ISSN 0104-4931
Cad. Ter. Ocup. UFSCar, São Carlos, *v. 24, n. 1, p. 105-116, 2016*
http://dx.doi.org/10.4322/0104-4931.ctoAO0583

Original Article

The health of Afro-American yard people, care practices, and occupational therapy: a possible dialogue?

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Abstract: This article is the result of research conducted at the candomblé field Casa De Iemanjá IváOgun-Té, of Jeié/Nagô nation as well as in the Unity of Family Health Osvaldo Brandão Vilela, both in the suburbs, mostly composed of the black population, in the city of Maceió-AL. The goal was to contribute to the implementation of the occupational therapy procedure in mediating necessary dialogues to implement the National Policy for the Black Population Full Health Program, focusing on the people from the candomblé fields. This is a qualitative study of ethnographical approach in which, the participating observation, the field diaries, and interviews were used as sources of registration and data production. Content analysis was used as a technique to verify the collected data, from where two theme categories emerged: The relations of the practitioners of Candomblé with health dedicated spaces issues and the perception of health professionals towards the National Policy of the Black Population Full Health Program, focusing on the people from the candomblé fields. The results showed easiness of the practitioners of Candomblé in transiting through health dedicated spaces, using the Candomblé field as a place of refuge and resolution to balance processes towards health. As of the health professionals, we observed the ignorance and disregard towards the social and cultural situation of said users and the affirmative policies from SUS to the people from Candomblé fields. The study showed that these two areas of knowledge do not have enough dialogues, making it necessary to mediate the interactions between them.

Keywords: *Health Policy, Cultural Diversity, People of Candomblé Fields, Occupational Therapy.*

Saúde dos povos de terreiro, práticas de cuidado e terapia ocupacional: um diálogo possível?

Resumo: Este artigo é resultado de uma pesquisa realizada no terreiro de candomblé Casa de Iemanjá IyáOgun-Té, de nação Jejè/Nagô, e na Unidade de Saúde da Família Osvaldo Brandão Vilela, ambos em um bairro popular, hegemonicamente negro, do município de Maceió-AL. O objetivo foi contribuir com a fundamentação da atuação do terapeuta ocupacional na mediação dos diálogos necessários à implementação da Política Nacional de Saúde Integral da População Negra, com enfoque nos povos de terreiro. Trata-se de um estudo qualitativo, de abordagem etnometodológica, no qual a observação participante, o diário de campo e as entrevistas foram usadas como fonte de registros e produção dos dados. Como técnica de verificação dos dados foi utilizada a análise de conteúdo, a partir da qual emergiram duas categorias temáticas: a relação dos adeptos do candomblé com as questões e espaços de saúde e a percepção dos profissionais de saúde sobre os usuários e a Política de Saúde Integral da População Negra, com enfoque nos povos de terreiro. Os resultados evidenciaram a maior facilidade dos adeptos do candomblé em transitar nos diversos espaços de saúde, elegendo o terreiro enquanto espaço de acolhimento e resolutividade para os processos de equilíbrio em prol da saúde. Por parte dos profissionais de saúde, emergiu o desconhecimento do contexto sociocultural dos usuários e das políticas afirmativas do SUS para Povos de Terreiro. Concluiu-se que tais saberes pouco dialogam, necessitando de mediações para tal.

Palavras-chave: *Política de Saúde, Diversidade Cultural, Povo de Santo, Terapia Ocupacional.*

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Received on Dec. 1, 2014; 1st Revision on Jan. 19, 2015; Accepted on May 4, 2015.

1 Introduction

This article is the result of a survey conducted in the Afro-Brazilian Culture Center Casa de Iemanjá Iyá Ogun-Té and the Family Health Unit Osvaldo Brandão Vilela, both located in a popular neighborhood of the city of Maceió-AL, mostly composed of black people. The aim of this articles was to contribute to the applicable occupational therapist role in mediating the dialogue between different knowledge underlying the health care practices, specifically those performed in Candomblé, traditional communities[1], and biomedical molds, necessary dialogues for the implementation of the National Policy on Comprehensive Health of the Black Population.[2]

The motivation for research on the health popular knowledge of Afro-American people emerged from the recognition of cultural diversity the occupational therapist faces in his various areas of work and his best personal interest to understand especially these people knowledge, as a means to reaffirm that we have to preserve it as a strength of our cultural traditions[3] and think the world differently, valuing the diversity of human existence, for the otherness and ethics in a dialogical relationship with all human beings.

Faced with the reality of dehumanization that capitalist development requires in the imagination of human sociability, we were troubling about settlers looks of academic knowledge about the popular knowledge, as if they represent a delay, invalid knowledge, and therefore they do not deserve our attention or even be seen as a possibility of interactions and exchanges.

