

## BETWEEN WATCHING OVER AND CARING: MEANINGS ABOUT HEALTH-DISEASE IN UMBANDA LEADERS<sup>1</sup>

**Fabio Scorsolini-Comin**<sup>2 3</sup>, Orcid: <https://orcid.org/0000-0001-6281-3371>

**Ettore Fonseca Scalon**<sup>4 5</sup>, Orcid: <https://orcid.org/0000-0001-6296-3978>

**Alice Costa Macedo**<sup>6 7</sup>, Orcid: <https://orcid.org/0000-0002-0955-1218>

**ABSTRACT.** Through health anthropology we can understand the umbanda terreiro (specific place for the religious ritual) as part of a popular system of care. This study aimed to investigate the conceptions of health and illness produced by saint keepers of umbanda terreiro. Ten leaders of the terreiros in the city of Uberaba (MG/Brazil) participated, being three women and seven men, between 40 and 76 years old. The average time of performance as a manager was 18.4 years, ranging from 5 to 43 years. The terreiros led by these participants attend between 15 and 280 people working day. The health care offered by saint keepers exceeds ritual limits in public ceremonies and is provided on a continuous basis in the terreiros. The postures assumed by the interviewees involve actions of listening, welcoming and physical proximity at the moment of urgency. From the narratives, it can be concluded that care, in the sense of managing the space of the terreiro, both spiritually and materially, can not be dissociated from caring, meaning saint keepers as important popular health.

**Keywords:** Healing by faith; ethnopsychology; health anthropology.

## ENTRE ZELAR E CUIDAR: SENTIDOS SOBRE SAÚDE-DOENÇA EM DIRIGENTES DA UMBANDA

**RESUMO.** Por meio da antropologia da saúde, podemos compreender o terreiro de umbanda como parte de um sistema popular de cuidado. Este estudo teve por objetivo investigar as concepções de saúde e doença produzidas por zeladores de terreiro de umbanda. Participaram dez zeladores de terreiro da cidade de Uberaba (MG/Brasil), sendo três mulheres e sete homens, com idades entre 40 e 76 anos. O tempo médio de atuação como dirigente foi de 18,4 anos, variando de cinco a 43 anos. Os terreiros chefiados por esses participantes atendem entre 15 e 280 pessoas por dia de funcionamento. Pela análise das entrevistas, destaca-se que o cuidado em saúde oferecido pelos zeladores ultrapassa os limites rituais, nas cerimônias públicas, sendo prestado de modo contínuo nos terreiros. As posturas assumidas pelos entrevistados envolvem ações de escuta, acolhimento e proximidade física no momento da urgência. Pelas narrativas, pode-se concluir que o zelar,

<sup>1</sup> This article was developed with funding from the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq), through a Research Productivity grant granted to the first author.

<sup>2</sup> Universidade de São Paulo, (USP), Ribeirão Preto-SP, Brazil.

<sup>3</sup> E-mail: [fabio.scorsolini@usp.br](mailto:fabio.scorsolini@usp.br)

<sup>4</sup> Universidade Federal do Triângulo Mineiro (UFTM), Uberaba-MG, Brazil.

<sup>5</sup> E-mail: [ettore.scalon@gmail.com](mailto:ettore.scalon@gmail.com)

<sup>6</sup> Universidade Federal do Recôncavo da Bahia (UFRB), Amargosa-BA, Brazil.

<sup>7</sup> E-mail: [alicemacedo@ufrb.edu.br](mailto:alicemacedo@ufrb.edu.br)



no sentido de gerenciar o espaço do terreiro, espiritual e materialmente, não pode ser dissociado do cuidar, significando os zeladores como importantes agentes populares de saúde.

