forces, distances, multiple corporalities, and agency<sup>5</sup>.

In the case we are presenting, sociomaterial components are part of a gravitational force that arises from the interaction of women with medicinal plants, attracting certain components to generate observable relationships in the production and distribution of remedies<sup>6</sup> based on plant active principles. This process creates territory and makes visible a territorial biopolitics, whose sociomateriality involves knowledge, political alliances, rituals, and different forms of authority.

To explore the relationality between politics, women, medicinal plants, and territory within the sociomaterial context, our entry point is through processes of reflexive individualization (Beck & Beck-Gernsheim, 2002) and singularization (Guattari, 2011).

Beck & Beck-Gernsheim (2002) argue that individualization is a contemporary process of social formation that generates ambivalence but also leads to self-reflexivity in people's biographies. According to Beck & Beck-Gernsheim (2002), one consequence of this process is that family and class are no longer the only units that organize society. Another consequence is that individuals may shed ties and identities based on tradition, which can result in the formation of new collectivities based on singular territorial realities with global socio-

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<sup>4</sup> The concept of governmentality links rationalization with control mechanisms that are employed to manage population-related phenomena such as health, hygiene, birth rates, longevity, sex, race, and more (Foucault, 2009/1977-78).

<sup>5</sup> This view draws on precedents in the pragmatism of William James (1907; 1922) and his contribution to the political (inter)subjectivities of difference. The term 'political subjectivities' refers to the ways in which individuals' identifications and perspectives intersect with political processes and existing social organisations.

<sup>6</sup> The term 'remedy,' derived from the Latin word *remediū*, refers to anything that can alleviate an ailment. Remedies encompass various therapeutic resources, such as plants, massages, prayers, antibiotics, and chemotherapies, among others, used to cure illnesses and other maladies. In this context, we believe that the concept of 'remedy' should not be essentialized but understood descriptively, based on our observations of how women respond to the expectations of those seeking a cure or relief for something perceived as problematic (Parkin, 1995). Our focus lies in understanding the differences in the organization of remedies and medicines (drugs), drawing on the concept of 'pharmakon' as designated by Stengers (2011). Pharmakon refers to any drug whose effect can mutate from poison to medicine. This implies that any medicine, whether produced at home or sold by the pharmaceutical industry, can be unstable and subject to change in its effects.

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-political consequences. The process of individualization also enables the visibility of creativity, which generates spaces for the renewal of society. Contemporary human mutuality and community now rely on the paradoxical collectivity of reciprocal individualization, rather than the solidity of established traditions (*ibidem*, p. XXI)<sup>7</sup>.

The process of singularization is closely related to how individuals live and experience their subjectivities, which may oscillate between a relationship of alienation and oppression, where individuals conform to a given subjectivity format imposed by governance policies, or a vital relationship expressing an act of creativity, where certain policy components are re-appropriated and re-assembled, resulting in unique ways of being in the world (Guattari & Rolnik, 1996; Guattari, 2011)<sup>8</sup>. By paying attention to singularization, we can show how women recombine and construct their own semi-autonomous references arising from their practices and techniques utilized in the production of herbal preparations in specific spaces called home apothecaries (*farmacinhas caseiras*).

However, we should not lose sight of the fact that modern biochemistry and the circulation of pharmaceutical industry products are intertwined with multiple biopolitical existences, which are in

turn shaped by diverse movements of life. This is what Foucault (1999) referred to as the "threshold of biological modernity". In contemporary society, a cacophony of voices claims individual responsibility for one's health and body self-regulation (Rose, 2001; Braun, 2007), often in conjunction with diverse complementary practices that promise to restore bodily properties (Katz, 2019; Puma, 2019). These voices are juxtaposed with those critical of the pharmaceutical industry and its commoditisation of disease treatments (Lewis *et al.*, 2001; Moynihan *et al.*, 2002).

The fact is that the study of biochemical processes and experimentation alone can no longer explain illnesses and other maladies without considering the connections between local environments and situated practices. These processes, which are cognitively ordered by existing institutions and their experts, only partially coincide with the vital forces of territorialization. The interactions and realities of health practices are multiple, giving us the opportunity to study how they escape from the techniques that manage life, i.e., the hegemonic biopolitics (Foucault, 1999). We can also examine how they contribute to territorial expressions where sociomaterial agency that emerges from

<sup>7</sup>The concept of individualisation is often misunderstood and should not be confused with individuation, a term used in "deep psychology" to describe the process of becoming an autonomous individual" (Beck & Beck-Gernsheim, 2002, p. 203). Instead, individualisation and individuation refer to two distinct fields of experience: sociological and psychological. These fields not only generate diversity but also overlapping or co-emerging fields of experience. They are activated at an organic-inorganic threshold, giving rise to new forms of collaboration (see Massumi, 2015). Drawing inspiration from Deleuze, Orlandi (2015, p. 80-81) emphasizes that individuation is an intensive field of immanence where "transpassages" connect humans to an "intricate pre-individuality", generating ongoing processes of individuation. This perspective reinforces the idea that there are no rigid boundaries between the two processes and that individuation and individualisation involve a kind of "double becoming", where the co-emerging field affects the individual, and the individual affects the overlapping field.

<sup>8</sup>The processes of singularisation are closely connected to the exploration of novel strategies for political manifestation employed by autonomous collectives. These strategies aim to challenge the isolated state of contemporary individuals and the outdated dominant forms of communal living that rely on violent and exclusionary behaviours or the suppression of differences (see Duarte, 2012).

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environmental issues, health, gender, and women's self-organization are crucially important<sup>9</sup>.

Plants and their active principles have co-existed with mankind for a long time and play a significant role in the territorialization of different visions of health. In the next section, we will briefly discuss the social component that arises from this conviviality.

## 2. *The social life of medicinal plants*

The social life of medicinal plants allows us to delve into the biopolitics of territory and how it establishes a field of action that diverges from the Foucauldian biopolitics of governmentality. Here, plants with their active principles connect women in their territory with various health experts. In this sense, both women and experts, in their practices, are constantly bringing forth continuities and discontinuities. However, both are connected by the vitality of plants. Thus, the challenge is to understand the persistence and change that recompose, over time, this field of action of organic and social materialities.

The advancement of knowledge about the biochemistry of plants supports what could be called an epistemic community (Knorr-Cetina, 2001), whose purpose is the identification, isolation, and

physiological use of plant active principles. Since the 19th century, experiments have been focused on the industrial synthesis of biologically active molecules. With this, the science behind chemical synthesis was recognized and praised for its objectivity and precision.