Therefore, our attention will be done by the knowledge and recognition of the therapeutic itinerary of Candomblé people, having the fundamentals that guide their lives and practices in their traditions.[4]

For African origin religions, the *axé* is the driving force of life, being present in human beings and all the elements of nature. The *axé*, as life force, can increase or decrease, causing the balance or imbalance of a person since the herbs together with the rites have the energy and promote health as restore and strengthen function.

Recognizing the different nature of knowledge underlying the health care practices in these people health and biomedical areas, knowledge often conflicting, it is seen the possibility of the Occupational Therapy work in mediating and promoting dialogue between them. With this, it is necessary to reflect on some theoretical notes that are historically grounded in health care and can direct the practice in academic and popular fields on health.

2 Notes on health care in the traditional practices of African-Brazilian matrix

According to Czeresnia (1999), the concept of health is based and structured based on positive sciences historically, where health is the absence of disease and for which medicine directed its academic discourse and/or scientific guided in the art and the institutional organization of health practices, whose the disease and not the subject is the main object of intervention. In this view, the concept of disease was structured in a bio-Cartesian model and perceived as its own external and prior reality to concrete changes in the patients' body.

Thus, the body is disconnected from the entire set of relationships that constitute the meanings of life. Cangilhem (1978) states that medical practices end up ignoring thy are entering into a contact with a person and not just their bodies and functions. It is important to consider that the academic medical discourse tends not to contemplate the broader meaning of health and illness.

In this reasoning trying to extend the concept of health and science, Edgar Morin (2002), in *The Epistemological Complexity Problem* says it is not possible to take the concept as able to replace something that is complex, to being in its entirety. It is important to consider other knowledge in the health field, such as traditional and popular medicines, which are based on other philosophical, anthropological and sociological concepts of health to support their practice and act in a cosmological system.

According to Camargo (1976), the popular medicines are part of a historical, live and current process linked to three ethnic elements for the structure of knowledge that today are: white, Indian and black. They are part of a historical and social process that is permanently renewed in the field everyday life and the city in which healers and midwives put their knowledge to the community and thus organize their life experiences and their way of conceiving the world. Through work, they share their knowledge in the community and coping with their illnesses and ailments, producing solutions in an exchange relationship.

According to Santos (1993), African cultures brought to Brazil by black slaves by the Portuguese colonizers, printed their mark on the art of treating and caring for the health of the people. Some of these enslaved blacks were healers who, through divination practices, mystical trances, and specific rituals, they invoked the superior forces to provide advice and assistance for health problems. Thus, the nineteenth century saw to carry out, deploy and reform the elements of an African cultural complex in Brazil, which is currently expressed in the yards of Candomblé.

All the knowledge in the health of Afro-American yard people is back to a mystical structure brought to Brazil, which still exists and resists in urban centers and are responsible for the healing of their supporters.

> The liturgy of Candomblés related to the use of plants is very diverse and complex, closely linked to the pantheon of African-Brazilian cult deities, belonging to the herbs and in them, the *axé* is deposited (vitalizing force of the gods). Thus, the plants are used in fumigation, ritualistic potions in specially prepared for specific purposes such as amaci, ariaché, bori, and baths. We highlight the unloading bath, used to remove heavy fluids where there is a certain range of plants that are used; the benediction to ward off the evil eye or brokenness; the smell baths employees to maintain happiness and away the negative forces and after the imprisonment period of the initiated in the Candomblé (ARAÚJO, 1973, p. 193).

When the Afro-American yard people legitimize their practices, they design two categories of diseases: diseases of the body and the soul and/or material and spiritual illnesses. The religious experts make this classification. To these priests, Holy Mothers or Fathers, spiritual or emotional illness affects the physical body and in this case, it is essential to look for a doctor. For them, the spiritual and emotional imbalance promotes organic imbalance, the so-called "medical or of man's white coat disease", in their language. There is also the identification of bodily problems for abuses and lack of care, not directly related to the causes and spiritual and they need the only intervention of health professionals. While other problems of only spiritual origin, they receive an indication of care through religious rituals with the use of herbs and other liturgical elements, even with physical symptoms, usually cases of inconclusive diagnosis by health professionals. This classification system will allow the religion supporter or a customer to use one or another system of healing without disqualifying the non-specialist. The Holy Father or Mother recommend going to the doctor, according to the diagnosis with the help of Ifá game.[5]

The identity processes taking place in Casas de Axé or Terreiros take their supporters to become more aware of their origins and the complexity of relationships in the world. In this context, there are new ways of articulation of individual and universal aspects of identity, by the way of being and acting in the world. Hall (1999) argues that cultural identity be an integral part of national identity, understood in the game between knowledge. Therefore, it is defined as universal, stated from the history of society and a way to build senses that will give new meaning and organize our actions on the understanding we have of ourselves and the world around us.

