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"Putting the beads on necklaces": the health research in the Umbanda terreiros

"Colocando miçangas na guia":
o pesquisar em saúde nos terreiros de Umbanda

"Colocando las perlas en el collar":
el buscar en salud en terreros de Umbanda

Matheus Barbosa da Rocha[2] iD
Ana Kalliny de Sousa Severo[3] iD
Antônio Vladimir Félix da Silva[4] iD

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Abstract: The field of health has historically allowed little participation of the peoples of terreiros both from their practices of planning, implementing, evaluating and managing health care as well as from their research activities. The present article aims to discuss the methodological strategies and also the challenges in the execution of a research carried out in three terreiros of Umbanda in the city of interior of Piauí and in the consequent Family Health Strategies that cover these sacred establishments. With this study, it is intended that from the sharing of an investigative experience contrary to the perspectives that underpin the idea of the "researcher-expert", guidelines should be established for future academics and researchers in the field of health who intend to carry out studies in terreiros of Umbanda.

Keywords: Terreiros. Knowledge production. Health.

Resumo: O campo da saúde historicamente tem possibilitado pouca participação dos povos de terreiros tanto das suas práticas de planejamento, implementação, avaliação e gestão do cuidado em saúde como também das suas atividades de pesquisa. O presente artigo tem como objetivo discutir as estratégias metodológicas, e também os desafios na execução, de uma pesquisa realizada em três terreiros de Umbanda da cidade do interior do Piauí e nas consequentes Equipes de Saúde da Família que fazem cobertura dos referidos estabelecimentos sagrados. Pretende-se, com esse estudo, que a partir do compartilhamento de uma experiência investigativa contrária às perspectivas que sustentam a ideia do "pesquisador-perito", sejam estabelecidos diretrizes a futuros acadêmicos e pesquisadores do campo da saúde que se proponham em realizar estudos em terreiros de Umbanda.

Palavras-chave: Terreiros. Produção do conhecimento. Saúde.

Resumen: El campo de la salud históricamente ha posibilitado poca participación de los pueblos de terreros tanto de sus prácticas de planificación, implementación, evaluación y gestión del cuidado en salud así como de sus actividades de investigación. El presente artículo tiene como objetivo discutir las estrategias metodológicas, y también los desafíos en la ejecución, de una investigación realizada en tres terreiros de Umbanda de la ciudad del interior del Piauí y en las consecuentes Estrategias de Salud de la Familia que cubren los referidos establecimientos sagrados. Pretendemos, con ese estudio, que a partir del compartir una experiencia investigativa contraria a las perspectivas que sustentan la idea del "investigador-perito", se establezcan directrices a futuros académicos e investigadores del campo de la salud que se propongan realizar estudios en terreiros Umbanda.

Palabras clave: Terreiros. Producción del conocimiento. Salud**.**

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Introduction

This paper assumes the premise that the act of confecting a *guia*[i] and the one of researching on health in *terreiros* are similar processes. So as to contextualize the built of four investigative guide, we use as driving the experience regarding a Master's Degree research entitled "By the backyard drummbeats: the interfaces of health care among *terreiro* religions and Family Health Staff (ESF, in Portuguese abbreviation)". In the case of that text, both the act of making a *guia* and the one of investigating processes regarding Afro-Brazilian religions take us to the same place, the *terreiros*. As with the practitioners of those doctrines, we also sat down, took a thread and, bead by bead, we made our *guia*.

Thus, a first important element for us to highlight concerns the fact that the African continente was composed of diverse nations, each one with its own ethnicities, custos, beliefs and Technologies. By the arrival of the Portuguese at that region, those ended up taking advantage of the tribal way of organization established by the native population, aiming to fostering wars between the different groups. The losers were offered for sale or exchanged with the European for commodities needed and appreciated by the African, such as salt and *cachaça* (BARROS, 2009).