The controlled conditions of a hegemonic and hierarchical biochemistry, combined with a medical thinking committed to achieving well-being (especially in Western societies), provided a means of claiming control over the uncertainties of health – maladies (*o mal, du mal, el mal - evil*)<sup>10</sup> - by relating biochemical properties to specialist policies, producing the foundations of a strong, sometimes coercive pharmaceutical industry that places itself above individuals' knowledge, favouring, for example, the emergence of drug production chains. Unfortunately, the professionalization of medicine has led to the displacement of local knowledge and its situated practices. As a result, the use of medicinal plants by the local population has been delegitimized, and their traditional therapeutic practices are often dismissed as potentially dangerous or misleading by specialists.

These processes have established institutional forms and legal frameworks that have facilitated the management of public policies at the population level, turning health policies into objects of gover-

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<sup>9</sup> According to the Actor-Oriented Approach, Arce and Long (2007) argue that governmentality opposes the capacity of actors to (self)govern, known as governability. Governability should not be limited to patterns arising solely from the political-administrative activities of governments but should encompass both state and non-state actions. It requires a broader understanding of power and authority relations, considering instances of overlaps, conflicts, and ambiguities. These instances can be referred to as governance arenas—spaces where different actors and centres of authority and control compete. Therefore, we suggest that governance studies should incorporate both concepts, governmentality and governability.

<sup>10</sup> The notion of *o mal, du mal, el mal - evil* - extends beyond moral and religious notions to include misfortunes like illnesses and diseases, challenging the biomedical view of health and illness as purely physical phenomena. Instead, health and illness are understood as social, cultural, and political contraptions influenced by factors such as power dynamics, social norms, and historical contexts. The perspective of “*du mal*” highlights how biopolitics shape perceptions and experiences of illness, including *machismo* in Latin America, and prompts reflection on societal responses to illness and the sociomaterial interactions involved.

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nmentality (Foucault, 2007). However, treatments based on plants, regional diets, or local therapeutic practices do not disappear, so the livelihoods used by people in their daily lives coexist with medications that incorporate specific protocols and languages that scientific laboratories encode in order to control them (see Adams, 2002; Dutra *et al.*, 2016; Hasenclever *et al.*, 2017; Ozturk & Hakeem, 2019).

The multiple biopolitical existences are competitive with each other, and sometimes idiosyncratic aspirations for life are opposed to the discourse of hegemonic biomedical science and the representations of the pharmaceutical industry, which offer modern therapies and treatments for the contemporary body. In a way, in contemporary society, it is acceptable, and even desirable, to use herbal medicines alongside conventional prescriptions.

Since the 1970s, the recognition by the World Health Organization (WHO) of medicinal plants and different traditions in health care has contributed to improving the scientific understanding of plants (WHO, 2013). This generates two interrelated guidelines. On the one hand, it encourages national governments to invest in public policies that include plants and herbal medicines. In Brazil, there have been several events that led to the officialization of a National Policy on Medicinal Plants and Herbal Medicines, which not only recognizes the popular use of medicinal flora as relevant but also establishes

the basis for the inclusion of herbal medicines in the Unified Health Service, SUS (Brasil, 2006)<sup>11</sup>.

The second guideline is that as the WHO and science endorse the use of 'alternative' plants and therapies, their global value also increases<sup>12</sup>. A new and lucrative commercial orientation towards medicinal plants and other natural products<sup>13</sup>, in an already highly commoditized healthcare sector. These actions are accentuated by a global and widespread process of individualization of health, marked by new biopolitical alliances in territories. These relationships take different courses of action: in some cases, they tend towards the privatization of health; and in others, towards citizen confrontation of the shortcomings of state healthcare services and medication distribution, leading to the emergence of territorial collectives guided by local health care practices (Amorozo, 2004; Baldauf *et al.*, 2009; Bolson *et al.*, 2015; Silva *et al.*, 2015).

These territorial practices are partially beyond the control of the experts and managers of health, as they give rise to self-organized and relatively autonomous processes in response to the privatization of the healthcare market. As a result, fields of action are created where healthcare practices are reconfigured, and information produced by experts is reterritorialized in the everyday lives of individuals through appropriation. We emphasize that these practices are not mere reproductions of

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<sup>11</sup> The incorporation of medicinal plants and herbal medicines into the Unified Health System (SUS) has been a longstanding request since the 1980s, as evidenced by the National Health Conferences. This has resulted in the implementation of programs focused on manufacturing medications in state laboratories, along with initiatives fostering Local Productive Arrangements (APLs) to encourage the development of herbal medicine supply chains across various regions of the country (see Udry, 2001; Czermainski, 2009; Torres, 2013; Filocreão *et al.*, 2017).

<sup>12</sup> The global alternative therapies market was estimated to be worth \$83 billion annually in 2012, with herbal medicines and Phytotherapeutic drugs accounting for \$60 billion of that figure (Willis, 2017).

<sup>23</sup> In Brazil, the market for industrialized herbal medicines is valued at \$400 million, with an annual growth rate of 12%. Despite its current size, it is regarded as having significant growth potential (Carvalho *et al.*, 2018).

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habitual routines. In our case, they represent emerging and creative manifestations (Joas, 1996) of the intimate relationship between people and plants (Marder, 2013), which contribute to the formation of a unique territory.

Based on ethnographic research, this article identifies territorial collectives that are guided by local healthcare practices. Through engaging in conversations, making observations, and interacting with women and their plant-based unguents, elixirs, and remedies, we gain valuable insight into the profound significance of these elements in their daily lives. These practices, along with their associated categories, images, and ideas, shape and give meaning to their sociomaterial and political existences. Our aim is to authentically depict how processes of individualization, singularization, and the interweaving of various sociomaterial practices contribute to the realm of territorial biopolitics.

### **3. Methodology**

The development of this work is based on different, but not isolated, sequences of experiences and events (Swartz, 1968; Turner & Bruner, 1986; Reed, 1996) involving women in their relationship with plants (Howard, 2003). This required ethnographic research to demonstrate evolving situational events and entanglements of sociomaterial relationships, knowledge sources, socio-political claims of the protagonists involved, as well as institutional and specific environmental issues.

It is through the investigation of relationships between diverse territorial corporealities that the methodology explores the study of the vitality of materials, considering interfaces (Arce, 1993) and entanglements of nature, society, culture, and politics. We explore the affect of materials on the cognitive properties of women in their territory, through the study of the emergence of so-called home apothecary.

Our concern was how to engage with events and experiences of what we present as an extended case (Van Velsen, 1967). Thus, reunions of the authors with some of the protagonists were conducted in 2018 and 2019 in locations in the interior of the state of Rio Grande do Sul, updating and rethinking information that comes from ethnographic research conducted between 2013 and 2015<sup>14</sup>.

