

Resignifications in the care process from the practices of rezads in the Quatro Varas project

Ressignificações no processo do cuidado a partir das práticas das rezadeiras no projeto Quatro Varas

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RESUMO | INTRODUÇÃO: As rezadeiras exercem o seu papel de cura por meios simbólicos e agem principalmente sobre enfermidades de pouca gravidade. Objetivo: Conhecer as resignificações no processo do cuidado a partir das práticas das rezadeiras no Projeto Quatro Varas. **METODOLOGIA:** Pesquisa de campo com abordagem qualitativa, realizada no período de agosto de 2016 até julho de 2017, no Projeto Quatro Varas em Fortaleza. Para coleta de dados fizemos entrevistas com 6 informantes que utilizavam as práticas de reza. Os dados coletados foram interpretados a partir da análise de narrativa e da Antropologia Interpretativa. A pesquisa teve aprovação do Comitê de Ética e Pesquisa do IPADE, com número de aprovação 55697416.0.0000.5049. **RESULTADOS:** Evidenciamos nas narrativas dos entrevistados que após procurar a rezadeira sentiram-se melhor e acreditam no poder de cura dessas mulheres que ofertam saúde para a comunidade de forma gratuita e de fácil acesso como vemos a seguir: “eu fico logo bem. Só procuro quando não tô bem, eu sei que aquele momento ela vai me tocar, ela vai depositar aquela energia positiva dela na minha pessoa, no momento eu já fico bem”; (Orquidea); “Me sentia bem, porque eu sabia que estava buscando um bem para meu filho e se eu fosse procurar ela era porque eu acreditava. Me sentia confortável e deu certo até hoje” (Margarida). **CONCLUSÃO:** Essa prática cultural, apesar de ser muito procurada no passado, por sua eficácia de promover bem-estar, vem sendo esquecida com o passar dos anos, mas influencia até hoje diretamente nas crenças e conhecimentos populares.

PALAVRAS-CHAVE: Cura pela fé. Medicina tradicional. Promoção da saúde. Religião. Terapias complementares.

ABSTRACT | INTRODUCTION: The mourners perform their role of healing by symbolic means and act mainly on diseases of little gravity. **OBJECTIVE:** To know the re-significances in the process of care from the practices of the mourners in Projeto Quatro Varas. **METHODOLOGY:** Field research with a qualitative approach, carried out in the period of August 2016 until July 2017, at the Quatro Varas Project in Fortaleza. For data collection we interviewed six informants who used praying practices. The data collected were interpreted from narrative analysis and interpretive anthropology. The search was approved by the Ethics and Research Committee of IPADE, with a number of 55697416.0.0000.5049. **RESULTS:** We show in the narratives of the interviewed who after looking for the rezadeira felt better and believed in the healing power of these women who offer health to the community in a way that free and easy to access as we see below: "I'll be fine. Just looking When I'm not well, I know that moment she'll touch me, she'll deposit that positive energy of her in me, at the moment I already am well "; (Orchid); "It felt good because I knew I was looking for something good for my son and if I went looking for her it was because I believed. I felt comfortable and worked until today "(Margarida). **CONCLUSION:** This cultural practice, despite being much sought after in the past, for its to promote well-being, has been forgotten over the years, but has until today directly in popular beliefs and knowledge.

KEYWORDS: Healing by faith. Traditional medicine. Health promotion. Religion. Complementary therapies.

Introduction

Health care, according to Junges et al. (2011), has always been associated with the biomedical model, in which the focus has always been disease and cure, related to biological parameters, whereas psychosocial and cultural factors do not interfere in the diagnosis.

Barros (2002) states that, because of the biomedical model attributes disease as something well defined whose cause can be found and treated. Most of the time, this process of knowledge has attracted the attention of physicians only to the illness, depriving the patient of a more holistic view.

The author above adds that the majority of consultations with the physician are of people whose illness can not be associated with any physiological disorder. Such a change can only be understood in the face of a wide interaction of personal, family, religious or even psychological events, which in turn can lead to physiological symptoms or lead to a pathology; however, treatment in its initial phase could be treated not with pharmacological use.

