

## **Faith healing and the field of healthcare in Brazil**

### **Curandeirismo e o campo da saúde no Brasil**

### **Curanderismo y el campo de la salud en Brasil**

**Rodolfo Franco Puttini<sup>1</sup>**

<sup>1</sup>Social scientist. Public Health Department, School of Medicine of Botucatu, Universidade Estadual Paulista (FMB/Unesp). <puttini@fmb.unesp.br>

#### **ABSTRACT**

The general aim of the present paper was to contribute towards the discussion on the field of healthcare. Specifically, the aim was to contribute towards reflections on the hegemonic power of medicine and its relationships with practices of faith healing. Taking into account the field and habitus of Pierre Bourdieu's theory, faith healing is discussed based on a review of the concept of trance in the intellectual field as an object of scientific habitus formed between medical practice and religious practice. Finally, by means of contemporary themes shared by social sciences and public health, it is shown how faith healing – a negative term within the field of medicine – is transformed into a positive term within the field of public health.

Key words: Religion and medicine. Healthcare. Spirituality. Spiritual therapies.

## RESUMO

O objetivo geral do presente artigo é colaborar para a discussão sobre o campo da saúde. Especificamente, pretende-se contribuir para a reflexão do poder médico hegemônico e suas relações com as práticas relacionadas às curandeirices. Considerando a teoria do campo e do *habitus* de Pierre Bourdieu, discute-se sobre o curandeirismo com base em uma revisão do conceito de transe no campo intelectual como objeto do *habitus* científico formado entre a prática médica e a prática religiosa. Finalmente, por meio de temas contemporâneos compartilhados pelas Ciências Sociais e pela Saúde Coletiva, indica-se como o curandeirismo – aspecto negativo para o campo médico – transforma-se em aspecto positivo no campo da Saúde Coletiva.

Palavras-chave: Religião e medicina. Saúde. Espiritualidade. Terapias espirituais.

## RESUMEN

El objetivo general del presente artículo es el de colaborar para la discusión sobre el campo de la salud. Específicamente pretende contribuir para la reflexión del poder médico hegemónico y sus relaciones con las prácticas relacionadas al curanderismo. Considerando la teoría del campo y del *habitus* de Pierre Bourdieu, se discute sobre el curanderismo con base en una revisión del concepto de transe en el campo intelectual como objeto del *habitus* científico formado entre la práctica médica y la práctica religiosa. Finalmente, por medio de temas contemporáneos compartidos por las Ciencias Sociales y por la Salud Colectiva, se indica cómo el curanderismo - aspecto negativo para el campo médico - se transforma en aspecto positivo en el campo de la Salud Colectiva.

Palabras clave: Religión y medicina. Salud. Espiritualidad. Terapias espirituales.

## **Faith healing: danger to public health?**

Social progress can be clearly noted in the general sentence of the World Health Organization (WHO)<sup>1</sup>, an entity that, since 1946, has been focusing, in the worldwide context, on populations' healthcare. The continuity of this international guideline was strengthened in the International Conference on

---

<sup>1</sup> “[...] health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity [...]”.(WHO, 1948, p.1)

Primary Health Care, which disseminated the goal “health for all by the year 2000” (WHO/UNICEF, 1978, p.1), but not without some criticism (Cueto, 2004; Rivero, 2003; Segre & Ferraz, 1997). New advances in public health practice were introduced in the Ottawa Charter for Health Promotion (WHO, 1984), which proposes, in continuation to the sanitary movement, an international health promotion policy (Buss, 2003). In Brazil, *Sistema Único de Saúde* (SUS – National Health System), implemented at the end of the 1980s as a reflection of that worldwide proposition on the Brazilian sanitary movement, influenced the promulgation of guidelines and principles for professional practice in the healthcare field. In the intellectual field, recent epistemological concerns analyze the paradigmatic scope of healthcare through the diverse meanings of the concept (Coelho & Almeida Filho, 2002; Almeida Filho, 2001), denoting the importance of the positive characters of the definition (Czeresnia, 2005), which are fundamental to the formulation of a general theory for the healthcare field (Samaja, 1997).

This article aims to contribute to the general discussion about the healthcare field in the context of Public Health, starting from reflections on the scientific *habitus* formed between the medical practice and the religious practice. Specifically, based on Pierre Bourdieu’s theory of field and *habitus*, I will discuss the hegemony of medical power through its relations to faith healing practices by examining the trajectory of the concept of trance in the Brazilian intellectual field.

I use Bourdieu’s theoretical framework, who define *habitus* in the following way:

A system of durable dispositions, structured structures predisposed to function as structuring structures, that is, as principles of the generation and structuring of practices and representations which can be objectively “regulated” and “regular”, without being the product of compliance to rules, objectively adapted to their purpose without supposing the conscious intention of the purposes and the express control of the necessary operations to achieve them, and collectively orchestrated without being the product of the orchestrating action of a conductor. (Bourdieu, 1983a, p.60-1)<sup>2</sup>

The author associates the meaning of *habitus* with the notion of field, which he defines as:

Structured spaces of positions whose properties depend on the positions in these spaces. They can be analyzed independently of the characteristics of their occupants [...]. There are general laws of the fields: fields as different as the field of politics, the field of philosophy, the field of religion have invariant functioning laws. (Bourdieu, 1983b, p. 89)

Within the general theory of fields, Bourdieu explains that field is the socialization place of *habitus*, whose symbolic power imposes significations that demand legitimacies. Therefore, the symbols are consolidated in practice as social integration instruments, enabling the reproduction of an order that was established without conflicts. Regarding specially the scientific field, the author states that it is a social field composed of relations of forces, struggles and strategies which are not structured by the order of

---

<sup>2</sup> All the quotations present in the text were translated from Portuguese into English.

the empirical world; rather, they are structured by praxis. The scientific activity “is engendered in the relationship between regulated dispositions of a scientific *habitus* that is partly a product of the incorporation of the immanent need of the scientific field and of the structural limitations exercised by this field in a given moment in time” (Bourdieu, 1996, p.88).

The initial concerns of the present work emerged from specific inquiries into spiritual practices professed inside certain healthcare institutions, more precisely, in psychiatric hospitals administered by philanthropic companies that follow Kardecist Spiritism<sup>3</sup>. I verified an important result of anthropological investigation: a consensus among the agents about the spiritual healing space, identified in the hospital as a therapeutic activity that *complements* the medical practice. I also noted the posture of doctors and health professionals who follow the religion and who, after the construction of the therapeutic space, remained firmly convinced of the construction of the bases of “spiritual medicine”, the major belief of scientific Spiritism.

However, new discussions are guided by the following question: in what circumstances can spiritual healing practices and medical practices be considered complementary? In Public Health, the recognition of homeopathy and acupuncture became a historical bench mark. Today, they are medical specialties, but they used to be considered illicit therapeutic practices. When they were accepted by the scientific community, homeopathy and acupuncture moved from the juridical threshold to another level of knowledge-power, in whose resistance it currently moves toward the scientific progress of the respective medical systems (Rosenbaum, 1999; Rebollo, 1993). Nevertheless, the discussion about the complementariness of non-medical therapeutic practices (Barros, 2000), also approached in the perspective of medical rationalities (Luz, 1993), has recently generated the epistemological polemic centered on the verification that more and more ‘complementary’ therapeutic practices were gradually incorporated into the public service network during the 1990s, in addition to the traditional ones, mentioned in the law since the advent of the National Health System (SUS) at the end of the 1980s: homeopathy, acupuncture and phytotherapy. (Luz, 2005a, p.39)

In light of the facts, I question such paradoxes further: to what extent do spiritual questions delimit the scientific nature of medical rationalities in the healthcare field? Perhaps one solution would be to distinguish, conceptually speaking, new therapies from well-established healthcare practices (Luz, 2005b), or to reflect on spirituality within the discussion about care (Ayres, 2005). However, I assume that the spiritual practices reveal negative and positive aspects of faith healing.

I intend to show that faith healing in the social sciences, a term that is considered dangerous to public health in the juridical field (Peixoto, 1980)<sup>4</sup>,

---

<sup>3</sup> Philanthropic entities are always presented as worthy companies that provide services in the area of health, cooperating with the public health policies. For a criticism of philanthropy, see: Portela et al., 2004; Mestringer, 2001; Giumbelli, 1995; Landim, 1993; Guedes, Barata, Corrêa, 1988.

<sup>4</sup> The opinion that there is risk involved in faith healing seems to be associated with the wording of legal texts: “It seems that the 1890 legislator was inspired by the Ordinations to

transits as a symbolic product in the healthcare field. To achieve this, I examine the controversy that derives from the concept of trance in the intellectual field. This theoretical-conceptual review will ensure, at the end of the text, a reflection on the current relations between medical practice and spiritual practices.

