Healing blessing in territories of the Family Health Strategy: perceptions of workers, users and healers

A benzedura nos territórios da Estratégia Saúde da Família: percepções de trabalhadores, usuários e benzedores

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ABSTRACT The traditional practice of healing blessing (benzedura) existing within the Brazilian culture is a relevant symbolic expression and a differential in the role of listening and caring. This study aimed to capture the impacts of this practice in territories attended by the Family Health Strategy in the state of Minas Gerais, Brazil, analyzing the relationship between the components of religious and medical-scientific fields. This is a descriptive exploratory study involving a qualitative approach, approved by an Ethics Committee. Data were collected through 35 semi-structured interviews, using the thematic analysis for interpretation. The theoretical framework draws on the thought of Pierre Bourdieu on the dispute between fields of knowledge. Three categories emerged: Representations of the practice; Health and Religiosity/Spirituality; Relationship with healing blessing. The study highlighted the impact of blessing in the rescue of the subjective dimension of care, working on listening, support, comfort, strengthening and demedicalization. Associated to medicine, blessing means additional help that entails working the human being in his/her totality. The relationship between religious and medical-scientific fields mediated by blessing points to a dilution of the conflict. This research will propel other studies on popular therapies and health and care production, as well as on the relationship between health and Religiosity/Spirituality.

KEYWORDS Primary Health Care. Family Health Strategy. Medicine, traditional.

RESUMO *Vinculada à cultura brasileira, a benzedura é uma linguagem simbólica relevante e diferencial no papel de escuta e cuidado. O estudo teve por objetivo capturar os impactos da benzedura nos territórios da Estratégia Saúde da Família em município mineiro e analisar a relação entre os componentes do campo religioso e do campo médico-científico. Trata-se de estudo descritivo e exploratório, de natureza qualitativa, aprovado por comitê de ética. Realizaram-se 35 entrevistas semiestruturadas e empregou-se a análise temática para sua interpretação. Como aporte teórico, tomou-se o pensamento de Pierre Bourdieu sobre a disputa entre os campos de saber. Emergiram três categorias: Representações sobre a prática; Saúde e religiosidade/espiritualidade; Relações com a benzedura. A prática da benzedura é enxergada como parte da cultura. Destacou-se o seu impacto no resgate da dimensão subjetiva do cuidado, atuando na escuta, apoio, conforto, fortalecimento e desmedicalização. Consorciada à medicina, é ajuda adicional que enseja trabalhar a totalidade. A relação entre campo religioso e campo médico-científico por meio da benzedura propicia a diluição do conflito. Esta pesquisa propulsionará outros estudos na temática de terapias populares e produção de saúde e cuidado, bem como sobre a relação entre saúde e Religiosidade/Espiritualidade.*

PALAVRAS-CHAVE *Atenção Primária à Saúde. Estratégia Saúde da Família. Medicina tradicional.*

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Introduction

Lately, traditional healers known as *benzedeiras* (women) and *benzedores* (men) have been conquering space with the regulation of their practice. In the municipality of Rebouças, state of Paraná (PR), the performance of *benzedeiras* has been officialized, being considered as support to public health[1]. Similarly, in Sobral, state of Ceará (CE), *benzedeiras* were incorporated into the health system, with the role of Non-Formal Healing Workers and recognized as part of the local culture[2].

Religiosity/Spirituality (R/S) have the power to provide meaning to subjects' demands. The symbolic efficacy behind the different beliefs is related to the comprehension of the event that troubles the subject and this comprehension occurs in a metaphoric way, not in a rational way[3]. In its turn, biomedical knowledge, through a homogenizing practice and hospital-centric perspective, usually ignores "the complex problematics of contemporaneity"[4(178)], thus weakening the cultural and symbolic potential of subjects, and depriving them of autonomy to face situations involving suffering, illnesses, and death.