With that strategy, the Portuguese intended to use those peoples' labour as enslaved work of force in the Brazilian Northeast sugar cane mills. At a later time, as centuries go by, they also come to impose such subjects' labour both in Minas Gerais gold prospecting and in coffee tillage, localized both in São Paulo and Rio de Janeiro countrysides. So as to come to Brazil, heaps of those peoples were exported in cargo ships, known for possessing insalubrious conditions for living, which culminated in a decimation of the black people already during the journey.

When arriving at Brazil, the black people encountered a society instituted by the aristocrat and proslaver content, ascribing a buying and selling market value to those deriving from Africa. So as to legitimate its power, such system drew upon coercion, as well as physical and psychological violence and several other types of humiliation (CASTRO, 2012). Thus, there were frequent situations in which the so-called "capitães do mato"[ii] whipped in stocks the escaped or disobedient slaves.

We need to underscore that, when those came to Brazil, the responsibility of cathecizing them began to be their owners'. By the means of it, it was instituted a process of religious education in which the "sugar cane mill lords" took responsibility for the Christian initiation of the slaves under their tutelage. However, we need to recognize that procedure wasn't one of the most demanding ones, seeing that, to be considered Catholic, it was enough for the black person to answer some questions (RIBEIRO, 2012), something that one or two whips solved very well.

As a consequence of that and of other factors, the enslaved subjects organized a series of movements put in place against that domination, as flights, boycotts of work, organization of *quilombos* and preservation of their main cultural elements, such as dialects, ditties, dances and religions; nevertheless, the latters began to establish themselves in a camouflaged form,

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as, for instance, the African deities disguised as Catholic saints, which are issues of fundamental importance in the constitution of African-Brazilian religions, especially Umbanda (FREITAS, 2012), a religions about which we take deepened looks.

Moreover, issues then established in Brazilian society, as inefficiency and disregard of the medical treatments during the imperial government, were also defining elements in the emerging of those religious practices (LAGES, 2012), moments in which, besides worshiping Orishas and ancestral spirits, they would also proffer care practices in health for physical, psychological or espiritual matters or daily problems (SILVEIRA, 2014).

In this manner, we can realize that, although Brazil is mostly constituted of avouched Catholic Church believers, there were always endless cases of health care proffered by Spiritist centres or *terreiros* of religions of African origin, as a result of orders as illnesses, unemployment or unresolved love affairs. We believe, therefore, that the religious leaders of such beliefs have historically been sought to deal with the same symptoms handled, in determined circumstances, by health professionais (MELLO; OLIVEIRA, 2013).

When we take as assumptions some legal landmarks, as Supplementary Laws n.º 8080 (BRASIL, 1990a) and n.º 8142 (BRASIL, 1990b), the equity principle, the first three National Plans of Human Rights (PNDH 1, 2 and 3) (ADORNO, 2010), the document "Subsidies for the debate about the National Health Policy for the Black Population" (BRASIL, 2001), Decree n.º 6872 of June, 2009[iii] (BRASIL, 2009), the National Comprehensive Health Policy for the Black Population (PNSIPN) (BRASIL, 2013a), Law n.º 12228, of July 20, 2010 (BRASIL, 2010)[iv], the National Policy of Popular Education in Health (PNEPS-SUS) (BRASIL, 2013b), we realize it's of utmost importance that health professionals, when proffering health care, set interfaces with the symbolic-cultural aspects concerning Black population, as it's the case of *terreiros* religions, and, in a more specific way, Umbanda.

However, what we have historically watched is an attempt for a reduced participation of those social actors both in micropolitics of live work and as subjetcs taking part in actions of planning, implementing and evaluation of public policies which, to a greater or lesser extent, are specific for them. In the field of health research, that reality is not so different, since there have still been quite incipient researches carried out by professionals and researchers of heath field about care practices in *terreiros* of Afro-Brazilian religions.

One of the first investigations carried out by scholars and professionals of health field about that subject was conducted by Gomes (2010) aiming to record an experience of institucionalization of a health establishment inside a Candomblé t*erreiro*. The proposal for the creation of the sanitation place came out as a consequence of the need for the local health system to improve the access and the quality of the attention to health rendered to a particular group of women, who in their majority were black (52,3%), had not completed elementary school (36,9%) and were bound to Candomblé.