In Rio Grande do Sul, similar to other places in the country, since the 1990s, there have been several mobilizations in favour of medicinal plants. Between 1998 and 2006, the so-called Forum for Life (Fórum pela Vida) mobilized thousands of people in defence of the use of plants. Under the coordination of the Health and Environment Commission of the Legislative Assembly, people connected to pro-public health movements, religious organizations, urban and rural labour unions, political parties, social and environmental movements, educational and research institutions, state agents (many from Rural Extension), professional associations (especially in the health field), representations of indigenous groups, among others, came together (Charão-Marques and Bubanz-Silva, 2019).

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<sup>14</sup> A portion of the empirical data is derived from ethnographic research conducted between 2013 and 2015 as part of the project "Women and Biodiversity: Medicinal Plants, Knowledge, and Collective Learning in Southern Brazil". The project was supported by Call 32/2012, MCTI/CNPq/SPM-PR/MDA. Additionally, it is worth noting that the first author brings over 20 years of experience in working with groups involved in medicinal plant practices in Southern Brazil, further enriching the work.

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These political processes counted on the active presence of key rural movements, including the Agricultural Workers Federation (FETAG) and the Family Agriculture Workers Federation (FETRAF), the Landless Workers Movement (MST), the Small Farmers Movement (MPA), and the Peasant Women's Movement (MMC). The developments during this period of ferment resulted in the proliferation of groups with different configurations that organized around the work with medicinal plants and 'phytotherapy'<sup>15</sup>.

Our research, conducted between 2013 and 2015, surveyed over two hundred active nuclei linked to these movements, and operating in Rio Grande do Sul, drawing attention to the overwhelming presence of women in all of them. Through dialogues with the Women's Collective of MPA and the North Coast Regional Coordination of MMC, our engagement with the women protagonists of the groups that identify themselves as Witches of God (Bruxinhas de Deus) intensified. For the elaboration of this work, we highlight aspects that emerge from the daily actions of three different groups located in Linha Solidão in Maquiné, Morro Azul in Três Cachoeiras, and Cristal do Sul municipality.

Two aspects were relevant in organizing this article. The first concerns the evidence that various plant species and other substances are combined by the women's action and knowledge, resulting in different uses of remedies. The second aspect, which is relevant as a territorial transformation event, is the creation of the first Bruxinhas group. This is intimately related to a woman known as Rafinha, who assumes a fundamental role in the creation

of what is now known as the little apothecaries (farmacinhas).

This event precipitates the emergence of collective territorial entities and actors that we want to highlight in order to understand how these groups establish and develop their practices. We start by exploring some biographical aspects of Rafinha, and from there, we show how these women's groups expand and how they, through various practices, singularize the production of remedies. Finally, we highlight how the plants, remedies, and political action of women end up producing sociomaterial compounds that contribute to the territorialization of their existence and demands.

#### ***4. Women, plants and health***

We will begin by elucidating the emergence of socio-material compositions within the territorial experiences of actors, as exemplified by Rafinha's dilemmas. These dilemmas generate areas of ambiguity, but they also foster reflexive knowledge and a multiplicity of practices.

##### ***4.1. The (re)encounter***

On a sunny afternoon in the spring of 2018, we went to visit Rafinha. It was a long-awaited reunion! Located in the town of Morungava, in the Metropolitan Region of Porto Alegre, RS, Brazil, the door of her house bears the name "Grupo CUIDI - Cuidado Divino" (Divine Care Group). The colours are vibrant, and as you enter, you

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<sup>15</sup> The State Policy on Medicinal Plants and Phytotherapeutic Medicines was introduced in 2001, preceding the national policy, which was launched in 2006.



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are greeted by a circular room with several doors surrounding a space that resembles a kitchen. On a table, slices of bread and cakes are available for people to enjoy while chatting over tea or coffee. In the centre, there is an image reminiscent of an oriental deity, adorned with flowers. The walls are decorated with pictures displaying symbols associated with the Christian faith, along with messages of optimism and recommendations for better nutrition and disease prevention.

The room is bustling with people, with approximately forty individuals present at any given time. Every now and then, a door opens, and a patient exits while another enters. Some individuals pause in front of a small dispensary service counter near one of the doors to receive the necessary ‘elixirs’.

Finally, it is our turn to speak with Rafinha. After discussing our impressions about the upcoming presidential election, she proceeds to tell us about the community work of CUIDI. The organization is run by volunteers and is dedicated to providing aid and training in Reiki<sup>16</sup> and phytotherapy. Additionally, it serves as a space for community meetings, courses, and celebrations. The property was generously donated by friends several years ago when Rafinha relocated from Maquiné, a small town situated on the North Coast of Rio Grande do Sul - RS, Brazil, to Morungava.

#### *4.2. Individualization process: Rafinha*

We mentioned to Rafinha that we were familiar with several aspects of the journey that had led her to establish the Centre. However, we were curious

to clarify some details about the first farmacinha (apothecary). Motivated by our curiosity, she shared that everything began when she attempted to discontinue the community work, she had been involved in for several years upon moving to the town of Maquiné.

Then, there was a day when I was sitting near the river and an elderly woman passed by me. I asked where she was going, she replied that she was going to the health centre to get her blood pressure checked because she had hypertension. I said, but it is too far to go on foot. But she had no other choice. And I had a blood pressure monitor with me. So, I thought, and I said to myself, I do not want to get involved anymore in community work. However, I would not deny myself to help, so I offered to measure her blood pressure. Soon enough, the news spread like fire, and I started getting involved in community work all over again (Rafinha, 18/10/2018).

To understand why Rafinha mentions that she started all over again, we have gathered fragments from her biography. At the age of 13, Rafinha left her parents' home in Uruguaiana, a city in the Brazilian state of Rio Grande do Sul, which shares a border with Argentina, to pursue her goal of becoming a nun. Following her ordination, Rafinha worked as a nursing assistant in a hospital for several years. In the late 1970s, she became involved with Catholic groups associated with Liberation Theology.

Through these groups, Rafinha encountered Father Francisco, who invited her to join the community pastoral care group. Alongside laypeople and religious individuals, she dedicated over 20 years to assisting the impoverished, even after she

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<sup>16</sup> Reiki is a therapy in the field of bioenergetics, which uses the laying on of hands to transfer energy. Many people considered it as a holistic therapy. By normative guidelines it is considered a complementary therapy (Olson & Hanson, 1997; Miles & True, 2003).

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left the convent in the early 1980s. Rafinha gained significant experience while traveling across Brazil, particularly in her work with women. During this time, she also learned about plants and the preparation of medicines from Friar Homero<sup>17</sup>, who became a close friend.

Drawing on her past experiences and recognizing the loneliness experienced by women in their homes, Rafinha organized the first of many community gatherings under a tree, marking the beginning of their group. This initiative eventually led to the establishment of the first Home Community Apothecary (Farmacinha Caseira Comunitária) in 1991, which remains active to this day. The apothecary is, in part, the result of Rafinha's individual journey, which motivated her to embark on this collective endeavour. Therefore, in the following section, the process of individualization is presented as a complement to the collective experience.