**Palavras-chave:** Cura pela fé; etnopsicologia; antropologia da saúde.

## **ENTRE CELAR Y CUIDAR: SIGNIFICADOS SOBRE SALUD-ENFERMEDAD EN LOS LÍDERES DE UMBANDA**

**RESUMEN.** A través de la antropología de la salud podemos entender el terreiro de umbanda como parte de un sistema de atención popular. Este estudio tuvo como objetivo investigar las concepciones de salud y enfermedad producidas por los cuidadores del terreiro de umbanda. Participaron diez cuidadores de terreiro de la ciudad de Uberaba (MG/Brasil), tres mujeres y siete hombres, con edades comprendidas entre 40 y 76 años. El tiempo promedio como gerente fue de 18.4 años, que van de cinco a 43 años. Los terreiros encabezados por estos participantes atienden entre 15 y 280 personas por día de operación. Del análisis de las entrevistas, se destaca que la atención médica ofrecida por los cuidadores va más allá de los límites rituales, en ceremonias públicas, que se brindan continuamente en los terreiros. Las actitudes asumidas por los entrevistados implican escuchar, acoger y proximidad física en el momento de urgencia. A través de las narrativas, se puede concluir que el cuidado, en el sentido de administrar el espacio del terreiro, espiritual y materialmente, no se puede dissociar del cuidado, lo que significa que los cuidadores son importantes agentes de salud populares.

**Palabras clave:** Fe curativa; etnopsicología; antropología de la salud.

### **Introduction**

Although the relationships between psychology, religiosity, and spirituality predate the scientific status of this field, there is a growing research interest that explores how religiosity/spirituality (R/S) can interfere both positively and negatively with health outcomes. The scientific literature has therefore highlighted the associations between R/S and the processes of health, illness, and coping with adversity (Braam & Koenig, 2019; Trevino & Pargament, 2017).

The present study focuses on the relationships between R/S and health, based on the Umbanda scenario and as a primary source of information, the saint keepers, popularly known as Fathers and Mothers of saint (Pais e Mães de santo, in Portuguese), leaders of institutions that offer health care in mediumistic consultations and participation in public ceremonies known as giras (Portuguese term referring to the act of turning the body, but which is the way to call a typical Umbanda ceremony, ritual, or meeting). Regarding the terminologies adopted from now on, in this study we refer to the heads of the terreiros as 'saint keepers' or 'spiritual leaders' since during contact with these people, they used these terms, assuming that no one can be 'father' or 'mother' of a saint, but to watch over and care for the saint. Thus, saint keepers and leaders compose native concepts. This explanation is necessary, given that the way these categories are represented in scientific studies may differ from the way we use them in the present study. To this end, it is essential to problematize the presence of these interlocutors in academic studies, as we discuss below.

To become a saint keeper in Umbanda, unlike Candomblé, there is no need for the spiritual initiation ritual. The making of a saint in Candomblé is a process that involves a

series of obligations, such as isolation and rituals to cleanse the body and spirit based on specific guidelines through the game of shells or the Ifá oracle (Camargo, Scorsolini-Comin, & Santos, 2018; Goldman, 2017). In Umbanda, there is no consensus on how this preparation should take place to occupy such a position, which allows the construction of different rituals depending on the *terreiro* analyzed.

In terms of formation processes, the oral tradition in African-based religions is fundamental even though, at the same time, there are studies, books, and courses on Umbanda, for example. Much of the knowledge is acquired through practice and direct contact with the leaders (Brant Carvalho & Bairrão, 2019), which helps to explain the diversity existing in Umbanda *terreiros* not only in terms of organization but also rituals and, consequently, of processes of formation or spiritual development. In the context of Umbanda, these processes are suggested to have not only guidelines on what to do and how to proceed and organize a *terreiro* but also notions about illness, health, and healing.

Studies highlighting the need to investigate the health-illness process relationships and the R/S dimension (Helman, 2009; Lages, Silva, & Ribeiro, 2019; Laplantine, 1986; Rabelo, 1994; Trevino & Pargament, 2017) present the possibility of understanding together with saint keepers and Umbanda leaders, how they apprehend the processes of health, illness, and healing. There are foundational works on the subject, starting with Nina Rodrigues and Arthur Ramos in the first half of the 20th century, with their classics on health and illness in religious traditions. However, these studies position have an ethnocentric and racist perspective by attributing psychological interpretations to African-based cults and producing understandings that pathologize the expressions of adherents in these rituals (Ramos, 1940; Rodrigues, 2010). These criticisms have increasingly expanded in the academic context and also from social movements, allowing the revision of these propositions. In a dissonant proposal to those cited above, we can mention the works of Montero (1985) on health and illness in Umbanda, Aubrée (2006) on mental health in the Brazilian magical-religious sphere and in the field of ethnopsychology, Lemos and Bairrão (2013) on the meanings of illness and death in Umbanda *terreiros*, studies that aim to value otherness.