The theoretical-methodological framework of this study is based on the theory of practice of Pierre Bourdieu[5]. This theory adopts as one theme of reflection the autonomy of the different fields that compose the social world; each field has its own internal functioning, and they dispute the legitimacy of stating the truth[5]. In the present case, the intention is to reflect on the relationship between the field of health represented by workers of the Family Health Strategy (FHS) and the religious field represented by *benzedeiras/benzedores*, in the sense of presenting the type of interlocution occurring between the biomedical knowledge and the religious knowledge.

Attentive to the reality of possible influences of R/S on health, this study aimed to capture the impacts of the healing blessing practice, known as *benzedura*, in FHS territories in a municipality of the state of Minas Gerais (MG), Brazil, and analyze the relationship between the components of the religious field and the medical-scientific field.

Material and methods

This is a descriptive exploratory study involving a qualitative approach on the interface between social sciences and collective health, conducted with Family Health Teams (FHT) in a municipality of the state of Minas Gerais.

The population was composed of Community Health Workers (CHW), physicians, dentists, nurses, nursing technicians, users, and *benzedeiras/benzedores* from the 51 FHT of three sanitary districts of a municipality in Minas Gerais. It included workers at the health institution for at least one year; users of the service for at least one year and living in the municipality; *benzedeiras/benzedores* who practiced their traditional knowledge in the area covered by the FHT, for at least one year, and lived in the municipality. Those excluded were less than 18 years old and workers on sick-leave of absence. All 51 teams were visited and among them two teams of each sanitary district and one team of the rural area were drawn for audio recorded interviews.

The sample was constituted of 35 subjects drawn from the 51 FHT who complied with the inclusion criteria. The interviewed were: six physicians and one dentist; six nurses and one nursing technician; seven CHW; seven *benzedeiras/benzedores*; and seven users. A semi-structured questionnaire was used for the audio recorded interviews.

Data collection occurred in the period from October 2016 to January 2017 and were conducted at the Basic Health Units (BHU) and at the residences of users and *benzedeiras/benzedores*.

The data collection process was concluded when reaching the theoretical saturation point[6]. The appreciation of the collected material was conducted by means of thematic analysis[7].

The subjects were invited to take part in the research and were informed about the objectives and procedures. To protect their identity, respondents were identified by letters followed by numbers in the order in which the interviews were conducted: CHW (C1, C2...); *Benzedeiras/Benzedores* (B1, B2...); Nurses (N1, N2...); Physicians (P1, P2...); Users (U1, U2...).

The research was approved by a Research Ethics Committee under protocol nr. 1.774.886. The Term of Free and Informed Consent (TFIC) was signed by all research participants following precepts established by Resolution nr. 466/12[8].

Three categories emerged from the thematic analysis: (1) Representations of the practice; (2) Health and R/S; (3) Relationship with *benzedura*. These categories were then separated in two themes: *benzedura* in the religious field (Theme I); and scientific field and religious field (Theme II). All research data are presented on *chart 1*.

Chart 1. Thematic categories obtained from the interviews with FHS workers, traditional healers (*benzedeiras/benzedores*) and users.