### **Trance state and faith healing: mental disease and/or cultural product**

Historical interests in the medical thought in Brazil currently converge on the recovery of medicine's social history. Rodrigues (1862-1906) has been cited as intellectual reference for different themes of the social sciences. For example, the following aspects are searched for in his biography: the origins of Brazilian anthropology (Correa, 2000), elucidations in the racial discussion (Oda, 2003; Schwarcz, 1993), conceptual explanations regarding the "medicalization of society" (Antunes, 1999) or the eugenic movement in Brazil (Stepan, 2005), the demonstration of the existence of crossing points between medicine and law (Schritzmeyer, 2004), the understanding of the structure of the medical field (Maio, 1995) and of the structure of the religious field (Giumbelli, 1997a), elements of the history of psychiatry in Brazil (Costa, 1989; Machado et al., 1978) – in short, reflective elements that can explain the current dilemmas of racial democracy (Maio & Santos, 2005; Antunes, 1999).

For the purposes of this study, I state that Rodrigues was the most eminent representative of the medical thought who defended that the trance state is a mental disease. He achieved recognition in the international scope, due to the influence of the position of professor and researcher that he occupied at the School of Medicine of Bahia (Northeast of Brazil) until the last quarter of the 19<sup>th</sup> century. This position enabled him to develop, in the scientific environment, medical theories based on the etiologies of mental diseases of organicist conception. At a time when the evolutionist values were developed in Europe, mainly due to the idea of degeneracy based on biological reductionism applied to psychiatry, in 1890, Rodrigues published his second book in Paris, *L'animisme fétichiste des nègres de Bahia*, which was subsequently translated by the Brazilian doctor and anthropologist Arthur Ramos (Rodrigues, 1935). Rodrigues presents in detail the trance state theory, associating it with the degeneracy theory. Starting with the definition of trance state, the author approached the African blacks of the *terreiros nagôs*<sup>5</sup> of Bahia as the prototype of mental incapacity, as they cannot abstract the Western monotheist religious model, a sign of religious

---

write article 157: 'To practice Spiritism, magic and its sortileges, to use talismans and cartomancy, to awake feelings of hatred or love, to inculcate cures of curable or incurable diseases, in short, to fascinate and subjugate public credulity' (Peixoto, 1980, p.113). The code modified by the decree law no. 2848, of December 7, 1940, provides the following penal articles correlated with the official medical practice: Art. 284 – Faith healing: To practice faith healing: I – prescribing, administering or applying, habitually, any substance; II – using gestures, words or any other means; III – making diagnoses: Penalty: detention.

<sup>5</sup> *Terreiro nagô* is the place or temple where the rites of the Afro-Brazilian cults are celebrated. Specifically, *nagô* designates any enslaved black person who spoke *ioruba* and was traded in the old Costa dos Escravos.

superiority of the Western civilization. It was in this way that Rodrigues justified the possibility of thinking about the trance theory by means of the transmission of pathologic characters in the human races.

The social evolution theory, also defended by the parameters of Rodrigues' biological-evolutionist medical model, was recognized by partners of the science field, jurists and doctors (remarkably hygienist doctors from the School of Medicine of Bahia and from the School of Medicine of Rio de Janeiro). When the author identified *mestizaje* and the magical-religious cults with barbarism, he certainly built a logical contradiction for the construction of the national civilization project (Oda, 2003).

In recent studies, Rodrigues is identified, due to his academic trajectory, as a scientist that marked the institutional advance of the medical profession in Brazil (Maio, 1995). Founder of the discipline legal medicine, which became a tradition of the Brazilian medical clinic of the time, Rodrigues influenced the structuring of the health field. However, according to Schritzmeyer (2004), an anthropologist who studied the anthropological theories developed by Rodrigues, the medical interests were revealed in the juridical-political corporate form and contributed to the constitution of social control rules, which had been promulgated in the Penal Code in 1890, thus ensuring to the medical corporation "protection against whoever threatens them as the only experts in body and cure". To Schritzmeyer (2004), in this period, a political-police-judicial war is instituted against the popular therapeutic agents and their respective curative actions: "Faith healers, charlatans, and public credulity exploiters promoted the union of doctors and jurists around one single objective: the protection of public health and credulity" (p.73). In fact, the jurisprudential argument for the faith healing crime reasoned through the scientific view of medical practice applied to collectivity, a legislation which intended to protect the population against false beliefs and professional fallacies, repressing the falsifiers (Peixoto, 1980). Therefore, the magical healing practices would be pursued and punished according to the law, and also by means of the order of police repression (Chalhoub et al., 2003). It is interesting to notice that Kardecist Spiritism, *umbanda*, *candomblé*<sup>6</sup> and homeopathy were equally pursued and typified as magical-religious therapies, magical phenomena that were exposed and threatened social order (Giumbelli, 1997b).

Roger Bastide (1898-1974), an active intellectual in the 1930s-1940s, was responsible for the first dialog with the medical field in the context of the structuring of the Brazilian social sciences. Based on the religious manifestations of trance in Bahia's *candomblé* – which were typified by

---

<sup>6</sup> *Umbanda* and *candomblé* are Brazilian religions. The first was born in Rio de Janeiro, between the end of the 19<sup>th</sup> century and the beginning of the 20<sup>th</sup> century. Originally, it mixed Spiritist and Bantu elements, the latter already formed over *jeje-ioruba* elements, and today it is segmented into varied cults characterized by many diverse influences (for example, indigenist, Catholic, esoteric, cabalistic, etc.). Concerning *candomblé*, it is considered an animistic religion that originated from the region where today Nigeria and Benin are located. It was brought to Brazil and was established here perhaps at the beginning of the 19<sup>th</sup> century by Africans imprisoned for slave traffic. In *candomblé*, priests and followers stage, in public and private ceremonies, an interaction with nature forces and ancestral forces. (Source: *Dicionário Eletrônico Houaiss*)

Rodrigues as the example of the highest degree of mental disease -, Bastide described the phenomenon in the religious context and as a cultural practice. He compared the types of mystical, psychopathological and psychiatric trance with the *nagô* trance of Bahia's *candomblé*, the object in which he was most interested in his anthropological studies about possession cults (Bastide, 1972, 1960).

In light of the medical thought of the 19<sup>th</sup> century, which considered that the behavior of people in the state of trance in the ritual of Bahia's *candomblé* was a pathological form, the French sociologist developed a contra-hegemonic discourse against this reference of mental disease par excellence. The creation of this specific set of sociological knowledge against the rising psychiatric medical ideas was motivated mainly by the need to clarify that other interpretations of the trance state were possible, which explained its conditioning factors and applications outside the context of medical-psychiatric diagnoses and therapies. His theoretical frameworks were marked by the contemporary social sciences and his theories came from the recent sociologies of religion of Emile Durkheim, Marcel Mauss, Bronislaw Malinowsky, and Max Weber. It is possible to state, in this context, that Bastide was the first intellectual to reflect on the trance state concept outside the medical theory of Raimundo Rodrigues' anthropological school.

It is important to mention that Bastide chose the French symbolic anthropology, interested in the restitution of mythologies from the traditional African societies. On the occasion, his position was against the North-American culturalist school, which enabled to describe the mythical universe of Bahia's *candomblé* as a primordial ethnographic source for the cultural understanding of the African blacks surviving in Brazil<sup>7</sup>. Although assuming the African blacks as being integrated into the Brazilian religiosity, Bastide (1960) did not aim to discuss religious syncretism. This will be a key concept to Cândido Camargo, who, in the 1960s, associates it with mediumistic religions. Bastide was more interested in tracing an epistemology targeted at consolidating the studies of the Brazilian culture, and his main concern was to specify the place of the religious trance in Bahia's *candomblé*<sup>8</sup>.

Nevertheless, Ortiz (1978) criticized Bastide's sociology of religion and later, Cândido Camargo's, whose interest in the theme of religious syncretism aimed to prove that *umbanda*, and not *candomblé*, was becoming the most genuinely Brazilian religion. When Ortiz revisits the theme of the social recognition of *umbanda* as a magical practice that was a candidate for

---

<sup>7</sup> Please compare with comments from the anthropologist Vagner Gonçalves da Silva in the text "Crítica antropológica pósmoderna e a construção textual da etnografia religiosa afro-brasileira", available from < <http://www.fflch.usp.br/da/vagner/posafro2.html> >.

<sup>8</sup> Ferretti's (2001) work offers a critical panorama of the ideological discussion of syncretism in relation to the ideology of *nagô* purity produced by Roger Bastide. To the author, the conflicts emerge when Bastide becomes interested in distinguishing Bahia's trance cults based on purity and syncretism, a perspective that had been adopted since Rodrigues. This polemic was approached by Giumbelli (1997a) referring to Roger Bastide's classification of the three forms of Spiritism in *Le spiritism au Brésil* (Bastide, 1967).

the position of official religion, the recovery of the ideological discussion about *umbanda* therapy can be noted: Ortiz presents Bastide's model of religious trance as final representation, inversely modified into an ideology attributed to *umbanda* intellectuals.