### *4.3. Identification: from apothecaries to Witches of God*

After initiating the organization of the women's group, Rafinha relocated to Linha Solidão, a rural area of Maquiné. With the assistance and donations from friends, she established The Seed of Hope Fraternity (Fraternidade Semente da Es-

perança), aiming to provide spiritual counselling and healthcare services. Simultaneously, the first apothecary began operating on the same premises.

The Fraternity's location was within the Atlantic Forest region, where stringent environmental regulations prohibited agricultural activities and imposed controls on extractive and gathering practices. Throughout the 1990s, various challenges emerged, including arrests for non-compliance with environmental regulations. Despite the ban on commercializing black fern (*Rumohra adiantiformis*), many women relied on its extraction as a source of income, leading to significant anxiety among them. Nevertheless, amidst these circumstances, the Fraternity served as a vital gathering place, hosting meetings and festivities, and gaining local prestige among neighbouring communities (Kubo 2005)<sup>18</sup>.

In some way, this situation, along with the recognition of women's anxieties resulting from non-compliance with environmental regulations, brought Rafinha closer to the Women Rural Workers' Movement – MMTR<sup>19</sup> (Movimento de Mulheres Trabalhadoras Rurais) in 1994, three years after the establishment of the first apothecary. This connection became significant for the proliferation of new organized women's groups.

At that time, the Movement was already engaged in community work in collaboration with the Pastoral Health Care Group<sup>20</sup> (Pastoral da Saúde),

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<sup>17</sup> Faustino Bordignon, also known as Friar Homero, left his religious life to pursue the development and study of phytotherapy. In 1970, he founded Cibecol Industrial Farmacêutica (Pharmaceutical Industry), which ceased operations in 2000 as a result of legislative changes (Belato, 2016).

<sup>18</sup> Various "outsiders", including environmentalists, researchers, and government representatives, approached the Fraternity, leading to tensions and distrust within the community. As a result, Rafinha decided to leave the area (see Kubo, 2005). However, despite these circumstances, she maintains connections with the community to this day.

<sup>19</sup> The Rural Working Women's Movement (MMTR) existed until 2004 when it evolved into the Peasant Women's Movement (MMC). The MMC is a socialist movement that is autonomous, democratic, popular, feminist, and grounded in class perspectives (Salvato *et al.*, 2013; Herrera-Ortuño *et al.*, 2017)

<sup>20</sup> Catholic Church organizations actively engage in community work, with a notable presence of women involved. These groups align with the more progressive factions of the Church and have expanded their activities in tandem with Brazil's re-democratization process (Anjos, 2008).

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which facilitated the mobilization of women in various locations. However, with Rafinha's collaboration, the formation of smaller groups focused on medicinal plants began, leading to a process of decentralized growth. Rafinha explains, "These years were filled with great activity, and by 1997, we had organized 42 groups. The movement grew stronger, and so did we, with its presence in our lives".

The formation of women's groups dedicated to the utilization of medicinal plants culminated in the self-identification of these local pharmacy groups as the Witches of God in 1995, as described by Rafinha:

I spent a month and a half organizing a group, in the parish of Barcelos, in the state of Amazonas with the Pastoral Health Care Group. On the day, we went to church, the priest did not introduce us as the Pastoral Health Group but as the Witches of God. I was so joyful! I thought it was a beautiful name because, we could rescue a little bit of the history of witches, all the torture, everything that has happened to women since the Middle Ages. So, I sent a message to the MMTR coordination, saying: Comrades, we have a name: Witches of God in the service of life! What do you think about it? They loved the idea (Rafinha, 13/01/2015, Samper-Erice, 2015, p. 113).

#### *4.4. Planting health: territorialising a public project*

Early in the morning on March 8, 2000, International Women's Day, women started gathering in the park surrounding the Department of Agriculture of the State of Rio Grande do Sul (RS) in Porto

Alegre. As the courtyard filled up, they closed the gates and shouted that no one could enter or leave. Songs and slogans could be heard from inside the building<sup>21</sup>. Suddenly, the corridors were filled with women who made their way to the Secretary's office<sup>22</sup>, where they sat on the floor, demanding an immediate meeting. Determined, they waited until they were received by the authority. The main focus of their mobilization was gender equality. They advocated for the right to access health services and be recognized institutionally as women farmers, eligible for financial resources for project development, and the opportunity to participate in decision-making bodies such as state councils and other democratic institutions.

Eighteen years later, we visited Morro Azul, a small town in the municipality of Três Cachoeiras (North Coast), to meet with one of the local Witches of God groups. During the conversation, the five women began to reminisce about the day they occupied the Department of Agriculture.

They recalled the event with joy and excitement, describing it as a memorable experience. They mentioned that the MMTR, now known as the Women's Peasant Movement (MMC), mobilized women from different parts of the state to celebrate International Women's Day. They travelled to the capital city with the determination to make their political agendas visible, staging simultaneous occupations in various government agencies. With excitement, they pointed to the next room and said, "Look, all these pieces of furniture, the stove, the

<sup>21</sup> The first author personally witnessed the events and actively contributed to the development of the Planting Health project (Plantando Saúde).

<sup>22</sup> At the time, the Secretary was a member of the executive team of the state government of Rio Grande do Sul, under the leadership of the Workers' Party (PT – Partido dos Trabalhadores).

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refrigerator, they are still here; they are the result of that day”.

The occupation created an opportunity to develop a specific project that was included in the Support Program for New Agricultural Products, a part of a comprehensive initiative called RS-Rural, funded by the World Bank and the State of Rio Grande do Sul. The project aimed to support the MMC by providing resources for processing natural plant-based products, which would generate income for rural women in 40 municipalities. Despite facing numerous bureaucratic obstacles, the Planting Health project (Plantando Saúde) was implemented a year later, in 2001.

The funds were invested in improving the infrastructure of existing apothecaries and establishing new ones. They purchased furniture, refrigerators, stoves, and various items for regular use in the preparation, storage, and distribution of what they referred to as homemade remedies. Additionally, the funds covered travel and subsistence expenses for training activities, meetings, and courses. As Rafinha tells, they were aimed at “promoting health and fostering reflections on the meanings of being a woman and on the oppression experienced by women within families”. Rafinha played a crucial role in this process as the project consultant, responsible for training women in the production of natural products. She emphasizes that the project also enabled women's liberation, stating: “Our motto was neither husband nor boss [...], and we sparked conversations about important issues to raise awareness”.