The hypothesis defended here is that the notions about health, illness, and healing in the religious context of Umbanda may be directly involved in the way in which services are provided to the public when they complain about illness, as well as the itinerary followed by the adherent due to guidelines prescribed in mediumistic treatments. In the Brazilian scenario, most studies on Umbanda work with incorporated mediums (Brant Carvalho & Bairrão, 2019; Macedo, 2015), there is still little space for understanding mediums and their ways of life, views on religion and insertion in a health care network (Rabelo, 1994; Scorsolini-Comin & Campos, 2017).

Based on the above, saint keepers are considered to have the role of mentoring and guiding the mediums in the incorporations and services they will provide, as well as their process of spiritual development in the *terreiro*. Within the oral tradition and the way Umbanda teachings are passed on, we consider it essential to understand the vision of these *terreiro* leaders since they will develop or 'teach' the mediums within their homes who, after spiritual development, will meet various demands of those who arrive at the *terreiro* for consultations.

The demands highlighted here refer, above all, to health, which finds in Umbanda an embracing context (Brant Carvalho & Bairrão, 2019; Macedo, 2015; Scalón, Scorsolini-Comin, & Macedo, 2020; Scorsolini-Comin & Campos, 2017). Illness can be understood as

a process that is built from the experiences of the individual and the social environment in which they are inserted, creating meanings from their contact with spaces where illness/care is present, such as the family, formal health services, and the community. These spaces create ways of perceiving illness and care beyond the individual. When the patient transits through health devices, they begin to question the limits of formal and cultural care. In this sense, we can understand Umbanda as a cultural network of care in the health-illness process, which also provides elements for understanding and meaning of what is felt by the individual (Montero, 1985; Silva & Scorsolini-Comin, 2020).

Considering health anthropology (Helman, 2009; Laplantine, 1986; Silva, 2019), we sought to understand the relationships and importance of the *terreiro* for the community, regarding Umbanda as a cultural network of care, as well as its history and importance in the Brazilian context (Brant Carvalho & Bairrão, 2019). Based on the above panorama, the objective of this study was to investigate the conceptions of health and illness produced by saint keepers of Umbanda *terreiros*.

## Method

### Type of study and ethical considerations

This is an exploratory, qualitative, cross-sectional study supported by the theoretical framework of ethnopsychology. To ensure the validity of the qualitative study, the verification items of the COREQ (Consolidated Criteria for Reporting Qualitative Research) protocol were observed. The present study was approved by the Research Ethics Committee of the Federal University of Triângulo Mineiro (CAAE 82403718.9.0000.5154).

### Participants

Ten saint keepers of Umbanda *terreiros* participated in this study, three women and seven men, aged between 40 and 76 years. The average time spent as a leader was 18.4 years, ranging from five to 43 years. All the leaders work with Umbanda, but one of them works with Umbanda Omelokô (a cult of Nagô origin), and another with Umbanda Omelokô and Candomblé. Four saint keepers have primary education, four others have completed high school, and two have higher education. The number of people served in their *terreiros*, per meeting, is, on average, one hundred, ranging from 15 to 280.

These saint keepers are incorporation mediums and work in Umbanda *terreiros* located in the municipality of Uberaba (state of Minas Gerais, Brazil), considered a religious hub both for having been the home to the internationally recognized spiritist medium Chico Xavier and for bringing together several spiritist/Kardecist centers and Umbanda and Candomblé *terreiros*. The municipality of Uberaba is located in the Triângulo Mineiro region, where a considerable number of *terreiros* can be found, with a diversity of structures of the religious space, the organization of worship, and religious practices (Camargo et al., 2018). The selection of centers and leaders was based on criteria such as the openness of the community to research, permission from the saint keeper, consent to the collection, existence of mediumistic services open to the population, with consultations with incorporated mediums.

## Instrument

A semi-structured interview script was applied, consisting of triggering questions about the saint keeper's life story, questions about mediumistic development and acting as a saint keeper, and perceptions about mental illness, especially considering the relationships between R/S and health. As a semi-structured script, topics were created that should be covered during the interview; thus, the number of questions varied at each meeting.