Although the new conceptions of trance are still not in the public domain, it is certain, however, that they have already penetrated into the class of *umbanda* intellectuals. A curious inversion is happening: in a pathological way, possession starts to be viewed as a means to defeat mental disease, as therapy. (Ortiz, 1978, p.30)

### **Trance state and therapeutic practices in the Brazilian social sciences**

Analyzing the conceptual relations between faith healing and trance state also through the intellectual field, Ortiz's sociology of religion— to whom *umbanda* should be considered the only genuinely national religion, because he viewed it as the most syncretic – is closer related to the ideological context formed by Camargo's (1961) theory of mediumistic religions.

To Camargo, who worked with the concept of mediumistic continuum, *umbanda* occupied a position that was hierarchically inferior to that of the other Brazilian mediumistic religions. In this author's thought and intellectual project, the concept of religious syncretism had the objective of subsidizing the idea of continuum, resulting, in the end, in the construction of mediumistic religions as an important conceptual element in the constitution of the religious field in Brazil (Camargo, 1973). Constructed in the 1960s, the theoretical model of the mediumistic religions implied the concept of mediumistic continuum as a universalizing explanation based on the ritual transferences verified between the Afro-Brazilian and Kardecist beliefs (Camargo, 1961).

Although the theoretical model was criticized by many authors, it is observed that, in the literature of the social sciences, Camargo, for the first time, marked the distinctions in an emphatic way, highlighting the therapeutic aspects among the mediumistic religions (Camargo, 1961). Enabled by the theory itself, the sociologist identified the different therapeutic practices as social integration elements in the functionalist sociological framework. The focus was the therapeutic function of religion, which belongs to the complementary function of the individual's integration into society. He described in detail the Spiritist system, recognizing its consumers in the nervous people who, in the spaces of religion, adapted themselves to the urban society, having the opportunity to develop religious mediumship as a therapeutic form.

This verification did not result from a debate that related mental disease to trance state, as Bastide (1972) did when he reflected on the relations between mediumistic manifestations and mental diseases in psychiatry since the 1930s<sup>9</sup>. To Camargo, the mediumistic therapy was interpreted as an

---

<sup>9</sup> It is interesting to notice that the doctor Bezerra de Menezes, converted to Spiritism at the beginning of the 20<sup>th</sup> century, disseminated a similar theory that rescued the positive aspects of Spiritism, identifying the development of mediumship in the ill individual, temporarily possessed by spirits. This theory was inspired in the experience that the author



important sociological element to the study of religious belief, consisting of an etiology and therapy of diseases and which had its specific function in the process of the individual's religious adherence in society. In his words, "the practical efficacy demonstrated by cure, its experimental nature and moral significance, in terms of attenuation of human suffering, constitutes a powerful element of conviction" (Camargo, 1961, p.96).

Concerned about delimiting the religious field, the author, therefore, demonstrated the existence of a market for mediumistic therapies based on the autonomy of these religions in relation to the medical-psychiatric services. He particularly attributed to Spiritism two reasons centered on the perspective of São Paulo's cultural change: a) the existence of a Brazilian tradition of sacred therapy; b) the fact that the Brazilian official medicine is not effective. These two functional reasons of the mediumistic religions in general would be enough to start another branch in sociological research into the religious field in Brazil<sup>10</sup>, in case Ortiz's (1978) criticism did not reach important intellectual repercussions in the community of Brazilian social scientists.

Analyzing the possibility of considering trance therapy (mediumistic) as an unofficial therapeutic practice, on the one hand, Ortiz pointed to the ideological limitations of the market of therapeutic offers developed by Camargo (1961), in opposition to the process of formation of the Brazilian State. On the other hand, and in another direction, he indicated social investigation options of studies on the religious field in Brazil according to two other criteria: he proposed to study the therapeutic practices through the poles of social legitimacy and illegitimacy, which had been absent, up to that time, from the history of the Brazilian religions. Ortiz's effort to disengage himself from Camargo's functionalism moved towards the criticism of the formation of the Brazilian religious field. Ortiz was interested in developing debates concerning the autonomy of the religious field, firstly configuring the specificity of the alternative medicines, which will be concluded in the works carried out by Loyola (1984) and Montero (1985). Then, another path opened to investigate the history of *umbanda* and Spiritism, whose most significant results can be found in the works developed by Maggie (1992) and Giumbelli (1997a).

Montero (1985) and Loyola (1984) mobilized forces that continued Camargo's work, although they disagreed with his results and methodologies. They started from the author's thought, mainly the idea of continuum, in order to analyze the field of alternative medicines. In fact, Camargo clearly expressed that Montero continued his theoretical concerns, as she, a scholar who studied the alternative medicines, "investigated whether religious therapy constitutes a system of therapeutic assistance that

---

had had with his own son, who was in the state of possession during years, and was cured by means of the development of mediumship in a Spiritist center in Rio de Janeiro. Please compare Bezerra de Menezes (1987) and David Warren (1984).

<sup>10</sup> 11 As could be verified at the time, for example, in Carlos Brandão, the continuity of the discussion about the religious field by the Catholic, Evangelical and mediumistic actions (Brandão, 1980), or the discussion about popular religion (Fernandes, 1984), or, more recently, about *umbanda* (Negrão, 1996).

has an internal logic, capable of explaining systematic conceptions related to the etiology of diseases and to the practices of their treatment” (Camargo apud Montero, 1985, p.10). In this work, Montero used Gramsci’s thought to rethink the subaltern condition of the popular medicines. She emphasized the popular representations of disease intrinsic to the relations between dominators and the dominated. She systematized the demand for popular therapy and indicated directions for research into alternative medicines. Fieldwork was carried out with individuals who attended *umbanda* centers, identifying them as potential customers of social security assistance. The author deduced the meaning of the conflicts between the two medicines, a magical medicine and the official one, and concluded, about the logic of the religious discourse that, by dividing into material disease and spiritual disease, it implied the supremacy of the spiritual dimension<sup>11</sup>.

Loyola (1984) had already performed, contemporarily, a similar investigation, even before Montero, clarifying the role of the popular medicines when transformed into alternatives to the official healthcare services. With the research material obtained by means of ethnography, she studied healing agents (religious and official) in the neighborhood of Santa Rita, in Rio de Janeiro, and discovered the location of a therapeutic healing market. Many therapies always competed with official medicine, although the author emphasized that the customers used many of them simultaneously, thus legitimating them in view of their healing needs. Loyola (1984) confirmed the existence of a broad offer of healing services and agents that had their own conceptions of diseases and therapies, including Catholics, Protestants, *umbanda* and *candomblé* followers in the urban space. She identified all of them as popular healing agents, and afterwards she provided her criticism, when she verified the symbolic competition with the medical practice area, a space in which official medicine acts in a hegemonic way.

Montero (1985) reflected the reasons for popular medicine when she assumed the existence of forces that were exogenous to the *umbanda* religion, also identified by the magical thought (Montero, 1990), while Loyola (1984), with Bourdieu’s praxeological methodology, showed the existence of relationships between religious and medical agents outside the sacred spaces, traditionally destined to religions in general (churches, temples and Spiritist centers). Dealing with the several therapeutic practices that competed against one another and against official medicine in the therapeutic field, Loyola (1984) viewed the popular doctor as one among other types of agents, all of them called specialists in body healing. The main characteristic of the popular doctor was that of mobilizing, to the customers, the distinct healing resources (allopathic or not) available in the market, and many of them acted in a system of exchange of symbolic goods.

### **Faith healing images and the ideology of the mediumistic religions**

---

<sup>11</sup> This line of research, also initiated at the time by Laplantine & Rabeyron (1989), remains modern to the author (compare with Araújo, 2000).

Up to the moment I followed the hypothesis according to which the concept of faith healing influenced, in a symbolic way, the Brazilian social sciences, since there were adequate conditions to form a critical thought against the unconventional therapeutic practices coming from the religious field. Thus, new methodological problems resulted in an intellectual change in the social sciences, carried out by a group of researchers, especially anthropologists who, in the 1980s, used case studies to break the generalizing presuppositions of the previous sociological approaches.