Theme	Categories	Sub-categories	Guiding concept	Respondents
I Healing blessing (*benzedura*) in the religious field	(1) Representations of the practice	Family oral tradition	Presents the non-literate characteristic of *benzedura*, transmitted orally from generation to generation.	B1; B2; B3; B5; B6; B7
		Gift	Denotes the singular character of the person who practices *benzedura*, someone who must have the aptitude for it.	B1; B2; B3; B4; B5; B6; B7
		Cultural heritage	Highlights *benzedura* as part of the Brazilian religious culture, deeply rooted in the population's mentality.	A1; A2; A4; A5; A6; A7; B1; B4; B6; E1; E2; E3; E4; E5; E6; E7; M1, M2; M7; U1; U2; U4; U7
		Role performed	Presents the directions in which *benzedura* acts in subjects' lives and the benefits it provides.	A1; A2; A3; A4; A5; A6; A7; B1; B2; B3; B4; B5; B6; B7; E1; E2; E3; E4; E5; E6; E7; M1; M2; M3; M4; M5; M6; M7; U1; U2; U3; U4; U5; U6; U7
II Scientific field and religious field	(2) Health and R/S	Deficits and challenges of health work and R/S	Denotes difficulties, hindrances arising from attempts to establish work focusing on the interface health and R/S.	A2; A3; A4; A6; A7; E1; E2; E3; E4; E5; E6; E7; M1; M2; M3; M4; M6; M7; U7.
		Gains and potentialities of health work and R/S	Indicates the achievements resulting from work that focuses on the interface health and R/S.	A1; A2; A4; A5; A7; E1; E2; E3; E4; E5; E6; E7; M1; M2; M3; M4; M5; M6; M7; U1; U4; U5; U7
	(3) Relationship with *benzedura*	Conflict	Highlights the existence of inevitable conflicts when having medical practices and *benzedura* side by side.	B2; B7; E1; E2; E3; E4; E5; E7; M2; M3; M4; M5; M6; M7
		Dialogue	Highlights the possible dialogue between medical practices and *benzedura* despite their singularities.	A1; A2; A3; A4; A5; A6; A7; B1; B3; B4; B5; B6; B7; E2; E5; E6; E7; M1; M3; M4; M6; U1; U3; U4; U5; U6

Source: The authors.

Result and discussion

Benzedura in the religious field

REPRESENTATIONS OF THE PRACTICE

Benzedura is referred to as a 'family and oral tradition', transmitted within the family circle or by close relations by means of orality. The practice has been performed throughout the centuries and became part of the popular and religious culture of Brazil[9]. It is composed of prayers and healing knowledge taught by an older person, usually someone of the family, who seeks to keep this knowledge alive in the future generations[9-13]. The ritualist gestures and recited prayers occur through orality[9,10,14]. Typically, *benzedeiras* do not know how to justify their practices, alleging it was the way they learned it[14].

This practice is perceived as a 'gift', alluding to the singular character of the person who performs it, who must have the aptitude for it. A study confirms it is a knowledge related to a gift[9-13], characterized as an "art of healing"[12(114)], in which its representatives perform as protagonists of the history of medicine and are more ancient than scientific physicians[15].

Related to the gift, another characteristic of the practice of *benzedura* is its gratuitousness. To be initiated in this practice, it is a sine qua non condition that the healing blessing is performed gratuitously, since the practitioner receives this gift from God, thus no value can be charged[2,9]. In other words, there is an altruistic character in this practice[9,12], with no payment in return[9]. In this sense, it is believed that *benzedura* varies between a gift and a mission, where the healer faces the gift as a duty to help other people in an act of generosity, with no charge[9,11].

The search for *benzedura* is a 'cultural heritage'. According to the respondents, tradition and efficacy related to *benzedura* stimulate people to take their children to receive the blessing against herpes-zoster (*cobreiro*), stomachache, chronic malnutrition (*mal de simioto*), chest pain (*espinhela caída*), malevolous betwitchment (*quebranto*), evil-eye (*mal-olhado*), constipation (*vento virado*).

This practice has greater effect in certain situations and infirmities, and this is related to cultural issues that involve belief and faith transmitted by ancestors. *Benzedura* exists since the time when Brazil was a Portuguese colony[12]; it is a ritual practice that belongs to the Brazilian culture as a form of care[10,12]. Recognized as a traditional practice chosen to overcome infirmities that afflict especially children[13], *benzedura* is also related to other illnesses, such as herpes-zoster (*cobreiro*), evil-eye (*mal-olhado*), chest pain (*espinhela caída*), bruise and wound (*machucadura*), inguinal or umbilical hernia (*rendidura*), all of them referred to as 'diseases of *benzedeiras*'[16]. According to Santos[9], the infirmities treated by *benzedeiras* do not belong to the diseases of the field of medicine[9]; on the contrary, they constitute the list of ailments that belong to the population's cultural universe[9].