Cunha (2013) warns that while physicians believe primarily in physical disease, pathogens, or behaviors that are likely to cause disease; healers and mourners believe that these diseases are disorders that attack not only the body but are related to spiritual issues, psychological and social factors that affect the individual as a whole.

According to Carvalho (2008), healers and mourners have always been judged by physicians who believe in the biomedical model and attribute their practices to being superstitious without scientific proof and without effectiveness, and may lead to new pathologies and aggravate the condition of the person who suffers. In conventional medicine, supernatural factors have little or no importance. Doctors usually attribute the patient's disease to a disorder of the body that is associated with specific symptoms and signs.

Alexandre (2006) understands that there is a difference between healers and mourners, in which the healer acts on the empirical level knowing about diseases and plants, without excluding contact with the supernatural. The praying-women, however, exert their role of healing by symbolic means and act mainly on infirmities of little

gravity such as broken, evil eye and worms; therefore, they are seen as intervening agents between man and the sacred and for this reason are considered "Popular Agents of Health" - APS.

To restore a patient's health, Santos (2005) explains that healers use roots, plants, medicinal leaves, bottles, syrups, teas and lickers that will serve to cure various ailments such as bad eye treatment and breakage, among others. On the other hand, in the treatment of the mourners there is a whole preparation, that goes from the search of leaves and roots in the bushes until the beginning of the ritual of prayers and prayers to cure the patient.

The treatment is very simple: with the branches in hand, the mourners make the sign of the cross in the sick. If the branch withers, it is because the plant has captured the evil spirit that mistreated the sick. For the mourners, even if there is a whole process of baths, prayers and the use of herbs by the sick, their healing will only take effect if they have faith (Santos, 2005).

According to Nunes (2014) the symbolism and rituals reveal whether these women are good mourners. Cunha (2013) complements that the diseases or problems that require the knowledge of these women are not included in the role of conventional medicine. The healers claim that there are "healer's diseases" and "doctors' diseases." These diseases they seek to heal are more than a set of physical signs and symptoms. They differ in having a series of psychological, symbolic, moral, and social meanings for individuals of specific social classes.

Nunes (2014) emphasizes that the vast knowledge acquired by these women can bring many benefits, especially in the case of the most deprived population, people away from large centers where the shortage of doctors and medication is more frequent and, therefore, these practices persist to the present day.

In this context, the study of Alexandre (2006) brings a reflection on the "Community Health System", since this is based on the proposal of health care offered by the public power, directly in the community, resulting in changes in the beliefs and habits of health.

The instrumentalization of this idea is put into practice by means of actions of the Family Health Program

(PSF), which has been introduced throughout Brazil since the expansion of the SUS (Unified Health System). The program means a breakthrough in the area of social-community health and a change in the notion of health, as it values local knowledge and the search for conventional health programs. On the other hand, the definition of health for the PSF is understood as the sum of the knowledge of several cures and a series of rights ranging from housing to access to health services (Alexandre, 2006).

Primary health care should always be in accordance with community rules and customs, being curative, preventive, health promotion and rehabilitation (Resolução 466/12).

In the attempt to complement primary health care, community therapy emerged that intervened in communities through meetings of its residents, building community ties with the population, aiming to rescue self-esteem, identity, confidence and increase of solutions to problems in the community. It takes into account local knowledge, valuing the identity and life of its members, emphasizing popular culture (Resolução 466/12).

In this context of community therapy, the "Four Varas Project" was founded in 1987 by Professor Adalberto Barreto, a psychiatrist and anthropologist, and his brother, Airton Barreto, lawyer and coordinator of the Center for Human Rights of Pirambu - Amor e Justiça. The project was created due to the increase of residents of the Pirambu in search of psychiatric care that had their human rights violated, whose objective was to treat these individuals with scientific and popular knowledge (Giffoni, 2008).

Based on this, interest in the subject arose out of curiosity in discovering the importance that these cultural practices have, and in what way these practices contribute to the health of the population. From the problematization on the object of study, we throw as problem what the resignifications in the process of the care from the mourners' practices in the project four varas? By introducing healing rituals into their communities, mourners are often seen by residents as health promotion agents.

The study had as objective to know the resignifications in the process of care from the mourners' practices in the "Four Varas Project."