Another research which also dealt with the possible interfaces between health establishments and *terreiros* was the one carried out by Mota and Trad (2011), that proposed to study Candomblé as a space of production of practices/senses around the processes of

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health-heal-becoming ill. Although that text expatiates mostly on physical, psychological or espiritual illnesses and the consequent practices of health care of the *terreiros* for sheltering or healing them, it also brings up discussions about the consultants' possible therapeutic itineraries.

In the year of 2013, two more studies on that theme were carried out. The first one, by Mello and Oliveira (2013), had as its main intention expatiating on the existing complementarity between the official health system and the Afro-Brazilian religious therapies, considering the ways people live and interpret their illness, suffering, pain and the heal practices.

Still in 2013, Rios and contributors (2013) conducted a study that intended to comprehend the unfolding of the commitment of *terreiros* of religions of African origin of Recife metropolitan area in HIV/Aids prevention, considering their symbolic structure. According to that investigation, the researchers were able to identify the performing of instituted activities involving *pais-de-santo* and *mães-de-santo*, anthropologists and technicians of State Coordination of STD/Aids of Pernambuco Health Bureau.

Finally, in 2017, we spectated the execution of a study under the guidance of Silva, Fernandez and Sacardo (2017), who aimed to investigate the established conversations already instituted between health services and *terreiros*. So as to reach that goal, the referred authors built three categories to explain the different interaction modalities: as an alternative, as a complement to hegemoniacal medicine and as a therapy which has its own specific powers and singularities.

Starting from those studies, we can realize how incipient are investigations on health in religious establishments of African origin, being, therefore, necessary to share investigative experiences to be carried out in those contexts, seeing as, from that, it is possible for us to create research guidelines to scholars and professionals of the field of health who propose to investigate social, economic, politic and cultural issues related to the *terreiros* of Afro-Brazilian religions.

The present paper aims to discuss methodological strategies adopted in a research carried out in three Umbanda *terreiros* of a Piauí country town and in the consequent ESF's which covered the referred sacred establishments. Moreover, we also covet to share the hardships lived during our investigative route, seeking, from that, to ponder on the challenges faced when researchers propose to carry out studies in those contexts.

Body

So as to manufacture our necklace, at a first moment, it was necessary for us to embark on the literature, in order to comprehend our research field, so as to set a starting question and the aims which would support us. That search led us to the authors we mentioned in our previous section and, from them, it was set that we would study the interfaces of health care between *terreiros* religions and ESF.

In a more specific way, our ambition consisted of: (1) to get to know the conceps of the *terreiros* religions *practitioners* and consultants about health, becoming ill and health care; (2) to map the processes of health care provided by Afro-Brazilian religions directed to their practitioners, consultants and to the general community; and (3) to characterize the strategies of health care developed by the EST's as regards *terreiro* peoples.

Once having set a starting question and aims that could direct us in our pilgrimage, a concern came out: not to develop, as researchers, colonizers relations of wisdom, in which we would simply arrive, collect information and then go away. Thus, it was by taking that ethical-political thread as an assumption that we would weave the necklace that escorted us during our research at Umbanda *terreiros* and at the ESF's.

For this reason, the first bead we chose consisted of René Lourau and Georges Lapassade's Institutional Analysis as investigating matrix and as production strategy and information analysis. In Public Health context, Institucional Analysis ends up proving to be a rich and potent strategy for the development of investigations which intend not only to verify laws and regularities from strict and specific propositions, but which also seek to look their object of investigation from their particularities, so as to tighten it up along with propositions which, far from imprisoning us, also provide us with "escape routes" from the positivist and pragmatical perspectives of doing science (L'ABBATE, 2003). In that investigative proposal, the intention is "to transform to get to know" and not the contrary, as it is usually proposed by the various Social Science currents (L'ABBATE, 2013).