As a result of the experiences developed through the project, a booklet titled *Planting Health Along the Paths of Rio Grande* (Plantando Saúde

pelos Caminhos do Rio Grande) was published in 2004. This publication serves as a guide for organizing apothecaries and proposes two main areas of focus: integral health and the empowerment of women. The first aspect involves addressing and resolving emotional issues and adopting a suitable diet as part of the process of recovering health. The second aspect suggests addressing challenging topics between spouses, challenging taboos, and redefining the role of sexuality to foster egalitarian relationships within couples. The booklet opens with the following statement: “Many women are compelled to engage in harmful sexual acts in the name of maintaining family harmony, experiencing sex as an obligation without any pleasure” (MMC, 2004, p. 7).

Within two years, as a direct outcome of the project, 70 new small pharmacies were registered and operational. These new groups embody the concept of integral health and can be recognized as semi-autonomous agents of territorial change (Figure 1). This transformation positions the Planting Health project as a 'public project,' mobilizing a social cohesion that extends beyond the pursuit of gender equality and challenging the agricultural model of the capitalist system, including transgenics and pesticides (MMC, 2014). The project materializes through the relationship with medicinal plants and embodies a worldview of what health truly means. Women and plants form alliances that lead to expanded expressions and outcomes. As expressed by a leader of the Women's Peasant Movement (MMC): “Advocating for the use of medicinal plants is not just about asserting a legitimate right; it represents an alternative vision for society” (13/01/2014).

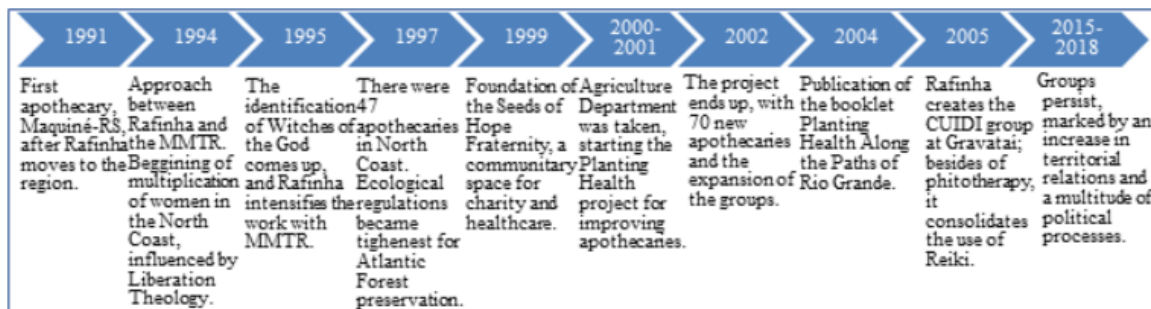


FIGURE 1 – Time sequence of events linked to the emergence of the *Witches of God* groups.

SOURCE: elaborated by the authors.

## 5. Corporalizing the territorial existence

In this section, we emphasize the aspects that help us identify the alliances between women and medicinal plants. We examine their involvement in reshaping the practical and material aspects of remedies and healthcare. The autonomy of the body serves as a tangible challenge to the agrochemical or pharmaceutical industrial complex while also providing a means to appropriate elements from public policies and institutions. This sheds light on the impact of territorial life on people's existence and makes the effects of these actors' affects more visible.

### 5.1 The apothecaries and their materialities: The singularisation

Plants - roots, leaves, flowers, and fruits, with their diverse shapes, aromas, and textures - form the fundamental materials for the existence of these apothecaries. Each apothecary has its own unique

trajectory and character. However, they all share a vibrant and well-organized atmosphere. These spaces are adorned with various objects and images that hold symbolic significance, such as books, photographs, religious icons, and flowers.

Within these apothecaries, a coordinated work routine is established, where women share responsibilities and tasks in the preparation of remedies. Plant production, yield, selection, and drying are integral parts of their daily routine. Often, household kitchens are transformed into spaces for drying and storing herbs. During their weekly meetings, they gather the "raw materials" to prepare tinctures, elixirs, ointments, and syrups. The common thread among these groups is their production of remedies, guided by the booklet *Witches of God in the service of life (Bruxas de Deus a serviço da vida)*, elaborated by Rafinha<sup>23</sup>.

The manual provides detailed protocols for good practices in tincture and elixir preparation. It includes references to 64 different plant species, whose tinctures are combined in recommended elixirs for treating various health problems such

<sup>23</sup> Some of the content in the booklet overlaps with a book published by M. de L. P. Duarte (2002).

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as menopause, high blood pressure, constipation, digestion issues, depression, pain, inflammation, and many others.

The Witches of God groups, specifically, have been working with 25 to 30 elixirs. Each formulation combines four to six tinctures. Additionally, they produce five to eight different ointments, utilizing approximately 32 plant species in various combinations. Women in these groups also share recommendations for a variety of medicinal teas, with the plant selection varying depending on local availability. It is worth noting that modifications and adaptations in the preparation and use of medicines are common occurrences. As Rafinha states, "there are always experiments in progress".

A tincture, according to technical definition, is a solution of herbal drugs [dehydrated plants or parts of them] obtained through maceration or percolation using different proportions of herbal drugs and an extraction liquid (Anvisa, 2018). For human use, purified ethyl alcohol is commonly recommended as the solvent. However, the high cost and limited availability of this solvent make it challenging to obtain. In apothecaries, *cachaça*, an alcoholic beverage derived from the fermentation of sugar cane and obtained through distillation, is used as a solvent to extract the active compounds from plants. While there are many industrialized *cachaças* in Brazil, the manual recommends "using artisanal *cachaças* from a safe source, preferably produced by a well-known neighbor"<sup>24</sup>.

To prepare tinctures, plants are soaked in *cachaça* using dark glass containers. The extraction time varies depending on the part of the plant used. Leaves require 20 days for extraction, while seeds,

peels, and propolis require 30 days. Some tree bark and roots may require up to 60 days. Each tincture is then filtered and stored in dark bottles, labelled with the plant's name and production date. The bottles are organized in alphabetical order on shelves, protected from direct light, allowing for easy use, regular stock control, and monitoring of expiration dates.

After combining tinctures to create elixirs, they are stored in dark bottles. When needed, women divide them into small plastic bottles labelled with indications and recommendations. Syrups are produced using brown sugar, honey, or molasses, while lard or petroleum jelly is used for ointments. Ointments are stored in refrigerators due to their shorter shelf life.

The similarity to laboratory procedures in apothecaries is not a coincidence. The operation and refinement of remedy production practices in apothecaries have been established through analogous processes, aiming to create reproducible and somewhat controllable protocols. However, these practices are not fixed procedures. The relationship between women and plants is dynamic, fuelled by creativity, improvisation, and everyday contingencies. As an example, in the apothecary of Morro Azul, we observed a shelf filled with dark bottles labelled with the tincture's name and expiration date, perfectly organized and standardized. The women shared a humorous story: "These bottles used to contain brandy; we saw them outside a roadside bar [along a federal highway that passes through the municipality]. Everything was going to be thrown away, so we asked for the bottles, and they gave them to us. Now, they keep bottles for us" (Marta, 15/09/2018). [The women tell this story with lau-

<sup>24</sup> To avoid problems involving users with alcohol addiction, they developed a technique to volatilize alcohol using porous tissue as lids for jars.