## Procedure

Upon participant recruitment, visits were made to *terreiros* that were already known to the researchers and that had been investigated in previous studies, following the assumptions of participant observation. The researcher responsible for the collection visited these communities on public service days, celebrations, and parties, carrying out participant observations recorded in a field diary. During the visits, the way in which the mediums' services, lectures, and interactions between members and the community were carried out were observed. A field diary was kept to characterize the *terreiros* in terms of the number of participants, incorporated entities, number of incorporated mediums, number of people served, and characterization of the environment and population served. These records were not the subject of analysis in the present study and were used exclusively to guide data collection.

During these visits, saint keepers were invited to participate in the study and interviews were scheduled, all of which took place in the *terreiro* or the participants' homes. After consent, the interview guide was applied individually. The interviews were audio recorded and transcribed verbatim, composing the analytical corpus. The interviews lasted, on average, 40 minutes. This corpus was analyzed using thematic-reflective analysis procedures (Braun & Clarke, 2019), which involve familiarization with the theme, generation of codes, search for themes, review of themes, and production of the report. This analysis produced four themes: (1) developmental trajectories of saint keepers; (2) beyond blessings: comprehensive and humanized care; (3) self-care and the subject's involvement in the treatment; (4) Umbanda as a promoter of emotional maturity. The interpretation was based on the dialogue between the literature on health anthropology and Brazilian ethnopsychological studies on Umbanda.

## Results and discussion

### Theme 1 – Developmental trajectories of saint keepers

The first aspect to be highlighted refers to the developmental trajectories for constituting these saint keepers. The experience of becoming a leader in Umbanda and working directly with R/S is understood as a significant developmental event, representing a change in the life cycle and triggering several other transformations based on this position assumed not only towards entities and religion but also in institutional terms and the community of reference (Scorsolini-Comin & Campos, 2017).

In this sense, the naming of participants as saint keepers stands out, as announced in the Introduction. During data collection, they used this term and not ‘father’ or ‘mother’ of a saint, as they are popularly known, “[...] because no one is a father of a saint, there is no father or mother of a saint, there is a saint keeper, we watch over, we watch over the saint as we look after a child, how we look after a person, we are saint keepers” (Saint keeper 6). By social convention, the head of an Umbanda *terreiro* is also called father or mother of a saint, and the interviewees reported that they did not like this designation. According to them, the term saint keeper is more appropriate in the Umbanda scenario, highlighting the preference for this term also based on the justification of their functions within the *terreiro* and in the community, associated with care. Thus, the importance of this native category can be understood for the construction of the developmental paths of these participants.

Furthermore, some saint keepers reported the necessity to have a ‘*terreiro* mission’, which would be a mission given by spirituality, permission to open a *terreiro*, which would be endorsed by spiritual guides (Umbanda spirits). This indication would be essential for opening a house, as this saint keeper reports about mediums from her *terreiro* who took a training course in Umbanda Theology: “[...] if they don’t have a spiritual mission, there’s no point in opening any temple, then they will have difficulties” (Saint keeper 8).

In this way, it is not enough for the medium to have knowledge or training to become a saint keeper, it is necessary to be appointed or legitimized in this position, which would happen, according to her, through contact with the R/S. This mission proves to be important in the construction of the saint keeper’s identity, who begins to follow a path traced and guided by R/S and ancestry, as narrated in studies on Candomblé (Camargo et al., 2018; Goldman, 2017).

## Theme 2 – Beyond blessings: comprehensive and humanized care

Situations and events involving consultations with incorporated mediums and dialogues between the leaders and the consulters who seek the *terreiro* are recurrent in the reports of research participants. Guidance occurs both from spiritual guides, through the possession trance, as well as from the saint keepers of the *terreiro* without being incorporated when sought out by the community. In some *terreiros*, this guidance and counseling also take place outside the usual times of meetings during the week, when someone from the community seeks out the saint keeper at their home to obtain help with an urgent case, as explained by a leader:

I don’t have a social life, no, of course, I do, but, like, I’m here, come for lunch, knock on the gate ‘Ah, my mother’s feeling ill’, how can you not go there and do some charity work? It’s a charity, it’s not just in the shed, I’ve helped people in different ways, yes, people cutting each other, people fighting in the street, I’ve looked for people sitting on the sidewalk (Saint keeper 6).