This was the justification for Velho's (1975) work, a study that critically stimulated the return to the theme of religious syncretism. Subsequently, Dantas (1982), with the same justification, advanced the criticism to the ideology of the Afro-Brazilian studies, showing "that the Brazilian intellectuals who studied the *candomblé* cults founded the Afro-Brazilian religions, in the sense that they were attracted by a religious group – the authentic *nagô*s from Bahia, depositories of 'Africanity'" (Maggie, 1989, p.79). It is worth remembering that Maggie (1986) was the first anthropologist who used, as unit of analysis, one *terreiro de umbanda*<sup>12</sup> in Rio de Janeiro, assuming, for her anthropological study, the description of only one religious institution. In short, she suggested the modification of the notion of community, which had been utilized in the academic literature concerning Afro-Brazilian religions by many authors, from Rodrigues to Bastide, now interpreted as popular religions still with primary traces lost in the urban environment. This observation was enough for the author to demonstrate the inconsistency of the sociologies since Bastide until Camargo, as the explanations resulted from the ideology of the group of intellectuals and did not emphasize the conflicting aspects underlying the social agents belonging to the studied groups.

In a perspective that was similar to Maggie's, Seiblitiz (1979), motivated by the specific study of a Spiritist center in Rio de Janeiro, mentioned that given the great penetration that the fluidical operation – therapeutic practice exercised in some Spiritist centers – has across different social classes, it is welcomed even by the official health agents, the doctors, who seemed to us that they would be the last ones, due to their academic education, to adopt this solution. (p. 17)

In the same way and before Montero (1985), Seiblitiz (1979) employed the ethnographic methodology in the perspective of Gramsci and Bourdieu, theoretical guides, to reflect on the ideological dimension of a ritual (fluidical operation) that involved health professionals who were followers of the mediumistic religion.

On the other hand, the thematic circularity about religious syncretism led Cavalcanti (1983) to propose an endogenous study of Kardec's Spiritism. The author demonstrated the particularity of the Spiritist ritual system structured in three categorial poles: study, charity and mediumship. This categorial set defines Spiritism as a religion above the other mediumistic religions. She states that the mediumship category is more important than

---

<sup>12</sup> *Terreiro de umbanda* has the same connotation given to the *terreiro nagô* of Bahia, a place or temple where the rites of *umbanda* cults are celebrated.

the others for two reasons: a) it is central to understand the ritual, when its sense is that of communication with spirits; b) it is fundamental when its sense is that of trance experience (spirit reception), as it constitutes the central experience of the religion's followers. According to the author, in Spiritism, mediumship is the apex of religious cosmology. This posture allowed her to reinterpret the concepts of trance and possession which, since Bastide, had never been articulated with the theorists of anthropology. While Velho (1975) and Dantas (1988) left Kardecism aside in the analyzes of possession, Cavalcanti (1983), unlike the works by Seiblitiz (1979), Neves (1984) and Neves & Seiblitiz (1984), brought to the ideological debate the characteristics of Spiritism as a religious system among the other mediumistic religions.

Hess (1991) undertook the ideological criticism against Spiritism, studying cases of Brazilian scientists who followed the religion without dealing with the ideological issues in the intellectual field of the Brazilian social sciences. However, Concone (1983), giving more importance to the merits of religious syncretism in *umbanda*, to the detriment of the ritualistic questions, concluded, in another way, that the ideological analysis of the sociological production about the trance was not complete, and proposed to enlarge the debate by means of the term possession trance, whose view of the object would broaden the meaning, including the traditional religions.

The advance in the debate concerning the ideologies of the mediumistic religions can be verified with Maggie (1992), who amplified the cosmological considerations, using judicial processes between 1890 and 1945 in Rio de Janeiro. She studied the processes accused of transgressing the three penal articles related to magical practices (faith healing, illegal practice of Medicine and charlatanism). Maggie (1992) provided a strong contribution to recover the symbolic relations structured between faith healers, witch doctors, Spiritists, mediums of all kinds, and, on the other side, judges, public prosecutors, lawyers and policemen. It is possible to notice that the author defended the hypothesis that, in the history of the mediumistic religions, the discourse that the State pursued and repressed *Macumba*<sup>13</sup> devotees, Spiritists and *umbanda* followers was always present. Nevertheless, such justification accompanies a certain ideological consensus – either between scholars (for example, between Rodrigues, Ramos and Bastide), or between *mães* and *pais-de-santo*<sup>14</sup> – regarding the idea that the belief always won. In the context of academic studies, religious syncretism was always used as a result of repression: slaves hide African divinities under the mask of Catholic saints. In the framework of the religious field, what we see is an intellectual dispute between the categories magic and religion, which was the basis for Maggie (1992) to debate the differences

---

<sup>13</sup> *Macumba*: according to Houaiss, “generic designation of the Afro-Brazilian cults originated from *nagô* and which received influences from other African religions (for example, from Angola and Congo), and also Amerindian, Catholic, Spiritist and Occultist influences”.

<sup>14</sup> *Mãe-de-santo*: according to Houaiss, “in *candomblés* and some *umbanda* centers, a woman who is responsible for the spiritual direction and administration of the *terreiro*”.

between licit and illicit practices. The author showed that the regulating mechanisms created by the State from the Republic onwards did not eliminate beliefs in magic spells; on the contrary, they were fundamental to their constitution.

In short, a formula resulted from her case study: to define the sorcerers of Rio de Janeiro (whom the author investigated in detail through an ethnographic study in a mediumistic institution), she ascertained that sorcery is a category that operates logically in the establishment of relationships and hierarchies between things and people, whose criteria of good and evil structure a status that discriminates a power relation. Thus, she demonstrated that the mediumistic religions are considered official cults, perceived as beneficent magical practices (rituals of spirit invocation), while sorcery and sorcerers, who practice criminal acts, black magic rituals, are the representatives of evil.

Giumbelli (1997a) invested in the ideological criticism of the Brazilian religious field by means of the historical study of Spiritism. This author also used judicial processes to rethink the ways of religion legitimacy, analyzing categories built by social actors – Spiritists, religious people, doctors, chiefs of police, judges, public prosecutors and lawyers. Giumbelli followed anthropology's intellectual orientations, starting with Fry's discussion (Fry apud Giumbelli, 1997a), when the author commented on Dantas' (1988) investigations of the construction of the idea of *nagô* purity in the Afro-Brazilian religions. According to Fry (1988), Dantas' contribution aimed to attenuate the strength of the thesis of repression in *candomblé* without giving importance to the religion's purity. The author showed the configuration of the Afro-Brazilian religions through a series of alliances and conflicts that were intertwined among masters, slaves, politicians, psychiatrists, policemen, powerful businessmen, *pais* and *mães-de-santo*, priests and anthropologists – and not following the two great historical interpretations of the formation of the Afro-Brazilian religions (Fry, 1988).

Investigating Spiritism images, Lewgoy (2000), in a doctoral work, contributed to the studies of the religious field by demonstrating, in that line of thought, important relations between Kardecist Spiritism and the literate culture. By means of the mediumistic trance, the author took into account peculiar (cultural) characteristics of the literate culture practices, showing that Kardecist Spiritism established itself within a system of scholarly references. Thus, Lewgoy (2000) distinguished the Spiritist religion (science and religion) from the other mediumistic religions.

Stoll (1999), following the same line of thought pursued by Lewgoy, positioned the Spiritism practices outside the sacred spaces of religion. Arguing about the dissidences among Spiritists in Brazil, divided into Evangelical and scientific, Stoll defended the thesis of different interpretations of the French and Brazilian mediumistic literate culture, thus identifying tensions between the Catholic mediumistic writing (Chico Xavier) and the writing of the new age culture (Luiz Gasparetto). In the 1980s, Gasparetto questioned the practice of mediumship as a form of exercise of devotion, renunciation and charity, typical of the Chico Xavier model. He developed a program “[...] in the spaces that integrate the neo-

esoteric circuit: promotion of courses, lectures, workshops about issues regarding the domain of spirituality, health and problems that involve the relationships of daily life” (Stoll, 2002, p.243-4) .

Therefore, the author asks the following coherent question: does Spiritism emerge as a religious program or as a self-help program? Based on this point of view, Stoll (2002) reflects on the delimitations of the religious field, placing the Spiritist psychographic literature on the border of the literary field. What we can notice is that the criticism specially directed at the Spiritist ideology (Lewgoy, 2000; Giumbelli, 1997a; Hess, 1989; Cavalcanti, 1983), by reaching the threshold of the literary field (Stoll, 2002), revealed symbolic elements to the analysis of the autonomy of the mediumistic religious system. Thus, Maggie (1992), Velho (1975), Dantas (1982) and Seiblitiz (1979) identified in the concept of mediumistic religions the central problem, inherent in the ideologies present in the very group of researchers: no matter if to designate the ideology of the Afro-Brazilian religions (Concone, 1983), of the mediumistic religions themselves (Cavalcanti, 1983) or of the trance religions (Rizzi, 1995). It seems plausible to ask: in what conditions can the concepts of self-help – deriving from the religious field (as Stoll states in relation to Spiritism) – and of self-care – originating in the health field – be considered as coincident? Maybe the answer from Public Health leads to the understanding of the multiple distinctions of the empowerment category, a bet to explain the tendency to handle resources of informal actors in the community, important collective subjects like “family, communities of neighbors, volunteers, self-help groups, non-governmental organizations which, in different forms and with different levels of involvement, develop assistance and care functions” (Serapioni, 2005, p.244).