Despite the demands related to it, the practice of *benzedura* has become scarcer, in an extinction movement that gradually perpetuates: *"Things come to an end without one noticing it. In my case, if I do not pass it on to someone, I will bury it with me"* (B6). It is a consensus among *benzedeiras* that their practice is disappearing[11]. It is believed that this occurs due to the non-transmission of this knowledge within the family as it used to happen in the past, because of descendants' lack of interest[10-13]. Still, there have been efforts to rescue and save the practice, considered as immaterial culture, and continue to valorize it as popular knowledge[12].

Regarding the 'role performed by the practice of *benzedura*', it acts on various issues: family conflicts and personal problems; medical and medication inefficacy; search

for jobs, health, and success at school; to treat children and grandchildren; to treat some cause of infirmity; need of being listened to, support, and feeling welcome. The search for this practice is directed to relieving afflictions and immediate resolution of the most diverse problems[9]. Subjects demand light technologies aimed at relationships, creation of bonds, and welcoming[17], exactly as provided by *benzedura*, which reaches objective and subjective dimensions in the context of the 'live care in an act of affirmation of life'[18].

Perceived as a preventive resource so that visiting a doctor will not to be necessary, *benzedura* has a positive interference on health with strengthening, support and guidance in all senses. It provides relief, wellbeing, peace, tranquility, calmness, refuge, and has a significant role on the physical, psychological, and spiritual aspects. The psychological support stands out, indicating its action on the global emotional help, on catharsis or unburden, on the improvement of the state of mind and self-esteem. Acting as support and help, *benzedura* promotes strength, listening, welcoming, guidance, as well as wellbeing and relief related to emotional comfort, resulting in the improvement of symptoms[10]. Ultimately, it provides solution to the problems of body and soul[9,12,16].

It is believed that by using medicinal herbs and teas, due to the simplicity associated to the type of non-conventional treatment it offers, *benzedura* helps in the direction of demedicalization and escaping from the culture of medication. Indicated as coadjutants in the process of demedicalization[19], *benzedeiras* usually prescribe teas[19]; resources of therapeutic nature, common in the areas of basic care where they are understood as an attitude of self-care that propitiates autonomy to subjects[20]. Besides, the use of teas and plants presents an anthropological meaning in the sense that it propitiates the rescue and validation of popular knowledge, a fact that promotes self-esteem to the population that is marginalized of its specific knowledge[20].

The search for *benzedura* occurs also as substitute for public health care, due to the disappointment and frustration with the conventional medical practice, waiting time, difficult access to health services, and discrepancy. With regard to resoluteness, during a long period *benzedura* was the only possibility for people lacking care due to geographic or social matters, being the sole available resource for protection and strengthening[12].

Functioning as a resource provided by the community, with mechanisms as listening and welcoming, *benzedeiras/benzedores* can fulfil a role as guidance and referral of users to BHU, being 'an eye' looking inside the community (P2) and helping with the access to patients. In this sense, the statement of P2 reveals the necessary welcoming of the belief as to bring users nearer to workers:

> *Every benzedeira has this speech: 'Now, it is only the divine part, of God, and I help. And now it is the knowledge of men.' So, the benzedeira will not treat someone who is really sick. She always gives guidance. She is the one who refers to us. And so I think she is an eye that we have in the community.* (P2).

> *I do not question if she is drinking her water with okra, let her drink it. If she believes, she has faith; if she does the benzedura, I do not question this. It is better to try to have them nearer with their belief and keep the follow-up that we do.* (E4).

Besides having the familiarity with the curative and care sphere, *benzedeiras* are recognized and respected in the community, being gratuitously in charge of the population's health[18]. Thus, they embrace the role of public health workers without, however, officially having this title and penetrate in the daily life of subjects[11]. They are recognized for their ability to decipher diseases and inform the population and health workers[2], providing meaning to daily situations, promoting hope, and offering direction and guidance to subjects[11].