From this perspective, ‘being a saint keeper’ in Umbanda transcends the meaning of occupying a position as leader of a *terreiro*, but it is as if this function became part of its essence, transmuting into a mission, constituting its own condition as a subject. Boyer (1999) referred to the notion of ‘gift’ based on narratives about the initiatory processes of Umbanda followers in northern Brazil. This discussion suggests that one cannot be in this position only in the ritual context or in the physical space of the *terreiro*, but the assumption of this symbolic place permeates their entire existence.

Saint keepers are sought out at different times for guidance, whether incorporated or not. In addition to blessings given by the entities, leaders consider that guidance and embracement can make a big difference for that person who went in search of help. They consider that the attention given to that person is fundamental to their improvement process, as well as the herbal baths, smokes, and spiritist *passes* (Portuguese term referring in the Umbanda context to spiritual cleansing, relief, or healing) they receive, as stated by this leader: “[...] sometimes the person just needs a hug, sometimes they don’t even need passes, they need a hug, sometimes there are people who need to be heard, just listen” (Saint keeper 10). A similar feeling was narrated by another participant: “[...] sometimes, people need someone to talk to, need a simple hug, right. I have people who come to our house today because when they arrive, they get a hug” (Saint keeper 6).

From these excerpts, the health care offered by the *terreiro*, here embodied in the performance of the saint keepers, involves not only listening to the incorporated entities (Brant Carvalho & Bairrão, 2019; Macedo, 2015) but a listening to the saint keeper, the one who also takes care of and who represents this institution. According to the reports, the care offered at the moment of urgency also emerges as a characteristic, transforming the *terreiro* space into a locus of reception, not only religious-spiritual but also social support, affection, and proximity. These perceptions also ensure the saint keeper a position of reference, given that he/she is the main actor who receives these demands, being able to give them different directions. Similar aspects were highlighted by Scorsolini-Comin and Campos (2017), associating the *terreiro* and its saint keeper as a mental health reception facility in communities where this support is endorsed and socially legitimized.

Such notes converge on the notion of comprehensiveness in health, considering subjects as totalities (Longuiniere, Yarid, & Silva, 2018). This comprehensive health care goes beyond the hierarchical and regionalized organizational structure of care, in this case, that of the *terreiro* as a popular health system, with services on specific dates and times. This attention permeates how quality is promoted in caring for the individual and their community, with a commitment to continuous learning. The Umbanda *terreiro*, as a popular health facility, despite having fixed opening hours, like formal health services, is sought after by people at all times, including outside the opening hours for adherents in public sessions. Thus, the *terreiro* is characterized as a space for constant search for guidance and treatment. In other words, approaching health literature, the *terreiro* functions as a space for comprehensive care.

In this sense, saint keepers must develop care and embracement skills daily, as they can be approached at any time by people looking for help, as reported by leaders. Requests for help address various issues, such as issues of physical and emotional illness, search for spiritual guidance, assistance in resolving interpersonal conflicts, and problems with income and employment, among others, as also mentioned in other studies (Macedo, 2015; Montero, 1985; Silva & Scorsolini-Comin, 2020). Here, these services are noted to have different natures, involving dialogue and, in some cases, physical proximity, as exemplified in the previous statements.

Six of the ten saint keepers interviewed have work activities outside the *terreiros*. Only four do not have formal work outside the *terreiro*, which does not imply that they do not have other commitments outside of religion. They need to be always prepared to receive people who come to them and, often, they arrange a visit to the person’s home or ask them to go to the *terreiro* on a specific day, outside of the *gira*. These referrals are made when

there is a demand that cannot be met in the formal spaces and times of public sessions, the giras. No referrals to formal health services were reported by these participants.

Saint keepers of terreiros provide continuous care, help, and support for those going through difficult times, be it health or another personal issue. The treatment carried out in the *terreiro* involves a humanized and not mechanized approach, that is, not just *passes* or recommendation for some baths is given and the person is released but a network of care and the possibility of listening to that person, their anxieties and desires and only afterward will some bath or ritual be indicated.