However, when I tried, in this topic, to explore intellectually the faith healing images in the religious field connected with the ideological criticism of the social sciences against the theoretical model of the mediumistic religions proposed by Camargo (1961), I intended to demonstrate that faith healing matters to the symbolic field of health. In a previous work (Puttini, 1989), using Foucault’s methodological perspective, I analyzed the medical discourses in judicial processes of the faith healing crime and verified, in the same perspective adopted by Giumbelli (2003), the modernity of the symbolic relations between the medical power and the symbolic figure of the faith healings practiced by faith healers in the following terms. Faith healing is a concept that has a controlling nature and tends to follow paths of social control by the medical corporation. It lacks social distinctions to act professionally and socially. Therefore, it needs a conceptual creation, a complement of its image, like in a mirror, that is only visible by means of the utilization of the coercion mechanisms present in the penal code available behind the State machine. Thus, two figures that complete one another coexist in the social world: those who are in daily contact with the double facet of doctors who cure diseases (save lives), and the “faith healers”, who do not cure diseases - they put lives in danger.

The symbolic frontier that I want to recover here, between the religious field and the medical field, better oriented by Bourdieu’s sociology (1988, 1996),

recognizes, from the point of view of homologies and autonomy between the fields, the importance and reach of praxeological knowledge:

The knowledge that we can call praxeological has as its object not only the system of objective relations that the objectivist mode of knowledge builds, but also the dialectical relations between these structures and the structured dispositions in which they are concretized and which tend to reproduce them, that is, the double process of interiorization of exteriority and of exteriorization of interiority. (Bourdieu, 1983a, p.47)

I am suggesting to reflect on the structured dispositions in the health field, which are predisposed to concretize and reproduce the interiorization process of the non-medical therapeutic practices and exteriorization of the intellectual production about them, starting from the principle in which the interaction between the medical and religious field operates. Therefore, the notion of health connects with the notion of health *habitus*, whose structuring structure, in the relatively autonomous spaces of medicine and religion, is mediated by faith healing, a strategic symbolic product among the other salvation goods.

## **FINAL REMARKS**

In the present article, I searched for the discursive reasons for the risk represented by faith healing in society, a practice that was viewed, in the past, as a criminal action of danger to the medical public health services (Carvalho, 1999). Today, certainly, faith healing is not a threat to the public health practice in Brazil, but it is necessary to admit the influence of the symbolic relations on the *habitus* of the people (professionals, patients and caregivers) who act in the healthcare services.

I proposed to investigate the genesis of the medical field through a synchronic look over the religious field, by means of a bibliographic balance of the trance state theme. I selected ideas, concepts and theories raised by people in certain social positions in the Brazilian intellectual field. I showed how the trance state – a social problem identified in the 19<sup>th</sup> century medicine – was transformed into a sociological and anthropological discussion about the religious and therapeutic practices in the social sciences.

The first conclusion refers to the negative aspect of faith healing given by the medical power that was active in the intellectual field (Bourdieu, 1998). It is an important symbolic reference for the composition of the healthcare field. Rodrigues' epistemological mistake, based on the animism of the blacks from Bahia (etiology of the mental disease in the religious reference), remains valid inside an inverted context where the faith healer is, in the social world, the representative of non-medical therapies in general. This distortion is attested by the history of the Brazilian medicine, whose rhetoric about faith healing is argued against the hegemonic movement of biomedical medicine (Ibañez & Marsiglia, 2000; Araújo, 1979; Santos Filho, 1977). The faith healer's image allows us to give meaning and understand medical power in relation to the faith healings which currently potentialize logical contradictions and synthesize the symbolic reproduction

of all the other non-medical agents. To admit the inexistence of faith healing and of the faith healer in society would mean to recognize the medical hegemony over the other types of therapeutic knowledge.

A second conclusion unfolds here. The negative meaning of faith healing (mental disease) is contrasted, years later, with positive aspects formulated by Bastide's and Camargo's sociology of religion. It is from this context that it is possible to state that the non-medical therapies were positively represented in the intellectual field, creating the conditions to think of the autonomy of the religious field unconnected with the medical field. Faith healing in the religious field acts as a symbolic product of salvation in the struggle for the legitimate distinction between sects and official religions (Montero, 2006; Giumbelli, 2000).

The work also produces a third conclusion that concerns the area of knowledge of Public Health and that confirms the process of relative autonomy between the medical field and the religious field. In the Public Health praxis, when homeopathic medicine emerges as a medical specialty (Luz, 2005b; Laucas & Luz, 1998) (it used to be approached in the perspective of non-medical therapeutic practices (Barros & Nunes, 2006; Barros, 2000)), a social recognition process is developed. This is an ongoing process, that is, not fully defined in the intellectual field, also because homeopathic knowledge is not taught in the majority of the Brazilian medical schools (Teixeira, 2006). Such deep-rooted prejudice in the medical culture proves the influence of the negative sense of faith healing, which is in force in the scientific *habitus* of health.

In fact, this partial recognition by the scientific community is due to the symbolic power of association of the homeopathic practice with the cognitive aspects of the set of ideas of the vitalistic philosophy (Rosembaum, 2002), not necessarily of that 18<sup>th</sup> century combination between animism and vitalism, at the beginning of scientific medicine (Abrantes, 1998; Darnton, 1988); therefore, before the emergence of scientific biomedicine (Camargo Jr., 2005). Homeopathy is scientifically recognized when the non-animist vitalism is conceived (Martins, 2004; Luz, 1988), moving away from the religious field and from the juridical threshold of faith healing in order to develop effectively as a medical system in the scientific academy.

The initial hypothesis according to which faith healing transits as a symbolic good in the healthcare field was confirmed by the observation of the homologies and relative autonomy maintained between the medical and religious fields. Historically, the interrelations of the *habitus* generated between the social positions assumed by the agents in medical practice and in religious practice are sustained. To these agents, the several aspects and meanings of faith healing transit across a symbolic field of health goods. The theme of complementariness, in Public Health, an example of the medical power that acts in the scope of social practice, includes the problem of the ideology of the non-medical therapeutic practices, which concretizes the debate around a field of forces of scientific production.

I argue that the healthcare field has a deep relationship with the scientific *habitus* in the circumstances in which, in the praxis of the Social Sciences,



of Medicine and of Public Health, salvation goods also transit. Thus – returning to the question asked in the Introduction, formulated in favor of the health professionals who follow Spiritism, in view of the belief of “Spiritist medicine” (Warren, 1986) -, the spiritual questions delimit the scientific nature of the medical rationalities of the healthcare field, in the extent to which spiritual therapies are not characterized by medical specialties and, therefore, are not defined by medical practices or complementary religious practices.

From the categorial dimension of *habitus* (Pinto, 2000), the social conditions of legitimacy and recognition are created, by means of an economy of the exchanges of symbolic goods (Bourdieu, 1974). In the health *habitus*, the spiritual category – contrasted with the materialistic conceptions of the body, and not of the soul, although not belonging to the medical rationality – represents a positive aspect in the definition of the health concept, as the faith healers working with their faith healings in society are distinguished in the discursive-ideological level. Faith healing in Public Health (Rabelo, 1994; Queiroz, 1991) represents, above all, an object of study about action in the symbolic market of salvation goods. The faith healers reproduce and incorporate ideas and feelings of the medical and religious practice (Loyola, 1984), maintaining the hegemonic structured structure of medicine in society and carrying out the structuring parameters, in the terms employed by Bourdieu, of a dialectical relation established between the medical and religious institutions.