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ghter, mentioning that when they go to collect more bottles, they leave elixirs against alcoholism in the bar as a gesture of gratitude].

To keep the apothecary operational, various materials are required, and the maintenance of buildings and equipment is necessary. Remedies are distributed in small plastic bottles with printed labels, which are purchased from local suppliers. There are also expenses for electricity and water bills. In order to cover these costs, women set a very low price for their remedies, aiming to cover the basic expenses. It is common for them to donate remedies to those who cannot afford them, and the apothecaries also receive community donations of different types of materials and assistance.

Initially, when they start producing remedies, the focus is typically on providing for their families. As the groups gain local recognition, their work expands to serve the community. In the day-to-day operation of the apothecaries, they begin to receive people seeking care, identifying health problems and distributing remedies (many groups keep patient records). Sometimes, people come with conventional medical prescriptions looking for alternative options. Conflicts arise with professional medical councils, pharmaceutical associations, and other health regulatory agencies. However, these conflicts are resolved through specific agreements and by limiting the scope of women's work to health care. There are stories of conflicts with health surveillance bodies and professional councils in the fields of medicine, pharmacy, and other health-related areas. Generally, these conflicts are overcome through some form of agreement, although they often result in limitations being imposed on their actions.

The women who participate in these groups also bring forth the demands of families, communities, schools, or parishes. These issues are reported and discussed in regular meetings, where they organize their work and decide on the areas of focus. These practices create interfaces between individual health issues or bodily pathology and the collective sociomaterial life.

### *5.2. Halloween as the Witch's Day Celebration: Intersubjectivity and Self-Organization*

Every year, on Halloween<sup>25</sup> (Dia da Bruxas) - October 31st - the Witches of God group from Morro Azul organizes a ritual to prepare the miraculous ointment. This enchanting event takes place in front of the apothecary, surrounded by a picturesque lawn and trees, with a Catholic church just a few meters away.

In the early morning, mothers, grandmothers, and their children and grandchildren gather for this special occasion. The 'ritual' welcomes not only those directly connected to the apothecary but also anyone who wishes to participate. The only requirement is to bring one of the sixty medicinal plants that will be used. The distribution of these plants is carefully organized weeks before the event.

They begin the ritual by spreading a white cloth on the floor. One by one, each woman is called along with her corresponding plant. The plants are carefully placed on the cloth while the women sing songs and recite a declaration reaffirming their commitment to being witches, peasants, and upholding the principles of MMC.

<sup>25</sup> The timing of this celebration coincides with Halloween in the Northern Hemisphere.

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In a cauldron, the plants are mixed with beeswax, lard, and vaseline. Once the mixture starts boiling, the women collectively bless it. While the ointment cooks, they engage in conversation, share the meal they brought, and watch as the children play. After the mixture is ready, they extinguish the fire and allow it to cool down. Several days later, the ointment is transferred into small containers for distribution and use in treating various skin problems throughout the year.

The ceremony is announced at the parish hall, serving as an event to raise awareness within the community about the Bruxinhas' existence. They claim that the ritual originated as a deliberate provocation to the Church, as the Diocese was openly hostile towards the women's group at that time. The catalyst for their reaction was a dispute with a Bishop regarding the donation of a plot of land to establish the headquarters of the apothecary. They recount: "He did not like us. He called us subversive women. Some members of the community were also outraged by our feminist ideals".

They find amusement in recounting how they overcame the hurdle created by the Bishop in the early 2000s.

We had access to state financial resources to construct a homebase for our group, but we needed a plot of land – this is where we are now. Unfortunately, the only available land belonged to the Church. The request [for permission to build] was jointly signed by the MMTR and the Farmers' Association, [which includes the participation of our husbands]. However, when the Bishop noticed the involvement of the MMTR, he promptly denied our request. Faced with this obstacle, we decided not to engage in a direct confrontation with him. Instead, we considered coordinating an alternative project to build on a different site.

However, our husbands expressed their disagreement,

stating that the resources we had access to belonged to our families [they said]: "No! The resources we have belong to our families". They proposed a unified project that would accommodate both the Farmers' Association and our group. We reached a consensus: we would remove our name [MMTR's], from the document and present it again to the Bishop, requesting his signature on the land use transfer agreement. By doing so, we effectively took the rug from under his feet!

Currently, we share the building with the Farmers' Association, although we primarily utilize the majority of the space for our activities, including the apothecary and our bakery. It is noteworthy that these days, the Diocese supports our movement (Jurema, 15/09/2018).

The presence of women's organizations in the region has deep historical roots. The apothecaries of the Witches of God are also the outcome of earlier political processes (at the time of the research, they informed us that there were 42 in the North Coast). In the 1960s, the women recall the establishment of Mothers' Clubs, which were encouraged by the rural extension service. Apparently, these clubs facilitated the work of clergy associated with Liberation Theology and the Catholic movement known as the Base Ecclesial Communities (CEBs) during the 1970s and 1980s. The narratives indicate that the women's organization process intertwined with evangelical missions, pastoral care, and the emerging alternative agriculture movement (later recognized as the agroecological movement).

In the early 1990s, the Church implemented changes in the region by relocating religious representatives affiliated with Liberation Theology to other parishes, which resulted in a decline in community work that the women were actively engaged in. This disruption -discontinuity - compelled



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the women to intensify their work with medicinal plants. Through regular meetings to prepare remedies, they found opportunities for meaningful conversations and the creation of spaces [our place] they now consider their own, further strengthening the Movement.

It is important to note that not all groups named *Bruxinhas de Deus* (Witches of God) maintain a direct political relationship with the MMC. These numerous groups are located in the South Region of Brazil. While they have connections among themselves, there is no formal coordination or hierarchical organization. Generally, they identify themselves as autonomous groups.

### *5.3. Objects, memories, and territorial existence*

Cristal do Sul is a small city situated in the northern part of the Brazilian state of Rio Grande do Sul (RS), within the region known as Alto Médio Uruguai. As you approach the city entrance, you'll notice a house surrounded by a vibrant lawn, adorned with flowers and fruit trees. A sign stands proudly, displaying the words: FM coletiva. The community radio. This is the location of yet another local apothecary, where the research team arrived in March 2015 after traveling 500km from the capital.