Scientific field and religious field

HEALTH AND R/S

With regard to 'Deficits and challenges of health work and R/S', it is considered that there is lack of training and capacitation in dealing with R/S thematic, resulting in non-welcoming of users' religious or spiritual needs. No training is provided in undergraduate courses on religious aspects; the intervention of health workers regarding users occurs according only to personal ethics and common sense, depending on workers' subjective values, their own life experience, and coming from knowledge received from their ancestors. Hence, there is the risk of imposing treatments with no consideration to users' own values. There have been incipient projects and proposals related to humanization and spirituality, although it is observed that there is the need to train workers to respect the different beliefs and to work holistically with demands:

> *We still train professionals to medicate/hospitalize/segment an individual in parts, so that each one looks at his/her own side/field. Holistic practices are not yet an object of university education.* (P4).

The disregard for R/S occurs not necessarily out of carelessness, but rather because workers do not know how to introduce such a subject and fear the consequences of this inclusion[21]. The importance of the spiritual dimension has led scholars to propose the implementation of the discipline 'Spirituality and health' in health courses. It is believed that there may be an ongoing increase in the demand regarding work with R/S in health care; however, there are not many workers prepared to absorb such a demand[22].

Some workers state that the welcoming regarding religious or spiritual issues is not put into practice, that only medicalization occurs in a process that is limited to *"the prescription and that's it"* (C6). Although in the last Censuses it has been observed an increase in the number of individuals who declare themselves having no religion, Brazil is still full of religiosity, which traverses culture and integrates the daily life of subjects[22]. Understanding and being open-minded for issues related to R/S gives health workers the possibility to offer a therapeutics, valorizing the user's belief, without, however, devaluating medical knowledge[22].

R/S is seen as harmful when there are excesses. If there is an obsession for the religious practice, there may occur a negative influence in the sense of suspending medication or falling ill and suffering due to religion. R/S can be harmful from the moment when subjects take on a passive position regarding treatment, transferring the responsibility for the cure to a transcendent being, denominated negative religious coping[23]. In this sense, it is important that health workers have knowledge on aspects related to R/S so they are able to intervene in situations in which religiosity is being harmful[22].

Regarding 'Gains and potentialities of health work and R/S' it is affirmed that faith, in general, has a positive impact on people's life. As long as there are no excesses, R/S can be positive and, as well as medicine, provide therapeutics: *"When one takes a patient with a chronic disease, the one who has faith interprets it in a different way. I do not know if he/she accepts/endures"* (P2). This positive impact of R/S could occur in several ways: in the improvement of an illness state; in the reduction of disease and unwellness; in the psychological aspect of how to open up one's pains; in the integral approach without focusing on the disease. By consulting systematic reviews, scholars have identified a significant number of empirical studies on health and spirituality indicating that individuals with higher levels of R/S have less psychiatric problems[24]. Thus, it is necessary that workers have discernment regarding issues related to R/S, so that they are able to identify when it is functioning as a positive therapeutic resource in facing health conditions[22].

The majority of users affirm that they have shared with health workers the fact that they use religiosity, having received their support and welcoming their culture. Thus, it can be supposed that FHTs receive positively the religious or spiritual aspects present in users' lives, respecting all forms of beliefs. A study indicates that patients consider their spiritual dimension as being relevant in the health-disease process, recognize that spirituality interferes in their health, hoping that workers welcome them in this aspect and speak about this theme[25]. It should be remembered that the respect to users' values facilitates the establishment of bonds between them and health workers[25].

There is the idea that all religions stimulate healthy habits. The change in habits may refer to the relationship established with the use of medication, where the population is used to taking them unnecessarily, thus strengthening the process of medicalization of life. It is recommended to have a gradual decrease of the use of medication and to seek alternative solutions. In other words, as much as it is positive to work on food intake and physical activity, working on R/S also enhances health:

> *Changing food intake habits, practicing physical and leisure activities, following a religion, all of this will bring wellbeing and improve a person's quality of life.* (N5).

In this sense, it is considered that people connected to religious beliefs use less medication, with R/S being an allied in the reduction of its consumption. With an impact on self-care, the adoption of healthy attitudes by means of religiosity reinforces what was verified in a study[26].