In this context of the social sciences’ action in the healthcare field, considering, in the Public Health praxis, the advances and conflicts highlighted in the following two cognitive levels – 1) the increasing tendency of the holistic perspective of the health-disease-care process in the model of complexity and transdisciplinarity (Almeida Filho, 2005; Czeresnia, 2003); and 2) the current proposal of a theoretical model for the healthcare field within a conceptual cartography of Public Health (Almeida Filho, 2000) and the recent use of different meanings of the anthropological interpretation of the concept of disease (Almeida Filho & Juca, 2002; Alves & Minayo, 1994) - I introduce the following classification proposal, although provisional and incipient, directed to knowledge production and focusing on the faith healer in the *habitus* in the Brazilian health field, by means of the following critical distinction between analysis categories in relation to the social and religious field:

a) Religiosity: reference to religious institutions and doctrines, religious agents acting in institutions, therefore, outside healthcare establishments, that use therapeutic practices or healing practices targeted at the followers. It presupposes adherence to beliefs and practices related to churches, sects or organized religious institutions, but it also refers, in the context of the healthcare practices, to the subjects’ religiosity (patients, health professionals and caregivers), the belief they profess in coping with diseases and death. In this sense, the question of religious faith may be related here to the patients’ religious experience [subjectivity allied with psychological suffering] (Alves, Rabelo, Souza, 1999; Rabelo, 1993). Due to this, they are

not always taken as psycho-pathological evidences (Moreira-Almeida, Lotufo Neto, Koenig, 2006), given the possibility of identifying religious agents with faith healing practices via psychiatry (Dantas, Pavarin, Dalgalarondo, 1999; Lotufo Neto, 1997). Also related to culture, the concept of popular religiosity represents a strong source in the health *habitus* (Maués, 1994; Minayo, 1994; Brandão, 1988), a source to popular education studies in the healthcare field (Valla, 2005; Vasconcelos, 1998).

b) Spirituality: ambiguous term that: 1) sometimes refers to the beliefs of the health subjects (agents and patients) who act in healthcare institutions or outside them; 2) sometimes determines the action of the spiritual practice, which is based on the spiritualistic beliefs. In the first sense, the subjects' personal beliefs are considered, not only religious beliefs, but also mystical, magical, extraordinary beliefs or ideas for which they fight and which represent a set of convictions belonging to the health *habitus*, given by different "cosmovisions of the world". Social representation studies are included (Alves & Rabelo, 1998; Minayo, 1994; Queiroz, 1991). In the second sense, based on the belief in the existence of the spirit in opposition to bodily materialism, spiritual therapies are considered (mystical, religious or spiritual practices) as performances (Magnani, 1999) that are also directed at the process of coping with disease, and which may result in an improvement in bodily illnesses (Faria & Seidel, 2006).

c) Spiritual assistance: a term that refers to the services provided in the multiprofessional healthcare practice (medicine, nursing, psychology, social work, nutrition, physiotherapy). For example, the most significant form nowadays can be found in the care provided for incurable patients or individuals suffering from chronic degenerative diseases. The work designated in the conceptualization of palliative care (Menezes, 2004), directed to the limits of curative medicine, represents the place from where spiritual assistance is oriented by critical demands of bioethics (Siqueira-Batista & Schramm, 2004; Kovacs, 2003) raised in the field of action of the institutional medical practice; in current times, a public health problem.

## REFERENCES

ABRANTES, P.C.C. **Imagens de natureza, imagens de ciência.** Campinas: Papirus, 1998.

ALMEIDA FILHO, N. Transdisciplinaridade e o paradigma pós-disciplinar na Saúde. **Saúde Soc.**, v.14, n.3, p.30-50, 2005.

\_\_\_\_\_. For a general theory of health: preliminary epistemological and anthropological notes. **Cad. Saúde Pública**, v.17, n.4, p.753-70, 2001.

\_\_\_\_\_. **O conceito de saúde e a vigilância sanitária:** notas para a compreensão de um conjunto organizado de práticas de saúde. Brasília: Anvisa, 2000. Seminários permanentes.

ALMEIDA FILHO, N.; JUCA, V. Saúde como ausência de doença: crítica à teoria funcionalista de Christopher Boorse. **Ciênc. Saúde Coletiva**, v.7, n.4, p.879-89, 2002.

ALVES, P.C.; MINAYO, M.C.S. (Orgs.). **Saúde e doença:** um olhar antropológico. Rio de Janeiro: Fiocruz, 1994.

ALVES, P.C.; RABELO, M.C. Repensando os estudos sobre representações e práticas em saúde/doença. In: \_\_\_\_\_. (Orgs.). **Antropologia da saúde:** traçando identidade e explorando fronteiras. Rio de Janeiro: Editora Fiocruz/ Dumará, 1998. p.107-12.

ALVES, P.C.; RABELO, M. C.; SOUZA, I. M. **Experiência da doença e narrativa.** Rio de Janeiro: Fiocruz, 1999.

ANTUNES, J.L.F. **Medicina, leis e moral:** pensamento médico e comportamento no Brasil (1870-1930). São Paulo: Ed. Unesp, 1999.

ARAÚJO, A.M. **Medicina rústica.** 3.ed. São Paulo: Nacional, 1979.

ARAÚJO, M.A.M. Bactrins e quebra-pedras. **Interface – Comunic., Saúde, Educ.**, v.4, n.7, p.103-10, 2000.

AYRES, J. R. Cuidado e reconstrução das práticas de saúde. In: MINAYO, M.C.S.; COIMBRA JÚNIOR, C.E.A.(Orgs.). **Críticas e atuantes:** ciências sociais e humanas em saúde na América Latina. Rio de Janeiro: Editora Fiocruz, 2005. p.91-108.

BARROS, N.F. **Medicina complementar:** uma reflexão sobre o outro lado da prática médica. São Paulo: Anablume/Fapesp, 2000.

BARROS, N.F.; NUNES, E.D. Medicina alternativa e complementar no Brasil: um conceito e diferentes significados. **Cad. Saúde Pública**, v.22, n.10, p.2023-8, 2006.

BASTIDE, R. La transe. In: \_\_\_\_\_. **Le rêve, la transe et folie.** Paris: Flammarion, 1972. p.55-104.

\_\_\_\_\_. Le spiritism au Brésil. **Arch. Sociol. Religions**, n.24, páginas, 1967.

\_\_\_\_\_. **As religiões africanas no Brasil:** contribuição a uma sociologia da interpretação de civilizações. São Paulo: Pioneira, 1960.

BEZERRA DE MENEZES, A. **Loucura sob novo prisma**. Rio de Janeiro: FEB, 1987.

BOURDIEU, P. Campo do poder, campo intelectual e *habitus* de classe. In: MICELI, S. (Org.). **A economia das trocas simbólicas**. 5.ed. São Paulo: Perspectiva; 1998. p.183-202.

\_\_\_\_\_. **Razões práticas**: sobre a teoria da ação. São Paulo: Papiurus, 1996.

\_\_\_\_\_. Esboço de uma teoria da prática. In: ORTIZ, R. (Org.). **Pierre Bourdieu**: sociologia. São Paulo: Ática, 1983a. p.46-81.

\_\_\_\_\_. O campo científico. In: ORTIZ, R. (Org.). **Pierre Bourdieu**: sociologia. São Paulo: Ática, 1983b. p.122-55.

\_\_\_\_\_. **A economia das trocas simbólicas**. São Paulo: Perspectiva, 1974.

BRANDÃO, C.R. Crença e identidade: campo religioso e mudança cultural. **Trabalhos Antropol.**, n.3, p.7-75, 1988.

\_\_\_\_\_. **Os deuses do povo**: um estudo sobre a religião popular. São Paulo: Brasiliense, 1980.

BUSS, P.M. Uma introdução ao conceito de promoção de saúde. In: CZERESNIA, D. (Org.). **Promoção da saúde**: conceitos, reflexões e tendências. Rio de Janeiro: Fiocruz, 2003. p.15-38.

CAMARGO, C.P. **Católicos, protestantes e espíritas**. Petrópolis: Vozes, 1973.

CAMARGO, C.P. **Kardecismo e umbanda**: uma interpretação sociológica. São Paulo: Pioneira, 1961.

CAMARGO JR., K.R. The biomedicine. **Physis**, v.15, supl., p.177-201, 2005. Disponível em:  
<[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-73312005000300009&lng=pt&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312005000300009&lng=pt&nrm=iso)>. Acesso em: 01 out. 2007.

CARVALHO, A.C.D. **Curandeirismo e medicina**: práticas populares e políticas estatais de saúde em São Paulo nas décadas de 1930 e 1940. Londrina: Ed. UEL, 1999.

CAVALCANTI, M.L.V.C. **O mundo invisível**: cosmologia, sistema ritual e noção de pessoa no Espiritismo. Rio de Janeiro: Zahar, 1983.

CHALHOUB, S. et al. **Artes e ofícios de curar no Brasil**: capítulos de história social. Campinas: Ed. Unicamp, 2003.

COELHO, M.T.A.D.; ALMEIDA FILHO, N. Conceitos de saúde em discursos contemporâneos de referência científica. **Hist. Cienc. Saúde - Manguinhos**, v.9, n.2, p.315-33, 2002.

CONCONE, M.H.V.B. **Umbanda**: uma religião brasileira. São Paulo: FFLCH/USP/CER, 1983.

CORRÊA, M. **As ilusões da liberdade**: a escola Nina Rodrigues e a antropologia no Brasil. 2.ed. Bragança Paulista: Editora da Universidade São Francisco, 2000.