Upon our arrival, fifteen women warmly welcomed us with smiles and hugs. As we entered the room, we found it already prepared with chairs

arranged in a circle. At the centre of the room, various objects adorned the floor. Among them were photographs, books, kitchen utensils, a bottle of cachaça, herbs, flowers, seeds, and fruits.

As we entered, they gave us a warning: “*we are going to start with a mystical session*”<sup>26</sup>. As part of this collective experience, we were asked to choose an object, hold it in our hands, and share with the group what memories or emotions that particular item evoked. One of the women kept expressing, “these elements, [the objects present], bring energy to life”. After sharing stories, memories, and laughter, we were ready to commence the meeting.

The apothecary room adjoins the radio station<sup>27</sup> and is affectionately referred to as the corner of happiness by the women. The spacious wooden house and radio equipment were acquired through collaboration with the Small Farmers Movement (Movimento dos Pequenos Agricultores – MPA) and the Union of Rural Workers. However, at present, they state that they have no formal affiliations with either of these organizations.

In the region where they reside, large soy and corn plantations dominate the landscape, along with intensive swine and poultry farming. The women mention that many of their husbands are involved in growing genetically modified soy and using pesticides. One of them expressed: “Pesticides? We are against them, but we cannot do much... or very little”.

The women recall their graduation day in 2006 when they attended a mass following the completion

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<sup>26</sup> Feminist Liberation Theology papers emphasize the interaction between these performances and daily life, exploring the intricate relationship between feminist women and religion. Furthermore, the authors establish a distinct connection between what social movements refer to as mystical performances and political action (Lassak, 2012; Lemos, 2012).

<sup>27</sup> The radio station has played a crucial role in community communication, particularly among women who may not have access to a mobile phone signal. For more information, please visit: <https://www.coletivafm.com.br>

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of a training course with Rafinha. The event gained attention in the city newspaper and became famous because, during the most significant moment of the celebration, one of the women entered the church dressed as a bride, but in black attire with white face paint resembling a corpse, - as if she were dead-, wearing a veil made from empty pesticide containers. The outrage caused by this performance resurfaces each time they become disheartened by the challenges of persuading their husbands to cease poisons using [harmful agrochemicals].

Here, various components intersect, giving rise to territorial assemblages of affective and material qualities, which also manifest in the fear of poisoning present in both pesticides and pharmaceutical drugs. One of the women shares her fear of the herbicide 2,4D and explains:

I planted some seedlings of infalivina<sup>28</sup> they sprouted out of control, so my husband applied the 2,4D to kill it. The kids ate fruit from our backyard and got sick. They were in the hospital for several days, very unwell. The doctors decided to wash their stomachs, it was pesticide intoxication. But in the backyard infalivina kept expanding; it is very strong. It resisted the poison. I learned that plants can be stronger than poison, and prescription pills are like pesticides [she is referring to controlled medicines that she used to take by medical prescription]. So, after joining the women group, I quit the pills, I have healed [probably from depression] using only plants. I got rid of the poison (Ondina, 13/03/2015).

The change in the agricultural production process is viewed as part of the quest for better health and emerges as a source of conflict within families. It also becomes a public concern in which women actively engage. The fight against genetically modified organisms (GMOs) and pesticides leads to involvement in agroecological practices and the pursuit of healthy food.

An illustrative example of this engagement is the participation in the Nucleus of Rural Women Workers in the Médio Alto Uruguai region. This network brings together ten women's organizations in the region and has been demanding a political space in the development of the Territorial Plan for Sustainable Rural Development<sup>29</sup> since 2008. The Nucleus successfully advocates for women's interests in the plan, resulting in various positive outcomes. One such outcome is the establishment of a vegetable garden near the apothecary, where courses and training on ecologically-based food production are conducted. These initiatives are part of the institutionalized actions of Rural Extension aimed at women and continued until 2016. This initiative creates income-generating opportunities for women who can sell products from their own ecological gardens (Herrera-Ortuño *et al.*, 2017).

Another manifestation of the Witches of God's territorial presence is their involvement in official health programs. Some of the women work as community health agents<sup>30</sup>, and the head nurse of

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<sup>28</sup> *Infalivina* is the trade name of an herbal medicine based on Chilean boldo (*Peumus boldus*) indicated for digestive disorders. She is referring probably to some specie of the genus *Artemisia*, also used for digestion and liver disorders.

<sup>29</sup> The Plan came from the federal public policy called Territories of Citizenship (Territórios da Cidadania), which supported territorial councils and projects (Brasil, 2008), these instances of participation and deliberation have ceased to exist with the end of progressist governments from 2016.

<sup>30</sup> Community health agents are individuals from local communities who are trained under the Family Health Program (Programa Saúde da Família - PSF), which serves as the primary level of healthcare. Despite being a federal-level public policy, the municipal-based management of the program leads to variations in the measures adopted across different localities (Brasil, 2010).

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the municipal health unit regularly participates in the group's meetings. During a meeting with the research team, the nurse states:

In Cristal do Sul, the drug over-prescription is observed, one case is related to the omeprazole [active principle of gastritis medicine]. Through the work of the group, we started to use *espinheira santa*<sup>31</sup> as alternative. The agents provided us a lot of information, but also, they learned a lot from us. Everything was done with loads of care (13/03/2015).

The apothecary serves as a focal point in the public discourse surrounding territorial existence, yet it also becomes a source of political hostility against women. During the 2016 municipal election campaign, the group made a deliberate decision not to endorse any political candidate, aiming to maintain their distance from party politics. However, this stance seemed to have led to a criminal arson attack on the community radio station, which also affected the apothecary. Despite the adversity, the group stood firm in their decision and, with the support of donations and the community, rebuilt the facilities and resumed radio broadcasts.

The singularities of material relationships that women have with medicinal plants and remedies contribute to the territorialization of various practices within the apothecaries. This process empowers women to become the protagonists of their own causes and demands. The autonomy of the body becomes a material contestation, exposing the domestic sphere, gender dynamics, and fears as intrinsic aspects of territorial life. This new biopo-

litical embodiment arises from lived experiences, reflexivity, and critical perspectives, intertwining diverse materialities and agencies. It involves territorialized notions and practices, shaping alternative courses of action within the complex framework of Foucauldian biopolitics.

## 6. Final Considerations

We began this article by citing Michel Foucault, revisiting the notion of biopolitics to emphasize the mutually affecting processes that constitute both vertical and hierarchical fields of force, as well as fields of action of the movements of life - territorial biopolitics.

We did so with a defined, albeit cautious, intention of establishing a post-cognitive sociological position that understands reflexivity as a composition of actors' experiences and the materials of the world. This is a contribution that shifts the agency-structure debate, repositioning agency in socio-material interactions and making visible women and their practices in an Anthropology of Development. This is a conceptual renewal that does not abandon the roots of Actor Oriented Approach. However, like any attempt, it is inherently open to revisions and expansions that need to be empirically explored.