Methodology

The study sought methodological approaches to field research with a qualitative approach, taking into account the guidelines of Minayo (2001) when he refers that qualitative research responds to particular themes, works with social issues and, above all, with a level of reality that can not be quantified, as some, believe,

The qualitative research in health is of fundamental importance, being that this is unquestionable precedent in the formation of more qualified professionals so that they search the humanized service. Therefore, new approaches that reveal not only the biological being, but also the psychological and the social are necessary (Víctora et al., 2000, Jesus, 2008).

In this sense, De Sordi (2013), complements that qualitative research employs interpretative techniques for the analysis and understanding of phenomena, of a subjective nature.

The research was carried out at the "Quatro Varas Project", located in the Pirambu neighborhood, located in the western zone of Fortaleza, from August 2016 to June 2017.

"Quatro Varas" was founded by the psychiatrist and professor Adalberto Barreto in the 1980s and currently receives support from the Municipality of Fortaleza. It has specialists to treat different types of illnesses, but the patients of the public network are only referred there when treated by the Centers of Psychosocial Assistance (Caps).

Adalberto Barreto (2008) built the methodology of Community Therapy and with the evolution of this work, as an extension project of the Federal University of Ceará, "the Four Varas Project" was created, this project has expanded to serve as a venue for weekly community meetings and with workshops specialized in the problems of body and soul, such as: self-esteem stimulating experiences, massage and theater workshops, manufacture of herbal medicines through the Live Pharmacy, healing home with the mourners, memory house, community school.

For the data collection, the researchers conducted six semi-structured interviews. Thus, five females and one male participated in the study, who agreed to participate as volunteers. The interviews were seized through notes and voice recording and

took place in the project space, where community therapy takes place.

Minayo (2006) points out that scripts should serve as reminders and should be constructed in a way that allows for flexibility in the conversations and brings questions of the interlocutors as their structure of relevance. Still referring to the author's idea, it should be noted that any participant observation should also be recorded in a field diary. This instrument is of paramount importance to the respondent, because it is where all information other than interview records, such as informal conversations, behaviors, gestures, beliefs and habits, will be recorded. The interviews followed the signing of the Informed Consent Term.

For that, the anonymity of the informants who received flower names and clarifications about the research was guaranteed, and subsequently signed the Informed Consent Term (TCLE). In order to select the participants of the study, we initially sought to participate in community therapy that takes place on Thursday afternoons from 1:30 p.m. to 4:00 p.m. After becoming familiar with the place and with the people, we asked randomly if they would like to participate in the study.

In the perspective of extracting meanings from the informants involved in the study, we opted for narrative analysis, guiding us in the understanding that narratives are capable of giving meaning to the whole context as the appropriate methodology for the analysis of the research data. Narrative interviews are, therefore, techniques for generating stories and can therefore be analyzed in different ways after capturing and transcribing the data.

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This research was developed with the purpose of knowing the re-significances in the care process from the mourning practices in the Quatro Varas Project. After analyzing the information, according to the method, four relevant sense nuclei were highlighted in relation to the re-significances in the care process from the practices of the mourners in the Four Varas Project: Self-Care and Cultural Practices; The Role of Mourners and Health Practices; Community, Prayer and Healing, and Scientific and Religious Knowledge.

Results and discussion

Self-Care and Cultural Practices

Bub et al. (2006) point out that self-care aims to change oneself for good, it means to be connected with truth, knowledge and action. The expression "taking care of oneself" refers to and translates an idea linked to self-care, to being occupied and caring for oneself. About this idea, the interviewees comment:

*Always when the doctor thinks I need to do exams
(Narcissus).*

*I did a blood test and got a little high glucose, but I'm
dealing with it spirituality ... with yoga with faith and I
think it works out (Rosa).*

*There's a father of medicine who says, " your food is
your medicine ", that everything is in nature, right ?! So
all I take is nature. (Sunflower).*

Regarding the self-care argument, Bub et al. (2006) understand that they are actions aimed at oneself or the environment in order to order one's own progress according to one's interests in life. The act of

having self-care are actions or practices that we carry out for our own benefit for the purpose of health and well-being. Regarding the follow-up by a health professional, the participants report:

[...] there is a mechanism called mind, thought, feeling, emotions and this is what causes the illnesses. Then caring begins in the mental, in the thoughts. Everything begins in thought, thought is everything, so this is the great challenge (Sunflower). [...] believing in my faith with nature, I believe the earth heals, I believe that sunbathing heals, I believe that water heals, so I have a lot of faith so in the four elements of nature (Rose).