COSTA, J.F. **História da psiquiatria no Brasil**: um corte ideológico. 4.ed. Rio de Janeiro: Xenon, 1989.

CUETO, M. The origins of primary health care and selective primary health care. **Am. J. Public Health**, n.94, p.1864-74, 2004.

CZERESNIA, D. O conceito de saúde e a diferença entre prevenção e promoção. In: CZERESNIA, D.; FREITAS, C. M. (Orgs.). **Promoção da saúde**: conceitos, reflexões, tendências. Rio de Janeiro: Editora Fiocruz, 2003. p.39-53.

DANTAS, B.G. **Vovó nagô e papai branco**: usos e abusos da África no Brasil. Rio de Janeiro: Graal, 1988.

\_\_\_\_\_. Repensando a pureza nagô. **Relig. Soc.**, v.25, n.3, p.15-20, 1982.

DANTAS, C.R.; PAVARIN, L.B.; DALGALARRONDO, P. Sintomas de conteúdo religioso em pacientes psiquiátricos. **Rev. Bras. Psiquiatr.**, v.21, n.3, p.158-64, 1999.

DARNTON, R. **O lado oculto da revolução**: Mesmer e o final do Iluminismo na França. São Paulo: Cia. das Letras, 1988.

FARIA, J. B.; SEIDL, E. M. F. Religiosity, coping and well-being in people living with HIV/Aids. **Psicol. Estud.**, v.11, n.1, p.155-64, 2006.

FERNANDES, R.C. Religiões populares: uma visão parcial da literatura recente. **BIB - Bol. Inform. Bibliogr. Ciênc. Soc.**, n.18, p.3-26, 1984.

FERRETTI, S.F. Notas sobre o sincretismo religioso no Brasil – modelos, limitações, possibilidade. **Rev. Tempo**, n.11, p.13-26, 2001.

\_\_\_\_\_. Revisão da literatura sobre sincretismo religioso afro-brasileiro. In: \_\_\_\_\_. **Repensando o sincretismo**: estudo sobre a Casa de Minas. São Paulo: Edusp/Fapema, 1975. p.41-75.

FRY, P. Prefácio. In: DANTAS, B.G. **Vovô nagô e papai branco**: usos e abusos da África no Brasil. Rio de Janeiro: Graal, 1988. p.13-17.

GIUMBELLI, E. O 'baixo espiritismo' e a história dos cultos mediúnicos. **Horiz. Antropol.**, v.9, n.19, p.247-81, 2003.

\_\_\_\_\_. **O fim da religião**: controvérsias acerca das "seitas" e da "liberdade religiosa" no Brasil e na França. 2000. Tese (Doutorado) - Programa de Pós-Graduação em Antropologia Social, Universidade Federal do Rio de Janeiro, Rio de Janeiro. 2000.

\_\_\_\_\_. **O cuidado dos mortos**: uma história da condenação e legitimação do Espiritismo. Rio de Janeiro: Arquivo Nacional, 1997a.

\_\_\_\_\_. Heresia, doença, crime ou religião: o espiritismo no discurso de médicos e cientistas sociais. **Rev. Antropol.**, v.40, n.42, p.31-82, 1997b.

\_\_\_\_\_. **Em nome da caridade**: assistência social e religião nas Instituições Espíritas. Rio de Janeiro: Instituto de Estudos da Religião (ISER), 1995.

GUEDES, J.S.; BARATA, L.R.B.; CORRÊA, M.C.M.M.A. **Os hospitais filantrópicos e beneficentes e sua inserção nos Sistemas Unificados e Descentralizados de Saúde - SUDS no Brasil**. Brasília: OPS, 1988.

HESS, D.J. Disobsessing disobsession: religion, ritual, and the social sciences in Brazil. **Cult. Anthropol.**, v.4, n.2, p.182-93, 1989.

HESS, D.J. **Spirits and scientists**: ideology, spiritism and Brazilian culture. Pennsylvania: The Pennsylvania State University Press, 1991.

IBAÑEZ, N.; MARSIGLIA, R. Medicina e saúde: um enfoque histórico. In: CANESQUI, A.M. (Org.). **Ciências Sociais e Saúde para o ensino médico**. São Paulo: Hucitec/Fapesp, 2000. p. 49-74.

KOVACS, M.J. Bioethics concerning life and death. **Psicol. USP**, v.14, n.2, p.115-67, 2003.

LANDIM, L. **Para além do mercado e do estado?** Filantropia e cidadania no Brasil. Rio de Janeiro: Instituto de Estudos da Religião (ISER), 1993.

LAPLANTINE, F.; RABEYRON, P.L. **Medicinas paralelas**. São Paulo: Brasiliense, 1989.

LAUCAS, C.R.; LUZ, M. A estrutura do campo médico homeopático do Rio de Janeiro reflexões sobre a produção do conhecimento como elemento básico de estruturação institucional sistêmica do campo. **Estud. Saúde Coletiva**, n.178, p.3-29, 1998.

LEWGOY, B. **Os espíritas e as letras**: um estudo antropológico sobre a cultura escrita e a oralidade no espiritismo kardecista. 2000. Tese (Doutorado) Programa de Pós-Graduação em Antropologia Social, Faculdade de Filosofia, Letras e Ciências Humanas, Universidade de São Paulo, São Paulo. 2000.

LOTUFO NETO, F. **Psiquiatria e religião**: a prevalência de transtornos mentais entre ministros religiosos. 1997. Tese (Livre Docência) - Departamento de Psiquiatria, Faculdade de Medicina, Universidade de São Paulo, São Paulo. 1997.

LOYOLA, M.A. **Médicos e curandeiros**: conflito social e saúde. São Paulo: Difel, 1984.

LUZ, M. Contemporary culture and complementary medicine: new paradigm in health in the end of the century. **Physis**, v.15, supl, p.145-76, 2005a.

\_\_\_\_\_. Novas práticas em Saúde Coletiva. In: MINAYO, M.C.S.; COIMBRA JÚNIOR, C.E.A.(Orgs.). **Críticas e atuantes**: ciências sociais e humanas em saúde na América Latina. Rio de Janeiro: Editora Fiocruz, 2005b. p.33-46.

\_\_\_\_\_. **Racionalidades médicas e terapêuticas alternativas**. Rio de Janeiro: UERJ/IMS, 1993.

LUZ, M. Natureza e razão no tempo e no espaço mecânicos. In: \_\_\_\_\_. **Natural, racional, social**: razão médica e racionalidade científica moderna. São Paulo: Editora Campus, 1988. p.42-55.

MACHADO, R. et al. **Danação da norma**: medicina social e constituição da psiquiatria no Brasil. Rio de Janeiro: Graal, 1978.

MAGGIE, Y. **Medo do feitiço**: relações entre magia e poder no Brasil. Rio de Janeiro: Arquivo Nacional, 1992.

\_\_\_\_\_. Cultos afro-brasileiros: consenso e diversidade. In: LANDIM, L. (Org.). **Sinais dos tempos**: igrejas e seitas no Brasil. Rio de Janeiro: Instituto de Estudos da Religião, 1989. p.77-82.

\_\_\_\_\_. O medo do feitiço: verdades e mentiras sobre a repressão às religiões mediúnicas. **Relig. Soc.**, v.13, n.1, p.72-86, 1986.

MAGNANI, J.G.C. **Mystica urbe**: um estudo antropológico sobre o circuito neo-esotérico na metrópole. São Paulo: Studio Nobel, 1999.

MAIO, M.C. A medicina de Nina Rodrigues: análise de uma trajetória científica. **Cad. Saúde Pública**, v.11, n.2, p.226-37, 1995.

MAIO, M.C.; SANTOS, R.V. Política de cotas raciais, os "olhos da sociedade" e os usos da antropologia: o caso do vestibular da Universidade de Brasília (UnB). **Horiz. Antropol.**, v.11, n.23, p.181-214, 2005.

MARTINS, A. Philosophy and health: genealogical and philosophical-conceptual methods. **Cad. Saúde Pública**, v.20, n.4, p.950-8, 2004.

MAUÉS, R.H. Medicinas populares e "pajelança cabocla" na Amazônia. In: ALVES, P.C.; MINAYO, M.C.S. (Orgs.). **Saúde e doença: um olhar antropológico**. Rio de Janeiro: Fiocruz, 1994. p.73-82.

MENEZES, R.A. **Em busca da boa morte: antropologia dos cuidados paliativos**. Rio de Janeiro: Garamond/ Fiocruz, 2004. v.1.

MESTRINGER, M.L. **Estado entre a filantropia e a assistência social**. São Paulo: Cortez, 2001.

MINAYO, M.C.S. Representações da cura no catolicismo popular. In: ALVES, P.C.; MINAYO, M.C.S. (Orgs.). **Saúde e doença: um olhar antropológico**. Rio de Janeiro: Fiocruz, 1994. p.57-71.