In the *terreiro*, it is necessary to initially develop a health dialogue that starts from the consulter to the entity or to the saint keeper who is there. This dialogue begins with a health complaint brought by the person seeking help. In this context, many perspectives intertwine and start to compose a statement about illness: there is the consulter who looks for solutions and answers and understands in a particular way what they feel; there is the spirit-medium dyad with its stories that interpenetrate each other and make up a specific hearing about the case; and, finally, there is a community that receives, interprets and gives meaning to this illness.

When investigating the saint keeper's conceptions about these processes (health and illness), the researcher is in a way (or indirectly) accessing these various layers of statements since all demands always reach them, being, therefore, the representative of this group that connects based on common spirituality. This health dialogue is essential for an initial understanding of what that person is feeling and how this strangeness is being translated into words and symptoms, which is related to their way of understanding the health and illness processes (Scalon et al., 2020; Silva & Scorsolini-Comin, 2020).

This initial contact and this vision of health are similar to hospital screening procedures within a biomedical model, in which symptoms are reported and, thus, the physician interprets them and gives a medication or treatment prescription (Montero, 1985; Silva & Scorsolini-Comin, 2020). Another parallel is that of the professional as someone with specific knowledge that the consulter uses to detect a certain need. The saint keeper, in the case of the *terreiro*, would also occupy this position of more knowledge, being able to guide, prescribe, and, consequently, embrace.

But, differently, in the case of the *terreiro*, the dialogue is conducted beyond this model of complaint/symptom and medication. The exchange between the guide and the consulter permeates different sectors of that person's life, which can address emotional, personal, and everyday issues influencing their state.

Because the person frequently comes looking for a cure [...]. When a person is sick, they need affection, so, in the terreiro, they will receive everything they need, because, firstly, there is no point in the person taking the medicine if they did not receive affection, right, so, they will receive it, because the first medicine when someone is sick is a hug, affection (Saint keeper 7).

Once again, the notion of embracement emerges from physical proximity, affection, and hugs. These actions can be considered humanizing in this care process. We can also understand that Umbanda has a holistic view (Helman, 2010) of the human being, not just of the disease, what causes harm. The person is seen in their entirety, seeking to meet their physical, emotional, and spiritual needs, leaving the biomedical model that focuses only on the disease, its pathophysiology, and specialized and often fragmented treatment, which also fragments the subject into parts that do not always interconnect in the care process.

In this sense, the guidance and counseling given within the terreiro covers different topics about the person's habits, social and family relationships, and work, among others, characteristic of the popular health sector (Helman, 2010). The speeches made within the terreiro, whether by an entity or by the disincorporated saint keeper, have meaning for the person seeking help, as it is a sacred place and legitimized by the consulter. The reverberation and meaning of such words go beyond the terreiro and permeate the scope of the sacred. For people who seek the terreiro, what is said in this sacred space may be more meaningful. Direct contact with the entity, from the medium in a possession trance, allows a dialogue with the sacred, with spirituality, legitimizing the guidance and counseling received.

In addition to the religious space and the intimate contact with spirituality, the guides are archetypal representations of the Brazilian people, which generates more identification of the consulter with the entity incorporated (Brant Carvalho & Bairrão, 2019; Scorsolini-Comin & Campos, 2017). The speech is simple and the guides act with humility. This identification with the entity generates in the individual, at the same time, respect for spirituality and horizontality, as it is recognized in the speech of that *Preto Velho* (Portuguese term referring in the Umbanda context to the spirit of an old black slave man representing generosity, love, simplicity, and wisdom) or the *Marinheiro* (Portuguese term referring in the Umbanda context to a spirit of a sailor, who gives guidance), for example. Ultimately, being welcomed by an entity originating from the Brazilian popular imagination promotes the feeling that one's ailments, anguish, and pain (physical or emotional) are humanly possible, real, and mirrored in familiar characters that reflect oneself and one's ancestry (Macedo, 2015).

In this sense, the *terreiro*, in addition to a health function, as a popular (folk) system, has an important function culturally and socially, referring the Brazilian people to their ancestry and origin, as well as offering signs of identification with spirituality. This is contrasted by other religions that have guides who represent people from other regions, Europeans, and with important social roles such as physicians, returning to the notion of verticality in religion, of hierarchy. This horizontality provides higher inclusion of popular classes, which can occupy a space of care/caregivers and not mere recipients within this religion (Lemos & Bairrão, 2013).