The health of the Afro-America yard people has a specific National Policy on Comprehensive Health of the Black Population. Thus, from the perspective of the policy, considering the recognition, the stigmatization and exploitation of knowledge and therapeutic practices of the African-Indian-Brazilian matrix are fundamental (OLIVEIRA, 2003), in the same way that the dialogue between traditional knowledge in the yards and the technical expertise offered by the SUS should be promoted.

The proposal to build a policy for the health of the black population has a recent history of Brazil, having as a reference point the 3rd World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance, held in Durban, South Africa (ORGANIZAÇÃO..., 2001), and the First National Seminar on Black Population Health, held in Brasilia in 2004. In 2006, the Comprehensive National Health Policy for the Black Population was approved including its guidelines to promote knowledge recognition and health practices preserved in religious communities (BRASIL, 2009).

3 The search field and the methodological approach

This is a qualitative study of the exploratory type with an ethnomethodological approach through immersion in the research field. Recording instruments and data production used were the daily research, participant observation, and semi-structured interview. Content analysis of the thematic mode was used as data verification technique, following the propositions of Bardin (2011).

The research was conducted in the Afro-Brazilian Culture Center Casa de Iemanjá IyáOgun-Té and Family Health Unit Osvaldo Brandão Vilela, between

March 2013 to September 2014. The Center it is a Candomblé Jejè/Nagô nation yard with 30 years of history, founded on 19 February 1984. It is a charity, non-profit unit, municipal and state public utility. Babalorixá[6] in addition to being traditional knowledge holder, he is the state coordinator of the National Network of Afro-Brazilian Religiosity of Health.

The inclusion criteria for the members of the Family Health Unit (USF) was that the man was part of the mid-level of a higher group of USF health team. The inclusion criteria for the yard members was that the subject executes care practices in the yard or already have benefited from some of these practices at some point in his life. Thus, in each of the places, the project was presented at a meeting, among those who met the inclusion criteria, and the invitation to participate was performed. Thus, a group of 14 people accepted to participate in the study by signing the informed consent form[7] including five professionals of the Family Health Unit (USF) and nine assiduous members of the yard.

Qualitative methodological, theoretical assumptions of ethnomethodology were used because, according to Minayo (2012), a qualitative research is a type of research that seeks to understand relationships, values, attitudes, beliefs, habits, and representations. While ethnomethodology names the set of research strategies whose common point is the detailed description of the objects investigating, it is also known as "situated research". According to Minayo (2010, p. 149),

> The ethnomethodological of operational designs call for the direct observation and detailed investigation of the facts, in the place where they occur, to produce a thorough and dense description of the people, their relationships, and their culture.

In this sense, the research establishes or seeks to establish mediation between their frameworks of meaning and other social actors in the search field.

Besides the semi-structured interview with 14 subjects, it was also used participant observation as an instrument, in which the researcher and the researched establish closer ties. Thus, it was allowed more spontaneous and intimate statements regarding experiences in the field of research and life experiences related to the theme of the research object. Participant observation was essential in the moments that festivals and rituals of the yard were experienced, to data collection and availability of research subjects. As a registration strategy, a diary research was used that according to Barbosa (2010), it promotes a ascertained look of the research reality, including ourselves inside, with this look from the outside in and the inside out of the context in which researchers and subjects who participated in the survey are involved.

At the USF, the bond was constituted in a unique way, considering the reality of the research participants and the way of work organization in the institution in which the engagement with the issue was significant, even with a limited time to carry out the interviews due to work demands. Conversations have taken place in working hours after the sessions. Sometimes they were interrupted by the arrival of patients or the facility manager. All conversations were intense and dense, ensuring an excellent relationship building, possible by relationships marked by kindness, sympathy, attention, and collaboration. This was a very important characteristic in the research process.

With the integration of the research field, more specifically in the yard, we noticed that some people were looking at us with alienation, distrust, and others were smiling. We soon realized that it was not good to arrive at the yard and enter in the space of the other. It is necessary to have permission, and it is a process, everything has its dynamics. It should be noted, feel, cool the body, and sit at the right time, approach; without permission, we cannot circulate through the shed.

The time of living and participating in the yard´s activities provided an opportunity to dive into this rich cultural universe. Gradually, everything was becoming familiar, we could get without causing estrangement, we were feeling welcomed by all members of the house. The Babalorixá represented the link between the members of the research and us, inspiring confidence so they could share their knowledge.

Going to the research field, we felt the weight of the responsibility count on the collaboration of those who freely volunteered to participate in this study. We felt that the research no longer belonged to us and became a collective right, special and originally sacred place, where people seek meanings and build identities, strengthening and affirming their ancestors.

In this process, we understood that a previously defined literature would not give substance to the theory, but the field will provide the theory. This experience in the field has made us understand that to reach a reality that we are not familiar it never hurts humility, even if we already previously have some experience.