Thus, we are able to conclude that the main intention of Institutional Analysis is to comprehend the social and organizational reality of the subjects based on their statements and also on their developed practices (SPAGNOL *et al.,* 2016), so as to deflagrate the autoanalytical and automanagerial processes of the social collectives (BAREMBLITT, 2002). Inside that scope, as a thread for our necklace, we made use of Institutional Analysis "on the paper".

That premise features a method of knowledge and of practices which aims to carry out an economical, political, functional, structural and structuro-funtional analysis of the social processes which sorround us (LOURAU, 1975). In those modalities of research, an important concept is the one of the analyser, understood as that which allow us to spark off the formerly explicit contents of the institutions, making them see and talk (LOURAU, 2004).

Once those basic issues have been chosen, we went in search of beads which enabled us to organize how our immersion in the field of research would be set up. In this manner, the second of beads consisted in the locuses we carried out the study, which took place in six different locuses, more specifically in three Umbanda *terreiros* of a Piauí country town, as well as in the ESF's corresponding to the territories in which the referred religious establishments were inserted on the occasion of the study.

The selection of those three *terreiros* happened according to personal convenience, that is, didn't obey any species of previously defined criteria. In general terms, the process took place in the following manner: using as intermediaries some friends engaged in the Afro-Brazilian religions, we got in touch with the religious leaderships and, from them, with

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the spiritist centers themselves. Once having selected the t*erreiros*, we sought to identify what ESF's covered the territory in which the religious institutions in question were located.

The regions where the investigated spiritual houses lie had some similarities among them. The first one regards the fact that the neighbourhoods were located in regions of the city which are deemed "old": while two of them had their origins in the outskirts of Colônia do Carpina, formerly better known as leprosarium, the other one came about by virtue of a programme to distribute popular homes carried out by the then state governor.

Moreover, another characteristics featured by the regions in which those establishments were located were as follows: high levels of urban violence; terrible infrastructure conditions, such as broken paving, some sand streets and a negligible amount of lamp posts with night lighting; and hard access to those regions, mainly by virtue of the few public transport that ran to the respective neighbourhoods, a problem which mingle with a chronical situation that crosses the study town itself, since the municipality in question doesn't own (at least until the execution of this reasearch) a fixed bus company, but merely a cooperative of minibus drivers, who hardly run during the night periods or on weekends.

Concerning the characterization of the researched umbandist *terreiros*, it's important to highlight that two of the spiritual houses were run by women (Ashanti and Mmaabo). Both were black, were approximately 60 years old and executed their spiritual activities in halls built in their own dwellings.

Unlike them, the third center called itself a spiritual house which adopted as its principles the teaching of various philosophies and religious doctrines. However, its ceremonies and sacred rituals followed the umbandist traditions, since the divinities worshipped in that space belonged to the referred religion. However, if it were necessary, they would also aggregate elements from other beliefs on their cults, as, for instance, some catholic ditty they considered beautiful and with a positive message.

Besides the already mentioned facts, the religious center in question also owned as main features the fact of running in a room rented exclusively for that function (and not in the dwelling of the house leader, as it commonly happened), besides being conducted by a approximately 45-year-old man (Azekel). While in the first two cases the two referred women would present themselves as "*mães de santo*", in the other, the conductor called himself "the house diretor".

Once having chosen the starting question, the theoretical-methodological matrix and the research locuses, it was necessary for us to devote ourselves to another bead of great importance for the built of a necklace: the participants: the subjects who composed this study were divided into three groups. In the first one, we had three Umbanda *terreiros* leaders, more specifically two women and a man, whom we call fictionally Ashanti, Mmaabo and Azekel.

The second group was composed by the practitioners and by the consultants of the same *terreiros* conducted by the previously mentioned religious leaderships. Although there is no exact estimate about the amount of practitioners and consultants we talked to in each religious establishment, since such dialogues took place during our immersion in the field of

reserach, an approximate estimate could be the following: 10 consultants and 03 pratitioners in Mmaabo's *terreiro* and 05 consultants and 03 practitioners in Azekel's one. As a consequence of the way the ceremonies of health care of Ashanti espiritist center were configured, contact with the practitioners and consultants of the referred establishment ended up quite scarce. The third collectivity was composed by professionals from three ESF's.