Based on the interviews above, the study by Oliveira et al (2017) also recognizes that participants take care of their health in different ways and follows a regularity according to what they believe. In the authors' understanding, through cultural or medical practices, people, usually with the goal of seeking health participate in different ways of care ranging from institutional practices to practices of faith in the mourners.

The Role of Mourners and Health Practices

Rocha and Rozendo (2015) emphasize that society develops its knowledge and practices according to social reality and its health needs, called health care systems. Two dimensions stand out when portraying this system: of cultural character; which confers the concept of sick and healthy, its levels and its therapeutics. The second refers to the social character, in which the concept of health care is directly related to the presence of professionals, specialized institutions, and their norms involved as well as other practices, although not of a scientific nature but which is focused on health care as that of the mourners.

The aforementioned authors complement that, from the Brazilian perspective, the blessing is a practice that precedes the traditional medicine, since the realization of popular healing permeates the development of scientific knowledge regarding the perspective of health and well-being. Its reality reveals peculiar, sociocultural characteristics of the determined territory; in this way, the mourner acts as a figure belonging to the peculiarities of the region and usually belongs to the community that seeks it.

In this sense, Alexandre (2006) recognizes the praying woman or blessing woman as a familiar and religious cultural figure aimed at solving daily problems, and who

see their office as a gift, in which God is responsible for healing, and they are intermediate instruments for the cure to unfold, as demonstrated in the interview below:

The role of the praying woman is to lead to well-being. Because so ... Many people come to speak in prayer, but they do not know well the effect of prayers; when you take a person to the prayer, even if the person who goes, in the case of a child, does not understand, but is healed by faith. Faith makes you well. If you believe, you have a good chance of getting well, because the praying woman will say that she received the gift from God; so, if you believe it, you have a good chance of getting well, or at least improving. (Narcissus).

Some have the gift of healing, others do not. The respect the community has is for the gift it has. (Orchid).

Through the exposition of ideas presented, the presence of a mourner is related as a figure of great religious importance and culture. This personifies the community, brings the exposure of its uniqueness, taking as a note the importance of the patient to be looked at in an integral way.

One can perceive the appreciation of care and the uniqueness of each person. This reveals how this strategy, for building a more prestigious health service, respects its beliefs, its people, values different social contexts and makes it a more welcoming environment. Thus, we understand that it is a priority of the physical and mental well-being of the people and observing the singular means that can reach this objective.

Community, Prayer and e Cure

Birth (2013) refers that the mourners present a historical and religious background constituted as a social practice that presents specific domains and teachings, besides an important function in the communities, because, by means of them many problems are solved. The thesis of the author is confirmed in the speech of a mourner of the project at the age of 78 years. According to this mourner, "there is a connection between the diseases of the soul and the body. It's a question of energy, he says. In your hands you have healing energy. Faith helps in that. As I am doing the massages, I will pray. That's good." This statement is confirmed in the following reports:

It was a matter of energy, it was low, I entered the room, I was not well, then when I left I looked, and soon after the prayer I got better (Orchid).

She's a friend, she talks to us ... she says like this ... a lot of positive things for our lives ... (Lavender).

[...] thorns fall, headache, when we are not feeling well... (Rosa).

Nunes (2014) portrays that the community recognizes the role played by the mourners and the effectiveness of their healing procedures. It is possible to identify in the following statements that the community believes in the healing power of the praying women.

[...] there is a day when we are feeling down; Then we look for a praying woman. This raises the people's forces (Lavender). I had a very bad headache and I went to the doctors but I could not get better; then I went to a praying woman.,

[...] and with that prayer she made me, maybe in three days, then he healed the disease (Narcissus).

I felt good because I knew I was looking for something good for my son and if I went looking for her, it was because I believed. I felt comfortable and worked until today (Margarida).