A sensitive listening was the most important for us, letting the subjects talk, express their views and their identification with the theme. Thus, the interviews did not follow a rigid script, with freedom for the interviewees to talk and to bring out their knowledge and experiences with the subject under study. All interviews were audiotaped, and then transcribed and the transcripts subjected to content analysis.

4 Results and discussion

Based on the data produced in the field and analyzed using content analysis technique, the following thematic categories were identified: 1) *The relationship of Candomblé supporters with health issues and spaces and* 2) *The perception of health professionals on the users and the National Policy on the Comprehensive health of the Black Population, focusing on the Afro-American yard people*, considering their context, where their experiences and health practices are.

- *The relationship of Candomblé supporters with health issues and spaces*

According to Alves and Souza (1999), the therapeutic itinerary is reflected in the processes that individuals, social groups, and communities choose, assess and adhere to certain forms of treatment in order to solve health problems. The choice of treatment is related to the socio-cultural and economic context that marks the individual and collective trajectories, in which there is a field of socio-cultural and historical possibilities.

> [...] *The Holy Father, who will tell you what needs to be done in that case. In the yard many things are produced: herbal, teas, baths productions, all this will cause your well-being. If the case is related to spiritual matters or when not, like medical cases that are resolved with teas, "lambedor" produced in the yard, like, healing – there are in the pharmacy, but in the yard there are also medications made with herbs so well handmade. There are cases that are spiritual and demand obligations and other things; there is the case to be solved here in the yard, when not, in the divination card game is said to the person to see a doctor* (Member of the Terreiros, 5).

The sense of family, of warmth, was very strong and steady in several speeches. Bastide (1983) noted that the Candomblé is a mythical family and in it, all the life, from birth to death, is marked by the mystique that rites repeat the myths and the myths narrate the events of ancient times.

> *The reason I came here was the warmth.* [...] *We do Iaô, give the bori, because bori is the strengthening of the head, it's a health thing, I'm much lighter* [...] *I like the whole process of Iaô because iaô always comes for some reason, health problem and when I see that the person is* [...] *better for me is very good.* [...] *To create is like pregnancy, in the gestational process in Camarina, only entering specific people* [...] *We will teach to pray, the precepts, there are things for all the day and night, and we will teach. Many people come here and say: I have a headache, and then they take herbal baths and the get better* (Member of the Terreiros, 6).

In this sense, Motta (1988) points out that these people have plants knowledge, with its therapeutic and "magic" properties that will guide its use and provide the individual´s recovery, process that is part of a cosmological context, caused by reducing or detachment of the Axé, in which the plant can act to restore the lost unity, that is, the health.

We noted that in initiation rituals and cults, plants are used within a set of beliefs and specific knowledge, which will feature a very peculiar cultural universe. We have seen that these plants used for medicinal purposes can be grown in their yard or purchased on the market.

> *When it comes to the yard* [...] *We use herbs: make baths, teas; the yard is not used to using pharmacy remedy because there is a herb called Anador used for pain, there is a herb called coesa for the stomach, there is chamomile, lemon balm, which is calming, there is Santa Bárbara mint to colic pain, then there are things that we have in the yard, they serve and we do not have to buy them in a pharmacy. For inflammation, we have several bushes, mastic, barbatimão* (Member of the Terreiros, 8).

The use of herbs in healing rituals is constant as well as the search for whether it is the spiritual or medical case. According to Geertz (1989), the healing rituals as a transformative process are an extraordinary web of rites and symbols, full of significance and meaning. They provide a new perception of the universe and a new position in the plot of healing for the participants, between material and immaterial, objectivity and subjectivity, in a dynamic set of health recovery. It is necessary to understand the causality of the problem and define the focus of action for healing activity, in which the "curator" and/or the entity directs the treatment,

expelling the evil, the body being strengthened with the ritual. A series of procedures are effective with the participation of the subject involved, ensuring the integrity of the body restoration.

> *In Candomblé, the teaching is passed from person to person because there is nothing written. I learned to live in Candomblé from day to day. I had a problem with my leg, I sought a doctor, and he said he wanted to amputate it because the problem was very serious; I took several shots and did not improve, so my mom searched the Holy Father, and he showed me the divinations cards and said that the problem was spiritual, then the ebô was performed. I spent six months without being able to walk. After making the offerings, another entity came, put his mouth to the wound and pulled the secretion and after some days it was dry, they used much mastics, pepper leaf samba Caitá, castor bean leaf* (Member of the Terreiros, 8).