In the fourth bead, we defined the tools which would enable us to go to the field of intervention. As a consequence of the fact that, on the occasion of the present investigation, we didn't want to present ourselves as researchers-experts, who are characterised by not diving into the reality/daily life of the territory under study and, on account of this, barely dialoguing with the psychosocial needs of the subjects who inhabit the research spaces, we opted to use the following instruments: participant observation of the religious ceremonies in which the spiritual houses conducted by those subjects proffered healing spaces, health care, advising and spiritual guidance to the population in general terms; and informal conversations with the practitioners and consultants of the respective sacred establishments during our immersions.

Moreover, as we believe the leaders of those religious establishments carry with them a gigantic cultural, intelectual and affective background about the respective symbologies, beliefs and conceptions of health care of Afro-Brazilian religions, notably Umbanda, we realize the need to take some moments to talk in particular to those key-figures. On account of this, we carried out semistructured interviews with the three t*erreiros* conducters in question.

At the same time, we performed a set of conversations with each ESF. In general terms, that technology is pretty useful in the context of interventional researches, since it enables the creation of dialogue spaces, enabling the enhancement of the participants' experiences. It gets to a horizontalisation of power relations, so that the figure is dissolved of the master as center of the process and the talking instead emerges as sign of values, norms, culture, practices and discourses (SAMPAIO *et al.,* 2014).

All those elements defined, we set out for a dive in our interventional field, an immersion that obeyed some steps, which were established in the fifth bead of this necklace, the proceedings. At first, after approval of the research in Ethics in Research Committee (CEP) Federal University of Piauí (UFPI), Ministro Petrônio Portela Campus, under CAAE nº 79267617.7.0000.5214, we got in touch with the three religious' leaderships of the study in question. In conformity with we mentioned previously, we didn't establish any species of criterion so as we could choose the referred t*erreiros*.

And that happened due to a justification. There still isn't, in municipal range, investigations that propose to map quantitatively social, economical, political and cultural aspects in which the Afro-Brazilian religious centers of the municipality in question are circumscribed, such as: amount of *terreiros* and the concentration of those in the town; characteristics of the properties (owned or rented) and of the *terreiros* (whether or not extension of the conductor's dwelling); kinds of ceremonies of celebration of the divinities and also of health care; schooling, religion and cash income of the followers and consultants, among other issues.

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On account of this, we realized that, so as to set any elegibility criterion to select the t*erreiros* under study, it would be necessary to own some primordial information concerning at least a small slice of the Afro-Brazilian religious centers of the town. As that didn't happen, their selection took place by means of indications of friends who had some proximity to the religions of African origin, in particular, to Umbanda.

At a first step, as a way of setting an initial contact, we carried out the semistructured interviews with the religious leaderships. Later, we would be put in, by means of participant observations and informal conversations, in the ceremonies for proffering health care to the community, however, as a result of the fact that each *terreiro* organized those activities in a distinct way, a consequence was that we ended up be put in in different amounts of visits to each religious establishment, according to what we can visualize in Chart 1 – Health Service in Investigated *Terreiros*.

Chart 1. Health Service in Investigated *Terreiros*

Terreiros	Workings	Immersion
Ashanti	Consultant is served whenever they get no matter day or hour	We didn't follow up the service
Mmaabo	Three times a week in the afternoon hours	Eight visits
Azekel	Once a week (three times a month)	Three visits

Source: Prepared by the authors.

Along with that process, we also carried out a set of conversations with the ESF's referring each investigated Umbanda *terreiro*. We got in touch with them after our first visits to the religious establishments in question, in which circumstance the semistructured interviews with the three religious leaderships had already enabled the first conversations with the *terreiro* peoples.