Santos (2007) affirms that this recognition is mainly due to reports of cures, attributed to these women after their prayer, thus making the search for them strengthened and passed from generation to generation. Related to this fact, interviewees describe that:

I believe that, so if there were an effect on the neighbor on the right, the neighbor on the left when you need to go there and he will identify no. She is good. She's wonderful. She already cured my child so go there (Orchid).

According to Oliveira et al. (2017), it is possible to observe how the cultural practices reflected in the work of these women, through prayer, are present directly in the lives of the people in the community as the speech reveals, as follows: "My mother would take us, or would take one of my brothers" (Sunflower).

For Oliveira (2015), the family is the main agent of dissemination of these practices and participates in the care and maintenance of the health of its members and the community as revealed in the following interviews:

I think back to the time that we are children. The mother of us already carried ... and everything ... in the blessing women ... (Lavender).

Before, when I was a child, the people heard me speak in prayer; my parents already spoke and my parents already took people (Narciso).

It is observed that the interviews clarify that popular healing practices are part of a strong movement in our culture, because there is a historical and religious background behind such practices that offer free and easy services within the communities. In this context, it becomes significant to understand that these knowledges are passed from father to children and proven from reports by the residents themselves.

Scientific and Religious Knowledge

Costa (2014) finds it wonders how it is possible that before an increasingly modern and technological society, these practices are still sought. The sacred has contributed to this disenchantment of the world even within the historical context of modernity.

I was going to buy a wheel chair. I had fallen, I had an accident, I broke a ligament in the knee and I was mentally, emotionally very fragile, very disharmonized. I paid health insurance, I went to Physical Therapy and I had no result, because of the emotions, because of the mental that time I did not have the acknowledge what I have today. [...] (Sunflower).

When you hear " ah I went to the doctor. I had such a severe pain in my spine. Because of this pain, I have already been to the orthopedist,. I have already taken many medications " there was already in search of medicine and went to the alternative, arrived at the project four varas; the question that the therapist asks is: "Are you carrying a burden that is not yours? Are you taking those on your back? Why are you feeling so much pain in the spine? " That's where the therapist's part comes in. Then if she saw it well, if it is not of medical, pathological, it will be with speech, with love, with affection. Everything she needed. (Lavender).

Emrich, Leite (2013) reported that the search for mourners occurs mainly in rural areas or poor urban areas, since these women offer a free alternative and easy access to the health service that often does not reach these people.

In Barreto's view (2008) spirituality may be one of the paths to treatment, but never the only one. The author assures that "it is important that all dimensions are interconnected. No one should treat himself with medicines, just as one should not deal

only with spirituality. Medicine and spirituality unite in design four sticks in a holistic way. "

In this context, Oliveira (2015) understands that the partnership between popular medicine and health services optimizes the service. And that the aggregation of the mourners in the routine of many health teams in the families of Ceará resulted in a decrease in infant mortality, because the mourners are informed about the use of oral serum to prevent and treat infant dehydration. Emphasizing that health promotion combined with other personal skills is an important tool for disseminating information and leading to better health, as the project therapist states:

Other health facilities are already doing this. We receive from all, we receive. The CAPS already sends because here is a quality SPA, mental health right?! But in the health unit we receive from all the places like, "Bom Jardim", "José Walter". I got a lot of mail myself and the doctors sent me here. So they're giving so much more value. I did not have that before. " Oh, you know the four Varas? " " No! " " Nor a Massage Therapist? " " No! " Today the rulers hire praying women already hire a to professional to do the job that once was done the by the praying women ... if you enter the women's hospital, the first photo you have is Aunt Zilma the size of the entrance. A hospital! So they thought it was too valuable that her picture was there. She is a praying woman (Orchid).

Thus, we can recognize an approximation between scientific and cultural knowledge, it has been shown in the project four sticks; this is due to the referrals of the Unified Health System (SUS) to the Family Health Program (PSF) located in the same place of the project, based on an agreement signed with the city of Fortaleza.

The project receives referral from other PSF posts throughout the capital as a form of alternative treatments; among these, the practice of praying. The praying woman involved in the project is Dona Zilma, of indigenous origin. The community acknowledged her as a prayer partner after a person had a bad experience in community therapy, and said that it was a "back-up," Dona Zilma was always willing to pray and from that on she became known in the community (GIFFONI, 2008).