There is a symbolic efficacy behind rituals related to certain types of religiosity. This efficacy is related to the belief or faith in the potential of resoluteness that is contained in an object, a saint, potion, herb etc. In this direction, it is considered the impact of faith. The concept of symbolic efficacy[3] has been used to represent all procedures, particularly those related to cure, that escape the mechanicism of the biomedical perspective, which is based on the cause-effect relationship to determine the infallibility of treatment. The symbolic efficacy indicates another dimension related to the action and experience of subjects taken in their totality[27].

RELATIONSHIP WITH *BENZEDURA*

"Each one in his own place". (C6). *"Each one in his own place has his part"*. (B6).

In this study, perspectives are distinct, oscillating between dialogue and conflict. Regarding 'conflict', it is often manifested from the side of biomedical knowledge in relation to what *benzedura* recommends for treating illnesses, in particular the treatment of wounds using herbs. Moreover, there is a limit imposed on *benzedura*, indicating that it can perform as long as it does not stimulate the abandonment of medical treatment.

> *When we see that there are many natural things that actually function and the benzedor mentions a medicinal plant, supposing: 'I will do the blessing and he is going to use this plant', we base it on studies. If it has been verified by studies, because we know there are many studies, there is no problem.* (N2).

Benzedura, one of the representatives of popular knowledge, is quite often depreciated by medical knowledge for considering that the practice hinders the search for treatment[12]. When popular therapies try to establish a relationship with medicine, they are required to present scientific evidence and this happens frequently regarding the use of plants[12]. According to Bourdieu[5], the social world is constituted of fields, each with a singular language[5].

The difficult and resistant communication is evident, especially on the side of physicians:

> *Not everyone believes. And particularly the doctors. Because the doctors believe in medicine. Not all of them, but 99% believe in medicine. Each one in his own place.* (C6).

It is required from *benzedura* the submission to medical science and that it presents fundaments based on scientific knowledge. It is observed that physicians defend a health practice that is ruled by a fragmented, verticalized, and authoritarian action that imposes scientific knowledge and underestimates popular knowledge, disregarding the community's participation and not considering its knowledge[20]. *Benzedura* often contradicts the logic of medical practice, having developed itself in the face of much resistance and intolerance, and being look at with prejudice and stigmatization[9,13]. It is known that, in search of autonomy and in the dispute between the two fields, the tendency is to operate in a way that only the spokespersons and experts have the right to say the truth[5].

There are many taboos that are part of health workers' imaginary regarding practices like *benzedura*. In this sense, the possibility of establishing a partnership between the different knowledges is not perceived. Such a dialogue would only happen through the professional who is *"knowledgeable"* (B2) or the 'spiritualist' doctors: *"Only those* [doctors] *who are spiritualists. Because most of them are all materialists"*. (B7). The emergence of homeopathy is taken as an example of a moment of rupture with the traditional biomedical perspective, when there was combat in the beginning, before accommodation took place:

> *With homeopathy there was an initial period of combat, actually, from physicians. So there was a rupture of a pattern of medicine that did not accept another type of activity besides the one instituted, the traditional medicine, which is the western medicine. So I think we have the phase of rupture and perhaps this is actually important.* (P3).

Innovative movements within the field, like the one carried out by some physicians who propose a new way of thinking the production of health and care, may be a form of reaction to the preponderant model of thinking health[28]. Those who monopolize conventional knowledge within the field automatically react in opposition to new proposals[28].

Regarding 'dialogue', it stands out at moments when *benzedeiras/benzedores* and workers establish a good partnership. Some physicians are more receptive to R/S in the patient's treatment, thus indicating that there has been openness, communication and there is a path to convergence, though it is a process that occurs amid barriers. In other words, despite being arduous, there has been an inflexion in this relationship. This fact can be verified through the abundant publication of scientific papers on the relationship between religion and health, which in its turn has been resulting in the introduction of R/S theme in the curriculum of several medical schools[22]. Thus, in the medical-scientific field it has been observed an ability to achieve the process of retranslating, i.e., its capacity to decompose the external constraints and requirements, adjusting them to its own dynamics[29].