As can be seen, the day to day allow to know the dynamics of a yard; the values that circulate there, the relationships among its members, the concept of shared and lived health by them and the ways of transmission of knowledge about health issues. In Candomblé, little is said, and it is observed a lot. Everything in detail and movements; it is required much detachment and openness to learning from the experiences, with the practices; with the look or gesture, the interaction process will effect. Everything has a time. People are holders of ancestral knowledge that are permanently updated in the here and now. Force that provides well-being and harmony marks the environment. There is an air of sovereignty and pride in the look and the body movement of the yard´s members. The memory of the past is embodied in the life of every believer. All makes sense in their cultural universe, with a whole enchantment in rituals involving singing, the strength of the drums that evoke their gods, the garments of each Orixá, the offerings that strengthen the Axé and promote health.

> *Health practices in the yard: the cure, the bath, herbal healing, divination game, ebós bori; then, they are all practices of everyday life of the yard.* [...] *What does Obori mean? Ebó in ori; ebó is an obligation and ori head; you will achieve your balance with your head. Then the whole practice of religion will be guided by health, which is the well-being and balance of the human being. Moreover, the balance between man and the gods, between man and Olorum - the Great Lord of the world* (Member of the Terreiros, 9).

For supporters, priests and priestesses of Candomblé seem to be very important to distinguish what is and is not caused by an imbalance of Orixá or Ori, the personal power of the head of the saint's son.

> *I went to the doctor; he prescribed me and I took the medicine and was good. If he was Orixá, my problem had not gone, it had not been resolved, and then I would do things of the Orixá and I was good.* [...] *The Candomblé yard is directly related to the energy of the Orixá* (Member of the Terreiros, 3).

> *My health restoration is restricted to the saint,* [...] *the Father put the divination game for me and my holy want a bori,* [...] *My health is like this: I have problem of osteoarthritis, I am hypertensive, diabetic but a while back here, in my attendance at Candomblé I improved 60% my health. I spent a year walking with crutches, I guess it was of my separation from Candomblé, when I came back, I was good, I do not walk with crutches anymore* (Member of the Terreiros, 2).

According to Buchillet (1991), in communities of African origin, called as traditional, the explanatory and therapeutic power of the disease or an individual or collective misfortune constitutes the search of meanings. Their interpretations refer to all the representations that individuals make of their activities on society and the natural surroundings. The disease is considered and analyzed in the sociocultural context, governing the appearance of a disease, the representations of the natural world and the forces that govern it and its representations, that is, it is established a relationship between the human world and the natural and supernatural world. Therefore, any interpretation of the disease is inscribed in all the sociocultural context of reference, being attributed to the disease the intervention of agents of biological, social and world order (cosmological).

The individual may or may not be directly or indirectly cause of their illness, for a socially deviant behavior or failure to comply with cultural norms. The causes are sought in the biological, social or cosmological order, and the most important fact about a disease is trying to identify it and understand its causes. Then, the causal levels of each disease are established, investigating the episodes that will support all diagnosis and treatment.

First, the subject establishes his diagnosis, along with his family members, by observing the pathological manifestations and causes of appearance. Then, the reliefs of symptoms are sought in which the treatment is done with plants through "lambedores", teas,

baths, etc. Second, the disease is classified, and the ultimate cause is sought, linking it to a particular disease of the individual in his physical and social environment. The chronic nature will put the disease on a deeper level of interpretation. In this situation, treatment will target the cosmological social cause of the disease.

> *Here we take care not only of organic health but also we care for emotional health.* [...] *We have to be well with our Orixá,* [...] *be good about yourself. Here we have to separate what is the Orixá and what is organic when Father* [Babalorixá] *says 'this has nothing to do with the Orixá, we go to see a doctor* (Member of the Terreiros, 4).

Thus, we see that the importance of Western medicine is not disregarded during the speeches of the yard members, so that they demonstrate to recognize that dialogue among different knowledge is possible, also making "referrals" to the doctor when the think it is necessary. However, the precarious public health service is also evidenced in the statements, demonstrating the dissatisfaction of the yard members when they need medical care, as opposed to meeting the health demands in the yard that as already stated, it is configured as a warm and resolute environment.

> *SUS is a chaos* [...] *health is only on paper, the promotion does not exist. There is nothing to compare. In the yard, there is a health promotion. When a child is not good, the Father asks what is going on. He knows when you're not cool.* [...] *When it is to be solved, here is resolved* (Member of the Terreiros, 4).

Thus, we see that the relationship of yard members with scientific knowledge, with the affirmative action policies and the use of USF, appears to be more quiet and bigger than the presented by health professionals to popular knowledge, the affirmative policies, and the yard, as discussed below.

- *The perception of health professionals about the patient and the National Policy on Comprehensive Health of the Black Population, focusing on yard people.*

Concerning to this category, it was visible in the practices and speeches of USF professionals, the ignorance of the National Policy on Comprehensive Health of the Black Population, focusing on yard people. Health professionals demonstrate an awareness of the existence of various religious communities in the territory in which is located the unit, mentioning a few and their practices, but always superficially, from hearsay, as excerpts of the following interviews:

> *I know that there is a yard behind the unit, just around the corner.* [...] *I know that the community has a lot, but I do not know. It was something that I was thinking, in these ten years, I never attended anyone who has said to be part of the Candomblé. In my service, I seek to know if there is any restriction on some food* [...]. *In fact, the Candomblé never* (Member of the Health Unit 4).