After all those beads have been chosen, it was necessary for us to select the last one, the one who would give beauty and enchantment to our artifact: it's about the analysis of the data. To this end, it's important to highlight that the interviews with the religious leaderships were recorded and then fully transcribed, and that was not possible in just one place, seeing the religious center of which that subject took part didn't authorize recordings or filming inside the referred space. Thus, in the case at hand, we took notes during all of our conversation, the same strategy we adopted to carry out informal conversations and conversation sets.

At the end of all of the meetings, either to do some semistructured interview with the conductors of the Afro-Brazilian religious centers, or to dialogue with the consultants or to carry out sets of conversation with the ESF professionals, we stored all the set up conversations in field diaries, spaces in which we also recorded our perceptions as well as the happenings taken place.

Next, we carried out two readings from the colected material: a first one, for identification, in which we got acquainted with the speeches of the interviewed subjects and

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of the members of the conducted groups; and a second one, with the intention of finding out the institutions that crossed the participants' speech.

In front of that scenario, we made use of an extremely important concept regarding the information analyses by French institucionalism bias. It's about what we denominate analyser, which we made explicit above (LOURAU, 2004). It's important for us to highlight that, by lecturing about our investigative necklace and the manner how it was organized (which can be visualized in more details in Figure 1. Investigation Methodological Path), it doesn't mean during our pilgrimage we didn't face mishaps of every kind.

First of all, imagine the following situation. You are a psychologist who have just entered Postgraduate Program in Psychology and you propose to study care practices in health proffered in Umbanda *terreiros* of a Piauí coastal town. However, on that occasion, a series of questions afflict you. The main one concerns the fact that your family had much prejudice against religions of African origin.

On account of this, those people tried by any means to prevent the execution of the study, since, in their understanding, that man was involved with demoniacal practices. On account of this, some screams and misunderstandings came out, so that, in certain moments, he himself questioned the need and relevance of the referred study.

Thus, as much as the initiative of researching care practices in health in *terreiros* has come out from the referred character, on the occasions he needed to dive into his interventional field, feelings of fear and distress usually crossed him: he almost always left stealthily, as if he were commiting a species of crime, sin or something like that.

In the moments in which the institucional analyst lies in such "dire straits", he needs to sensitize his look to a bead of great importance for the manufacture of an investigative necklace, the implication analysis. It's from it that it's possible to notice what analysers darken our views and to comprehend more clearly what Lourau (2004) denominates as overimplication. For that author, that phenomenon would take place in the situations in which our relations with the objects/research fields fill our times/spaces to the extent of emptying the other existing implication fields, such as order, demand, self-analysis, self-management and the relations with theory and practice, according to what happened in the case above mentioned.
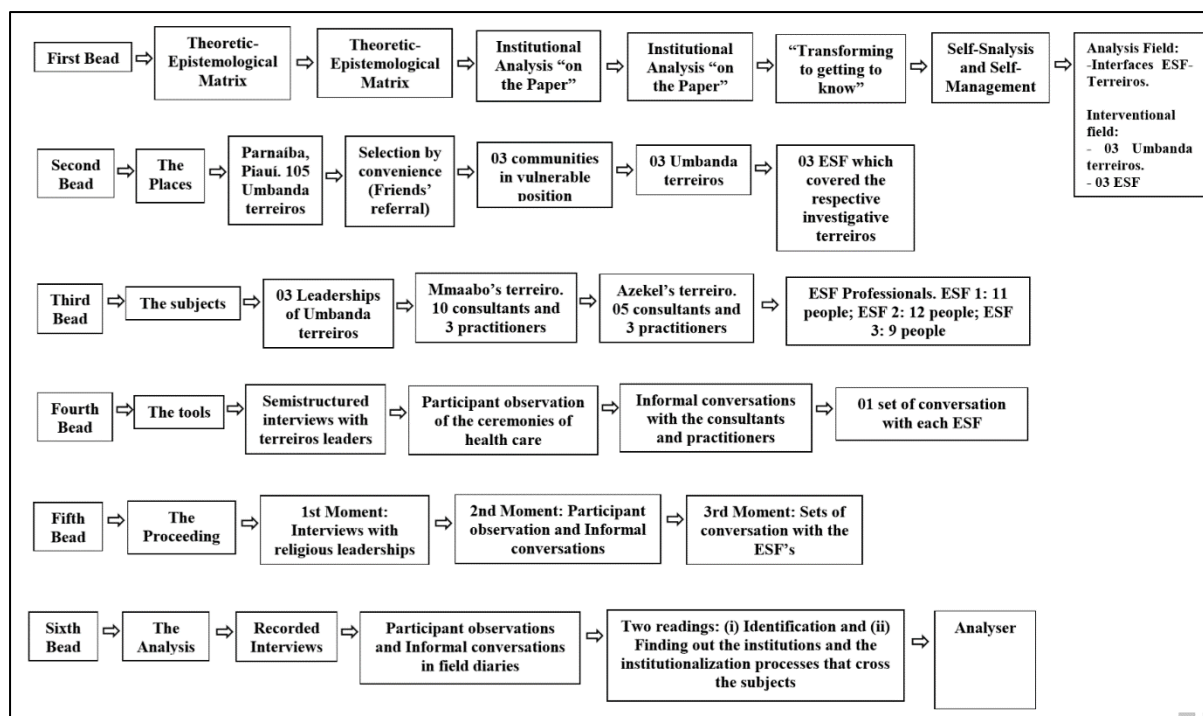
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Figure 1. Methodological Path to the Investigation
Source: Prepared by the authors.