The doctor studies a lot of time for him to identify which medication to prescribe for the patient and suddenly the same medication, the substance that he gives to a person to get good does not look good, but when

the praying woman she will use the same substance such as teas, or other things that go way faster than medicine. Academic knowledge and popular knowledge are very balanced. So much is from here our neighbor's unit, which is the health unit four sticks, the doctors receive the patient two, three times, up to four times. When they see that they have already done the exams, they already did that, did that and did not, "go to the project four sticks! ". They themselves make the referral and now they are working together with the popular knowledge. If they saw that medicine did not work, then it is not pathological knowing; so they send you to the popular knowledge that is where we welcome you and do what you have to do (Orchid).

The study starts from the assumption of the process health and care offered to human plurality and the traditional model of health care. Junges et al. (2011) attributed that the health care system is linked to biomedical model parameters whose focus is only disease and cure and considering with little importance social, cultural and psychological determinants that may be associated to the causality of the disease, and to the dispensing of medication. Facing knowledge as a holistic therapist of the project four sticks Girassol states:

With the Holistic Therapist and people in holistic practices, we feel that the human being is complex, the body is a perfect, divine gear. But there are mechanisms called mind, thought, feeling, emotions, and that is what causes illnesses. Then caring begins in the mental, in the thoughts. Everything begins in thinking; thinking is everything for us to analyze ourselves, do a self-analysis constantly of what I'm thinking, how I'm feeling, how am I living? The definition of health goes much further than healing physical pain, something that can be marketed and solved by technological means, but to have the harmony between body, mind and spirituality.

In accordance with what has been stated, it is important to rethink the importance of different related knowledge, since medical science acting concomitantly with popular knowledge and religiosity can optimize its services, since none of them holds the full knowledge of the mechanisms of the body as a form to heal diseases. By articulating them certainly the service offered to the citizen, these practices, will be complying with the principles of integrality, universality and equity of the health system in force in our country, the Unified Health System.

Final Thoughts

Through the study, it was possible to understand that, through faith, there is an effectiveness with popular practices, as a form of well-being, in certain situations and that people believe in the gift of healing through prayer.

The narratives of the interviewees were of great importance to know why the search for alternative health practices and what their influences in the context of self-care.

Thus, we understand that easy access to low-cost drug treatments has become commonplace these days. And as much as healing and care through the practices of mourners diminishes, over the years, it is still very much present in the cultural daily life in our society.

Although health demands people with an efficacy with the popular practices and the potentialities of the faith with biomedical practices are pointed out, it is considered from the epistemological point of view that neither approach is more scientific than the other, as each one allows a relative and / or partial approximation of reality. However, this distinction seems, however, to limit the multiprofessional integration, in terms of care, listening and reception, in which they can only be effectively incorporated from the true communication between popular knowledge, social actors and health professionals.

Another significant point that deserves to be highlighted in this study is that it seeks to break limits, in the scientific and academic environment, bringing a reflection focused on an expanded paradigm of health, which includes the vision of the totality of the human being and the subjective issues that take into account the way people experience problems. We know that the different processes of subjectivity do not occur directly and linearly, in a relation of cause and effect, but by the different representations and beliefs of social actors in relation to the processes of "living the disease". Thus, studies with qualitative approaches use methodological pathways that enable researchers to advance their understanding of health and disease processes as mechanisms of meaning and meaning and of recognition of the person as subject rather than as a reflection of other processes that constitute it.

We conclude by saying that there is no ideal model that allows us to reach an absolute truth about the use of

these complementary practices in health. In order to meet the complexity of care demands, the therapeutic project must be organized in the dimension of care, articulating the interventions, in an inseparable way, listening, receiving and drug therapy and, above all, articulating with the cultural practices of the populations.

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Author contributions

Oliveira, M. C. X. supervised the project, participated in planning, execution and writing of the manuscript. Garcêz, L. R., Viana, M. C., Souza, R. A. participated in all planning, field research, execution and writing of the manuscript. Nascimento, F. N. S. participated in the writing of the manuscript.

Competing interests

No financial, legal or political competing interests with third parties (government, commercial, private foundation, etc.) were disclosed for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.).

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