> *I do not know the health activities of the yard people. I do not know! I've heard of herbal baths that they use, but never had the opportunity to closely follow. I never perform care in the yard. I did not do something different* (Member of the Health Unit, 1).

> *I do not know anything about black culture.* [...] *I am not aware. What I realize is that culture is great, but specific to the yard of people do not see.* [...] *At least, here we do not do it* [...]. *I've heard they have teas, healing rituals. They participate and believe in their practices and that we know that aid in the health reestablishment* (Member of the Health Unit, 5).

The shallowness of knowledge about the National Comprehensive Health of the Black Population Policy by professionals is evident. Another issue is how the work processes at USF are organized is placed by a professional, as an element that hinders the establishment of dialogue and even the planning or implementation of a joint action with the yard members who perform actions healing.

> *We have difficulty forming a group, extrapolate the conventional outpatient treatment at the Health Unit. The Health Unit does not give this structure. So,* [what is done] *is to make an appointment. You assist and go* (Member of the Health Unit, 3).

The testimony of the respondent meets Barros (2004, p. 91) arguments when he says that the health policy "has enough power to promote new needs and lifestyles consistent with the structurally necessary standards and values." However, the problem of the relationship between technical and population using health services is effective at an institutional level, in the midst of contradictions and paradoxes that are present in society and culture. We also found statements that contradict the principles recommended by the National Primary Care Policy (PNAB), according to which services should develop a comprehensive care which impact on health status and autonomy of people and the determinants and

health conditions of communities with focus on prevention and health promotion and appreciation of cultural diversity of the territory (BRASIL, 2012).

> [...] *It is difficult to make prevention and promotion when the place you are working on is dressing* (Member of the Health Unit, 1).

> [...] *In the context of the health unit, professionals are very technical, they give more emphasis to the clinic* (Member of the Health Unit, 2).

The unprepared, due to lack of initial and continuing education, to deal with the specifics of ethnic and racial groups who share their culture, was an issue that emerged significantly in this thematic category.

> [...] *I never received specific training* [...] *I know these practices because I was already visiting. I never realized any care in the yard site. I have assisted several people who frequent the yard. So, I have this experience, because when I found, I question to see the environment that he lives, how is his life, what is his work. If I'll know that person's life, I'll know which direction he has.* [...] *I never heard of SUS affirmative policies nor in health policy for the people of yards. I never knew. Never had a seminary, something that health gives* (Member of the Health Unit, 2).

> *We know that health is not only about the body, it is facing a context, and then surely they* [yard people] *have, but we have no knowledge. Here the doctor, not all, of attention, the complaint brought by the user, it does not focus on it* [...] *because unfortunately the system is overloaded* [...]. *I never performed an action in a yard* [...] *I know nothing of its policies in the SUS. We know the basics and have no preparation for dealing with the individual peculiarities.* [...] *It would be interesting differentiated work to such people, know more their culture,* [...] *their practical for us to do a link of the two sciences* (Member of the Health Unit, 5).

From the statements above, we can say that there is some recognition by the professionals of the importance of considering cultural aspects in addressing the health of people. However, there is a lack of knowledge about the affirmative action policies and a separation from the yard space, evidenced by the fact that USF's professionals have never performed an action in the yard, even being in the same territory. Thus, although some professionals seem to show signs of a more delicate look at identity and cultural context of the service´s user may be it is not possible in this case to speak of a dialogue between these different practices of care, but perhaps an approximation, affection.

In this sense, we think that the recognition and appreciation of the cultural diversity of the territory are an important step toward a possible dialogue between knowledge and practices. Knowledge of affirmative action policies could also contribute to this dialogue, benefiting the patient through attention that values and consider their cultural universe. Thus, we see that some practitioners can advance and signal opportunities and necessity of dialog, even with institutional boundaries that can hamper the integration and exchange of knowledge among the subjects studied of these two spaces.

> *Health rules do not exist, there is accommodating to solve* [...] *I have over 20 years of experience. I know several yards, even I visited them* [...] *They use many herbs and baths, both fragrant herbs such as smelly, the fragrant is for protection, and smelly is to clear evil. Occasionally, they ask you to have a salt bath from the neck down, pick lavender and put in the water, swim to open the roads.* [...] *Here is a lady whom I assist,* [...] *she is considered crazy because when she is passing a house, she knock the door and came to heal people.* [...] *It has mediumship,* [...] *I was doing a survey, I need to make my way of thinking* (Member of the Health Unit, 2).

We found that the design of actions and procedures used by the social actors were embedded in the field of socio-cultural macros processes of which they are a part. Thus, the choice of a particular therapeutic process is within the socio-cultural-historical world.