MONTERO, P. Religião, pluralismo e esfera pública no Brasil. **Novos Estud. - CEBRAP**, n.74, p.47-65, 2006. Disponível em: <[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0101-33002006000100004&lng=pt&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-33002006000100004&lng=pt&nrm=iso)>. Acesso em: 05 out. 2007.

\_\_\_\_\_. **Magia e pensamento mágico**. 2.ed. São Paulo: Ática, 1990.

\_\_\_\_\_. **Da doença à desordem: a magia na umbanda**, Rio de Janeiro: Graal, 1985.

MOREIRA-ALMEIDA, A.; LOTUFO NETO, F.; KOENIG, H.G. Religiosidade e saúde mental: uma revisão. **Rev. Bras. Psiquiatr.**, v.28, n.3, p.242-50, 2006.

NEGRÃO, L.N. **Entre a cruz e a encruzilhada: formação do campo umbandista em São Paulo**. São Paulo: Edusp, 1996.

NEVES, D.P. **As "curas milagrosas" e a idealização da ordem social**. Niterói: UFF, 1984.

NEVES, D.P.; SEIBLITZ, Z. Saúde e doença: merecimento e castigo. **Médico Moderno**, v.3, n.7, p.57-74, 1984.

ODA, A.M.G.R. **Alienação mental e raça: a psicopatologia comparada dos negros e mestiços brasileiros na obra de Raimundo Nina Rodrigues**. 2003. Tese (Doutorado) - Faculdade de Ciências Médicas, Universidade Estadual de Campinas, Campinas. 2003.



ORTIZ, R. **A morte branca do feiticeiro negro**: umbanda, integração de uma religião numa sociedade de classes. Petrópolis: Vozes, 1978.

PEIXOTO, I. D. **Superstição e crime no Brasil**. São Paulo: Revista dos Tribunais, 1980.

PINTO, L. **Pierre Bourdieu e a teoria do mundo social**. Rio de Janeiro: FGV, 2000.

PORTELA, M.C. et al. Characterization of assistance among philanthropic hospitals in Brazil. **Rev. Saúde Pública**, v.38, n.6, p.811-8, 2004. Disponível em: <[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-89102004000600009&lng=pt&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102004000600009&lng=pt&nrm=iso)>. Acesso em: 01 out. 2007

PUTTINI, R.F. **O poder médico e sua relação com outras práticas de cura**. Campinas: Departamento de Medicina Preventiva e Social, Unicamp, 1989. (Relatório de Pesquisa)

QUEIROZ, M.S. **Representações sobre saúde e doença**: agentes de cura e pacientes no contexto do SUDS. Campinas: Editora da Unicamp, 1991.

RABELO, M.C. Religião, ritual e cura. In: ALVES, P.C.; MINAYO, M.C.S. (Orgs.). **Saúde e doença**: um olhar antropológico. Rio de Janeiro: Fiocruz, 1994. p.47-56.

REBOLLO, R.A. **Exame de bases científicas e metafísicas da homeopatia de Samuel Hahnemann**. 1993. Tese (Doutorado) - Faculdade de Filosofia, Letras e Ciências Humanas, Universidade de São Paulo, São Paulo. 1993.

RIVERO, D.A.T. Alma-Ata: 25 años después. **Rev. Perspec. Salud**, v.8, n.2, p.2-7, 2003.

RIZZI, N.D. **Visões do transe religioso**. 1995. Dissertação (Mestrado) – Programa de Pós-Graduação em Sociologia, Faculdade de Filosofia, Letras e Ciências Humanas, Universidade de São Paulo, São Paulo. 1995.

RODRIGUES, R.N. **O animismo fetichista dos negros baianos**. Rio de Janeiro: Civilização Brasileira, 1935.

ROSENBAUM, P. **Homeopatia**: medicina interativa, história lógica da arte de cuidar. Rio de Janeiro: Imago, 2002.

\_\_\_\_\_. **A homeopatia como medicina do sujeito**: raízes históricas e fronteiras epistemológicas. 1999. Dissertação (Mestrado) - Faculdade de Medicina, Departamento de Medicina Preventiva, Universidade de São Paulo, São Paulo. 1999. [ \_ ]

SAMAJA, J. **Fundamentos epistemológicos de las ciencias de la salud**. 1997. Tese (Doutorado) - Escola Nacional de Saúde Pública, Fundação Oswaldo Cruz, Rio de Janeiro. 1997.

SANTOS FILHO, L. **História geral da medicina brasileira**. São Paulo: Hucitec/Edusp, 1977.

SCHRITZMEYER, A.L.P. **Sortilégio de saberes: curandeiros e juízes nos tribunais brasileiros (1900-1990)**. São Paulo: IBCCRIM, 2004.

SCHWARCZ, L.K.M. **O espetáculo das raças: cientistas, instituições e pensamento racial no Brasil, 1870-1930**. São Paulo: Cia. das Letras, 1993.

SEGRE, M.; FERRAZ, F.C. O conceito de saúde. **Rev. Saúde Pública**, v.31, n.5, p.538-42, 1997.

SEIBLITZ, Z.M.L. **Dentro de um ponto riscado: estudo de um centro espírita na zona norte do Rio de Janeiro**. 1979. Dissertação (Mestrado) – Programa de Pós-Graduação em Antropologia Social, Universidade Federal do Rio de Janeiro, Rio de Janeiro. 1979.

SERAPIONI, M. The role of family and primary network in the reform of social policies. **Ciênc. Saúde Coletiva**, v.10, supl., p.243-53, 2005.

SIQUEIRA-BATISTA, R.; SCHRAMM, F.R. Eutanásia: pelas veredas da morte e da autonomia. **Ciênc. Saúde Coletiva**, v.9, n.1, p.31-41, 2004.

STEPAN, N.L. **A hora da eugenia: raça, gênero e nação na América Latina**. Rio de Janeiro: Fiocruz, 2005.

STOLL, S.J. Religião, ciência ou auto-ajuda? Trajetos do Espiritismo no Brasil. **Rev. Antropol.**, v.45, n.2, p.361-402, 2002.

\_\_\_\_\_. **Entre dois mundos: o Espiritismo da França e no Brasil**. 1999. Tese (Doutorado) – Programa de Pós-Graduação em Antropologia Social, Faculdade de Filosofia, Letras e Ciências Humanas, Universidade de São Paulo, São Paulo. 1999.

TEIXEIRA, M.Z. Homeopatia: ciência, filosofia e arte de curar. **Rev. Med.**, v.85, n.2, p.30-43, 2006.

VALLA, V.V. Classes populares, apoio social e emoção: propondo um debate sobre religião e saúde no Brasil. In: MINAYO, M.C.S.; COIMBRA JÚNIOR, C.E.A. (Orgs.). **Críticas e atuantes: ciências sociais e humanas em saúde na América Latina**. Rio de Janeiro: Fiocruz, 2005. p.77-89.

VASCONCELOS, E.M. Educação popular como instrumento de reorientação das estratégias de controle das doenças infecciosas e parasitárias. **Cad. Saúde Pública**, v.14, supl.2, p.39-57, 1998.

VELHO, Y.M.A. **A guerra de Orixá: um estudo de ritual e conflito**. Rio de Janeiro: Zahar, 1975.

WARREN, D. A medicina espiritualizada: a homeopatia no Brasil do século XX. **Relig. Soc.**, v.13, n.1, p.88-107, 1986.

\_\_\_\_\_. A terapia espírita no Rio de Janeiro por volta de 1900. **Relig. Soc.**, v.13, n.1, p.56-83, 1984.

WHO. Constituição da Organização Mundial de Saúde. **Conferência Internacional da Saúde**. New York: WHO, 1948. Disponível em: <[http://www.who.int/governance/eb/who\\_constitution\\_sp.pdf](http://www.who.int/governance/eb/who_constitution_sp.pdf)>. Acesso em: 01 jan. 2008.

WHO/UNICEF. World Health Organization/United Nations Children's Fund. **Primary health care: report of the International Conference on PHC, Alma-Ata, USSR, 6-12, sept. 1978**. Geneve: WHO, 1978. Disponível em: <[http://www.who.int/hpr/NPH/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf)>. Acesso em: 01 jan. 2008.

WHO. World Health Organization/Europe. **Health promotion: a discussion document on the concepts and principles**. Copenhagen: WHO/Regional Office for Europe, 1984.

Translated by Carolina Silveira Muniz Ventura  
Translation from **Interface - Comunicação, Saúde, Educação**, Botucatu, v.12, n.24, p. 87-106, Jan./Mar. 2008.

---

<sup>1</sup> Address: Caixa Postal 549, Botucatu, SP, 18.618-970