However, it's a mistake to think that those situations of discrimination of Afro-Brazilian religions followers were (and are) active just in the case mentioned above. On the contrary! Unfortunately, reports of prejudice, intolerance and discrimination against those religious groups were attending the constitution of Brazilian society, so that the researchers of health field themselves can carry with them many stereotypes and prejudices, mosty due to religious conservatism and doctrines related to Catholicism/Christianity that constantly cross us.

Then, what we can realize is that racism greatly pervades the institutions, organizations and establishments that sorround us, which, the most of times, fail in the task of proffering appropriate and equitable service to subjects targeted by their intervetions, so that ethnic-racial issues that circunscribe them are not taken into account (KALCKMANN *et al.,* 2007).

When racism operates at an institutional level, the instituted discriminatory practices end up getting a slighter public condemnation than those not carried out through the state apparatus, what makes apportioning blame for those situations to specific actors extremely hard, since, in that context, racism is configured as a diffuse rationality, featuring, therefore, no explicit and manifest behaviours, but subtle and concealed instituted strategies. On account of this, the referred process is denominated as institutional racism (LÓPEZ, 2012).

In that scenario, situations as the following ones begin to be frequent: unequal and differentiated treatment between white and black people in working relations; hard acknowledgment of black people's competence in technical and management functions; discrimination of users due to their racial belonging; lack of knowledge about diversity and

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religious and cultural practices; absence of norms, practices and behaviours which foster equity; invisibility of diversity and ethnic-racial inequalities in diagnoses and bureau programs, as well as in the analysis and interpretation of epidemiological data in health area (LÓPEZ, 2012) and, mostly (in the case of the study in question), the lack of researches about ethnic-racial issues in health, which may vary from the investigation of biological aspects to the understanding of symbolic-cultural elements, as *terreiro* religions.

Starting from that, we have a verification: institutional racism crosses the health field hegemonicly and, we, for being circumscribed in those circles, are not alien to that process, in such a way as many cravings we carried before our entering *terreiros* as researchers propagate that phenomenon, as, for instance, fear of unknown, which was materialized mostly by religious ceremonies of worship of deities and of proffering health care, which worked based in rationalities to whom we are not accustomed.

We must also highlight that the communities in which the Umbanda *terreiros* and, consequently the ESF's, were located were located in regions in situations of social vulnerability, featuring a minimal access of the population to rights considered fundamental, such as health, education, assistance, leisure, dwelling, urban infrastructure and quality public transportation.