> *I never perform actions in the yard. I have assisted people who are attending the yard; they say that is the practice of faith. I try to understand that some patients have this kind of faith and practice. They interpret some psychic phenomena in a particular way, then it is important to know that this person has a lifestyle, and that to certain sensations or experiences bring it as something normal, spiritual, so I try to understand the patient and his way.* [...] *Knowledge of the patient's belief helps us to understand and not create prejudice* [...] *it helps to know the faith that the patient practice* (Member of the Health Unit, 3).

Despite the strangeness and separation of some of the professionals about care practices in the yard, we noticed that others recognize the existence of knowledge that needs to be considered in their professional action, recognizing, as well as emphasize by Alves and Souza (1999) that the treatment of choice processes are significant human actions and

are closely related to the intersubjective world in which individuals seek to establish meanings with their worldviews.

5 Social Occupational Therapy, cultural diversity and mediation dialogues

According to Barros (2004), the emergence of the social issue in Occupational Therapy was by theoretical analysis whose perspective the understanding that the illness is the result of individual, social, medical and existential phenomena, which are assigned different meanings. Therefore, the illness is not disconnected from the reality of the subject. This perspective is the result of a critical vision started in the profession in the 1970s, and depth in the following decades, so that, from the 1990s, the debate pointed to the importance of Social Occupational Therapy as a conflict and cultural negotiation and relational measurer.

Thus, the Social Occupational Therapy incorporated for it the study categories such as culture, social conflict, exclusion and marginalization, citizenship, public policy, among other issues that are fundamental to the practice of occupational therapist. With that, the area started to develop theoretical and methodological resources, based on the critique of institutionalization and medicalization of social problems, and the establishment of recognition processes and implementation of the universal nature of social rights.

For Barros (2004), the assistance transformation work demanded an interdisciplinary and inter-sectoral competence, which caused innovative responses to newly created services, and must transcend the clinic and confront with the territory., In the field of theoretical and practical knowledge, it is important to reflect, articulate and produce knowledge at the level of micro-and macro-structural, political and operational and attention to the particularities of the subjects. Therefore, for the realization of these propositions, occupational therapists need to review and reform concepts to reorient their professional do.

For this, we need to understand health and disease as social production, breaking with the separation between scientific and popular knowledge, reason and emotion, objectivity and subjectivity, individual and collective, technical and political, since these dichotomies disregarded the experience of sensitive and lived, the real and the imaginary. It is clear, then, that social services such as the health can promote changes in its organization and operations, to promote new consistent practices with the different socio-cultural realities.

Understanding that the forms of construction of knowledge and its transmission are distinct from traditional knowledge and scholars, built in the areas of training of health professionals, it is essential as a mediator and stimulator of interaction between them, to build practices with respect to another, highlighting the otherness and promote emancipatory actions. Therefore, in this field of tension and conflict permeated by prejudice and vulnerabilities, the professional practice of occupational therapist is called to mediate and strengthen dialogue.

The challenge is to create means of promoting this dialogue between the various actors in the territory, including professionals from USF, the members of the yard responsible for health practices and the community. We believe that the creation of space in the territory that can be configured as a center of coexistence and culture can constitute an important means for community articulation. Space to be used for carrying out various activities that contribute to the recognition of cultural diversity, rescue, and maintenance of local memory, for the dissemination of scientific and traditional knowledge and practices, strengthening community ties and settling possible disputes arising from the diversity of beliefs that inhabit the same space. The exploitation of existing devices in the territory as a community association, clubs or the yard can also be a place to do so, in the impossibility of creating new equipment.

Next to USF, the occupational therapist may be widespread assertions of the Unified Health System policies (SUS) and reinforcing the key role of the professional for their enforcement. He can also create strategies to bring together USF professionals in the yard, to establish partnerships, since the care in one of these areas does not negate the existence and care practices on the other when there are mutual respect and appreciation of differences. The joint workshops for members of the yard running care practices in health and USF professionals can be an effective strategy for the exchange of knowledge and redefinition of possible existing relations, marked by prejudice.

These are just some examples of actions that the occupational therapist may be resorting to mediate dialogue in the context under study, but it is up to the professional to identify the characteristics and potentials of reality in which he appears and articulates with his expertise, ethical and political to establish action strategies.

From the reality studied, we observed that this dialogue is presented as indispensable for the realization of SUS affirmative action policies, such as the National Comprehensive Health of the Black Population Policy for comprehensive care to target individuals of these policies. However, we know that dialogue is not always easy or peaceful, since the knowledge depart values and views of the different world, often irreconcilable.

In this discussion and acting field, the concept of social networking is recovered as part of a professional action of the formulation in the Social and Occupational Therapy from the recognition that working together means the exchange of knowledge: only path to a shared professional action through dialogue. This is not rhetoric, but to assume that we live in a context of social chains of interdependence (BARROS et al., 2007).