It is about complementation, additional help, seen as indispensable. Each one has its own function and can contribute to the whole. It is necessary to open the mind to the fact that one practice does not interfere in the other and that they can walk along together. There is space for *benzedura* to treat issues that are not possible in medicine, which does not provide sufficient response and does not solve everything on its own. There is a specificity of each knowledge, where one complements the other[9]. Popular therapeutics, for example, enables subjects to have greater freedom to express their demands and even externalize their feelings[9], something that is not aimed at by scientific medicine.

When biomedical knowledge becomes allied to religiosity and alternative practices, it can provide most responses, indicating that medicine is able to work in an integral way when it is a spiritualized and humanized medicine. It can be said that within the medical field there has been a "redefinition of competences"[30]. Due to a new composition in its interior, besides the scientifically defined medicine there is the spiritualized medicine directed to the integrality of subjects.

Those who practice this art of healing see their relationship with physicians in the sense of a positive partnership and a viable communication. In the same way, users understand that there is an association between health and *benzedura*. A study affirms that regarding the list of causes of illnesses, subjects do not limit themselves to the appropriation of the language of the dominant medical discourse, to which are added moral values and explanations originating from religion that reflect the way in which the process health-illness is symbolized[31].

Both physicians and *benzedeiras/benzedores* can indicate between them the users. In some situations, physicians refer to *benzedeiras/benzedores*, who are efficient to deal with more simple illnesses: *"There has already been a case when the doctor said: 'You go and look for someone who can bless you'. Each one in his own place has his part"* (B6). On the other hand, there are cases when *benzedeiras/benzedores* refer users to physicians, because they have the ability to treat specific issues:

> *The guides and mentors advise. If they think it is theirs, they take it. But if they don't think so, they give the order to search for the man in white, which is the physician.* (B2).

On some occasions, health workers suggest that users look for *benzedeiras*[12,13]. In their turn, when *benzedeiras* identify that their ritual and their prayers are not satisfactory, they recommend to the subjects that they look for medical help and the health unity[9,10,12,13].

If, as it has been reported by respondents, there are moments of dialogue and situations of conflict between *benzedeiras/benzedores* and workers, it can be concluded that in the relationship between the field of health and the religious field, dialogue and conflict can either retrocede or progress, depending on the dynamics of each field and the consequences of its power to retranslate external issues[29].

Conclusions

The practice of *benzedeiras/benzedores* is seen as part of the Brazilian culture. However, beyond the fact that it stands out as a cultural component, the importance of *benzedura* is related to the discrepancy of health care, which has been distancing itself from a holistic perspective of the human being, one that is directed to listening to subjects, to supporting them and to their strengthening. The biomedical perspective has been operating through the medicalization of life, depriving subjects of their cultural potential and their autonomy to face situations involving physical and psychic suffering. It has been observed that, associated with medicine, *benzedura* is an additional help that enables the work with the totality of the human being.

This study, by indicating the recourse to distinct fields of knowledge – medicine and *benzedura* – in the explanation of the process health-illness-care, has brought to the fore the old, but current, debate on the tense relationship between science and religion. The dialogue between these fields is possible thanks to the persistent effort of users to place them side by side and due to the spiritualization of some professionals. Bringing the medical-scientific and religious fields closer is put into practice, hence diluting the conflict and establishing communication.

This research will stimulate other studies on the thematic of popular therapies and their relationship with the production of health and care, as well as the relationship between health

and R/S and, in a broader ambit, between science and religion.

Collaborators

Assunção LM (0000-0001-6106-1200)* contributed to the conception and outline; data analysis and interpretation; elaboration of paper; critical review of paper; manuscript approval for publishing. Querino RA (0000-0002-7863-1211)* contributed to the conception and outline; data analysis and interpretation; critical review of paper; manuscript approval for publishing. Rodrigues LR (0000-0002-1176-8643)* contributed to the conception and outline; data analysis and interpretation; manuscript approval for publishing. ■

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