Such questions would become even clearer if we take into account that religions of African origin historically have worked during night and predawn time, moments in which we were crossed by the social constructions around violence and degree of dangerousness in popular neighbourhoods. What we can notice, therefore, is that Health knowledge and hegemonic practices have dialogued little with social, economical, political and cultural aspects of popular classes through biases that don't cross-refer to social hygiene movement, to campaigner movement and to preventive movement, in conformity with Cotta and contributors (2007) point when they expatiate on the formation of health professionals in poverty, injustice and social inequality scenarios.

For that matter, when such social actors are invited to become inserted in the reality of those peoples, there are fear, reticence and strangeness, according to we experienced in certain moments. Although that situation took place in the particular context of our investigation, we wouldn't be taken by surprised if it also happened with many of the scholars and health professionals who propose to carry out researches in Umbanda *terreiros*, mostly if we take into account that such conditions are typical of a considerable share of Brazilian municipalities, in such a way as such subjects may end up coming across those same obstacles.

Concluding remarks

From the present text, it was possible for us to notice an indissociability between the act of making a necklace (religious artifact) and the one of researching in Umbanda *terreiros*. We will explain the reason. In making the sacred object in question, you carefully put bead

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by bead. The process doesn't happen by chance. You have already attended other people doing that same activity.

Moreover, a thread will guide you (and it is in it that each little stone will be put): it is not static. On the contrary! It's alive. It has movement. It bends when you need it. And bead by bead, we have the final product, which is not just a bunch of beads anymore: the result is a sacred artifact condensing forces and with a huge meaning. The same happens in a activity of research in health in *terreiros*.

The beads used in a study are often found in the most distinct places, such as papers, books, handbooks or through our own experiences. And just like happens with *terreiro* peoples, you also stick the little stones on each other through the thread that leads you: your ethic-political perspective. It's it which will join every beads and will make us investigate social, economical, political and cultural processes.

From that assumption that directs you, you chooses the beads with which you are going to work: problematic field, objectives, type of study, participants, tools, proceedings and soo n. After a lot of grind, the artifact gets ready. It didn't turn into a mere bunch of beads. As we expected, you effort resulted in a great-valued product and that will escort you during all of your study.

However, it's a mistake to think that, in a research activity, the beads would be stanch and separated blocks. Let us see again how the act of making a necklace happens. Once the bead is chosen and put near the other ones, it cannot be taken in an easy and quick way, especially when other beads have also be inserted *a posteriori*. Any attempt to remove it will result in losses which will cause the removal of other beads. In researching health in t*erreiros*, the process is configured similarly to the making of a necklace, mostly regarding the nylon or the thread (a fabric of straw of moriche palm, *carnaúba* palm or *tucum*). Notwithstanding, unlike the necklace (religious fundament), the researcher's necklace, regarding the strategies (beads), can waive a bead (abdicate some element) which won't cope with an analyser that emerges in the research process to insert other beads, tools-concepts which will become necessary to compound the analysis field and the intervention field, without waiving the necklace, that is, the ethic-political perspective.

Finally, it was possible to notice that health field has historically enabled few participation of *terreiro* peoples both in its practices of planning, implementation, assessment and management of health care and in its research activities, what reveals the importance of the referred study, since, in the field of Psychology and Collective Health, the referred investigation contributed to think of research strategies that dialogue with ancestries, with popular skills and practices and, mostly, with religions of African origin, gambling on the need for us to think of investigative guidelines from interventional and participative perspectives.

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Notes

[i] *Guias* are how one calls the necklaces used by the mediums during the sessions and *giras* and also used by the house children representing their guides (Orishas), their color varying according to the Thread in which the spirit acts.

[ii] In Brazilian colonial society, the "capitão do mato" was the figure in charge of capturing the fugitive black people of the farms or factorships.

[iii] It passes the National Plan of Promotion of Racial Equality (PLANAPIR) and institutes its Committee for Articulation and Monitoring (BRASIL, 2009).

[iv] It institutes the Statute of Racial Equality (BRASIL, 2010).

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