According to Barros et al. (2007), valuing diversity with provocation for theoretical reviews and new acting formulations in Occupational Therapy means recognizing that there is a target audience, different from each other in many ways, but each person combines and performs full identities from brands common of a collective identity.

Therefore, it makes sense to say that the Social Occupational Therapy stimulates the knowledge and appreciation of specific cultural realities, like the people of the yards, where often the subjects are in a vulnerable situation as a result of social disqualification procedures ethnic and racial issues. Thus, currently, the National Policy on Comprehensive Health of the Black Population demand the work of professionals who can mediate dialogue, make cultural negotiations and strengthening these collectives and their practices.

In this field, it is required the capacity of the professional to build consistent interventions with cultures of different groups and communities and the real social needs, fact determining a break with standard actions by pre-established and conservative technical procedures. For this to be possible, it is necessary to redefine the activity being constituted as an instrument for the development of the individual with economic, socio-political, cultural and affective dimensions (BARROS et al., 1999). By being a related process, the activity becomes an important dialogue mediator feature, necessary to recognize that during the conversation may be generated conflicts since there are power relationships, which also need mediation.Our perspective is that dialogue between academic and traditional knowledge can and should be constituted as a principle underlying the operation of the occupational therapist with traditional communities and people, because we believe that the relationship of health professionals to the people of yards may or may not come to strengthen hierarchized and discriminatory relationships, depending on the professional worldview.

6 Final considerations

The research revealed a fragile dialogue between scientific and traditional knowledge, especially in the health unit. There is no understanding or knowledge of the existence of a specific health policy, guaranteed by Ordinance 971/MH, which deals with complementary and integrative practices of SUS and that meets WHO guidelines regarding the upgrading of traditional medicines, aiming at the stigmatization and optimization of therapeutic knowledge and practices of African as a fundamental matrix.

This reality opens an important area of activity for the occupational therapist as a professional who can act aimed at promoting dialogue between the different actors of the same territory. The mediation dialogues and cultural negotiations is a fundamental principle of the work of the occupational therapist in the social field, with the culture and creative activity of social interaction opportunities between different social groups. It is necessary to clear that dialogue is possible only by the dialectic, the host, the ability to move within a field plural, diverse, given the different life stories.

In this context, this article intends to reflect and build new knowledge that supports the practice of occupational therapist with the people of yards. It considers important to give meaning to the actions and activities of these people, and it is essential to approach the knowledge built academically and traditionally and establish relationships between them from the cultural elements, with the mediation of essential dialogue to effect the affirmative policies, actions that can be part the occupational therapist acting universe.

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Author's Contributions

All authors participated in the design, article writing and approved the final version of the text.

Notes

[1] The National Policy for Sustainable Development for Traditional People and Communities, established by Decree 6040 of 2007 in its article 3, paragraph I, "people and traditional communities are: culturally different groups and who recognize themselves as such, they have their ways social organization, which occupy and use territories and natural resources as a condition for their cultural, social, religious, ancestral and economical, using knowledge, innovations and practices generated and transmitted by tradition" (BRASIL, 2007, p. 01).

[2] In complementarity with the National Policy for the Sustainable Development of Traditional People and Communities, whose specific objectives include ensuring the traditional people and communities access to quality health services and appropriate to their socio-cultural characteristics, their needs and demands, with an emphasis on concepts and practices of traditional medicine, as well as create and implement urgently a health public policy geared to people and traditional communities, among others.

[3] The National Policy for the Sustainable Development of Traditional People and Communities has the general objective the recognition, appreciation and respect for environmental and cultural diversity of traditional people and communities, considering, among other things, the clippings ethnicity, race, gender, age, religion, ancestry, sexual orientation and work activities, among others, as well as their relationship to each community or people, so as not to disrespect, subsume or neglect the differences of the same groups, communities or people or even establish or strengthen any relationship of inequality.

[4] The Traditional Homes of African Matrix are now considered by the Ministry of Health as health promoters spaces for their herbal knowledge and practice of welcome and care for the people going there, which has been supporting various training activities and enhancement of its traditions. Also, the National Food Security Council (CONSEA) recognizes the role played throughout history and today, the traditional communities of African Origin, for the food and nutritional security of a large number of black and peripheral people in extreme poverty because it is the food a fundamental principle of socio-cultural practices inherent in these traditions.

[5] The divination card game, with whom the priests and priestesses perform their diagnosis and advise on the procedures to be followed in the care required of the son or daughter of a saint, or even a consultant.

[6] Babalorixá is the name given to the priest of the Orixá do Culto de Ifá, the Jejè and Nagô cultures.

[7] The project was approved by the Ethics Committee on Human Beings Research of the State University of Health Sciences of Alagoas.