Sociomaterial interactions can generate relations that constantly compose, decompose, and recompose territories that do not necessarily coincide with administrative power, its governmentalities, and institutional techniques. This opens up a perspective that focuses on situated agency<sup>32</sup> of

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<sup>31</sup> *Maytenus ilicifolia* is used to treat gastritis and ulcers, commonly consumed as a tea or in herbal medicine form. This species is included in the National List of Essential Medicines - RENAME (Brasil, 2017)

<sup>32</sup> In the Portuguese version of this paper, we used the term "agenciamentos". However, in this English version, we opt for the more appropriate and commonly used term of "situated agency" or "sociomaterial agency".

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territorial transformation, often manifested in lines of flight that escape, vibrate, vitalize, and rebel, revealing the materiality of territorial biopolitics.

The sociomateriality of medicinal plants shows us incessant exchanges between the modern biochemical episteme, the circulation of pharmaceutical industry products, and institutional health policies. This suggests to us that rebellions against hierarchical and vertical - institutional - biopolitics are situated in the socio-material practices of actors, in our case, contributing to a reterritorialization of 'health'. This gives rise to contemporary territorial social movements that emerge from personal crises, reflexive biographies, institutional transgressions, performances, rituals, and social organization.

In other words, the public rituals of rebellions and the presence of Witches of God in territories are significant events. However, understanding them requires grasping the intimate interaction of affect, care, and women's knowledge of medicinal plants. Women's experience of 'machismo as an evil,' which they seek to eradicate through treating illnesses, diseases, and afflictions, indicates that they will persist in practicing what they see as integral health to eliminate injustice and inequality. Here, we confront the collapse of the division between the biological, the political, and the non-political aspects of territorial life.

To elucidate processes of reflexive individualization, it has become important to understand how women engage in struggles that demand changes in society. Rafinha's biographical trajectory generates a narrative of practices and affections that brings visibility to how materialisms influence what actors experience in their intersubjective existences. That is why we argue that the way Rafinha decided to collaborate again with the community organization

alongside other women implies mobilizing political positions, but also activating the active properties of plants to generate a process of reflection and transindividual choices.

In our opinion, this demonstrates a counter current to neoliberal individualism, privatization, and exclusively market-oriented political orientations. This perspective is different from what Rose (2001) and Braun (2007) describe when analysing individualization and privatization of health care. These authors discuss the functions of control (or lack thereof) that global scientific and governmental institutions assume in the face of new risks arising from the circulation of viruses that do not respect national borders.

The detailed study of the functioning of the farmacinhas reveals that the appropriation (Guattari & Rolnik, 1996) of formal pharmacy and laboratory procedures generates the singularization of the practices of the Bruxinhas, showing us how subjectivity is lived and expressed in the knowledge of a pharminochemistry that accesses the active principles of plants.

The apothecaries (farmacinhas) with their protocols on how to manipulate plants and remedies, together with the standardized practices to deal with 'pharmaceutical supplies' are important factors in the emergence of semiautonomous inter-subjectivities that are in part given by plants. Even the brandy bottles that are transformed into containers for tinctures, it is a vibrant part of the process of singularizing apothecaries, as materialization of innovations and creativity, which include the transversal emergence of the gravitational power of plants' active principles in the territory.

Empirical evidence identified through ethnographic research provides elements to support

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the understanding that experiences that combine women, plants, health, and the environment can be seen as 'practical embodiments of new vital territories'. By appropriating Halloween in a public and participatory manner, they manually update the ritual of the miraculous ointment, territorializing comprehensive health and making these women visible as part of the territory.

Through the focus on homemade pharmacies, there is a re-describing of the sociomaterial reality of health care, leading to the public recognition of the *Bruxinhas de Deus* (Witches of God). These are powerful demonstrations of ruptures and re-positionings in relation to the State, the Catholic Church, and the market, but also of questioning the existing gender roles within the family, blurring the boundaries between the domestic and the public. These disruptive embodiments lead us to perceive new forms of social groupings beyond the family sphere and the vitality of the 'politics of non-politics' inscribed in the everyday practices of women.

The practices of home-based pharmacies exert a significant impact on various aspects that challenge the interests associated with the materiality of power. This rebellion assumes a crucial role in opposing, on one hand, the prevailing ontology imposed on rural women by experts, and on the other hand, the prevailing ideological framework regarding the contribution made by the chemical industrial complex and the biopolitical regime.

This rebellion encompasses issues related to health and the intensified practices of conventional agriculture, particularly the indiscriminate use of pesticides and the monoculture of soybeans. The fear surrounding pesticides and pharmaceuticals evokes a powerful emotional response, as articulated by Frost (2010). It becomes a substantial

motivating force for women to participate in healthcare movements, advocate for healthy food, and implement various strategies that bring about changes in daily routines, family dynamics, and territorial politics.

Based on our study and in dialogue with Bennett (2010) and Frost (2010), we propose that the alliance between women and plants is embedded within a relational field of forces, providing a counterpoint to Foucault's biopolitics. Affects, such as fear, function as a 'counterforce' influenced by sociomaterial relations, which materialize within the operations of the *farmacinhas*. This dynamic creates a space for interactions, interfaces, and situated agency, representing a field of forces shaped by both human and non-human actions, encompassing anthropomorphic and biophysical aspects. It reveals the potential for a partially autonomous political sphere, redefining certain dimensions of biopolitical territorial existences.

As suggested by Moore (1973), multiple social fields mediate between the political body and the individual bodies. In the context of the *Bruxinhas*, the relational field of forces reshapes the institutional concept of 'public health' through the daily preparation of remedies and comprehensive healthcare practices. This includes occasional collaborations with healthcare professionals and the 'official medical assistance system'. The ambiguity or liminality<sup>11</sup> existing between public health policies and the dynamics of life appears to create an opportunity for a transindividual configuration that aligns closely with social and biological interactions. This holds the potential for justice and equality in territorial coexistence.

The women do not perceive the emergence of biopolitics or public health policies as a disruption

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to their understanding and practices of care. Instead, their bodily well-being, the degradation of the environment, and living with "poisons" generate affective discontent. Within the healing properties of medicinal plants, they discover the potential to forge alliances that support their existence and defend their territory. This observation leads us to propose that in certain rural areas of Brazil, reflexive individualization serves as an act of defiance, a transgression, against the privatization of life. These rebellions have the capacity to shape and contribute to direct participatory governance, distinct from governmentality.

### *Acknowledgements*

This article results from activities developed by first author as visiting professor at the University of Wageningen (Netherlands) during 2020. The authors would like to thank the CAPES-PRINT Program for the grant. We also acknowledge the reviewers who anonymously contributed to the text improvement, by provoking relevant reflections that led us to a better conceptual accuracy.

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