### **Theme 3 – Self-care and the subject's involvement in the treatment**

In the counseling and guidance provided to consulters, leaders also talk about self-care and the perception of oneself as fundamental to health and, at the same time, illness as the absence of this perception of oneself, the lack of care, as seen in these definitions of health and illness: "Health is being well with yourself, being well with your body, right, mentally and physically. Illness, then you don't like your body, you don't feel good about your body, either mentally or physically" (Saint keeper 5).

This narrative reveals the consideration of health as a process of balance and illness as an actor in this process, generating imbalance, reaffirming the holistic notion of care provided in the *terreiro* and making reference to the very notion of health-illness conveyed in Umbanda (Rabelo, 1994). Several social factors are also perceived as making people ill such as excessive work, lack of time, and the daily rhythm of life. These factors, according to the saint keepers, would culminate in a lack of self-care, as explained in this excerpt:

Our world today is making everyone sick, everything, everything, everything, [...] You take a person from the '90s, who lived until 90, you catch them now, at most 65, understand? [...] our own food, exhaustion, selfishness, lack of self-love, and most serious of all, lack of faith (Saint keeper 6).

Although this statement contradicts the biomedical statistics about longevity and the increase in life expectancy in recent years, a reflection of various scientific advances, it attributes elements such as selfishness, lack of faith, and self-love to illness. These elements would be centered on the subject and would promote illness. The subject is presented as an important instance in coping with an illness and can even take part in the healing process. The entities, in this sense, would help the subject in carrying out a so-called 'intimate reform' guiding the person so that they can look inside themselves and recognize their behaviors that often cause illness and are limiting, as brought by this saint keeper:

Self-help, self-knowledge, accepting yourself. If a person doesn't want to accept treatment, they will never be healed; it is the same thing as addiction [...] self-help first of all, I have to accept that I'm sick, I have to accept that I'm sick, and I'm going to seek help from someone, a person more qualified to help me (Saint keeper 6).

Within what is exposed in this excerpt, other statements corroborate the acceptance of treatment by people who seek the *terreiro*. Therefore, it is not just about having faith in healing and understanding it as possible through spirituality; furthermore, here we refer to the subject's involvement in this process of becoming ill and recovering, allowing oneself to be affected (Favret-Saada, 2005) by the religious phenomenon; respond to the calls, prescriptions, and interpretations of others, assuming positions and roles in which they are situated throughout this process; opening up so that the operators of that symbolic system can anchor meanings in themselves. For Bairrão (2005, p. 445), "[...] the phenomenon can only show itself in the way it happens; it reveals itself dialogically, executing the acts that are its nature".

When the saint keepers were questioned about the unsuccessful cases treated in the *terreiro*, situations were recovered of people who did not accept what the guides said, did not continue the planned treatment, or did not follow the procedures and rites requested by the entities. The subject's involvement in the treatment is essential because "[...] not everything depends on us, not everything depends on the guides, not everything depends, here you will receive guidance [...] she did not understand that she had to do her part" (Saint keeper 8).

In this sense, saint keepers explore a concept similar to treatment adherence. Despite the factors that may be associated with higher or lower adherence to formal health treatment, in the context narrated by saint keepers, adherence would depend on the subject and the way he/she is willing to take care of him/herself. Another factor concerns the recognition of the *terreiro* as a space of care and of entities as sources of knowledge that can be used in the search for health and healing. The individual must go through the process of legitimizing what they have experienced regarding the disease as an experience, not only individual but also social and cultural. By introjecting the speeches that occur within the *terreiro*, the consulter legitimizes that guidance, which becomes valid as that of a health professional, because in its process of meaning, they understand that those people are capable of giving such guidance (Silva & Scorsolini-Comin, 2020).

From this moment on, the person begins to understand that space not only as religious, but as important in the field of health (Silva, 2007). Health procedures in Umbanda go beyond the baths and rituals that are given by the guides, the way of treating the consulter

and the welcome they receive from the moment they enter and contact the members of the *terreiro* is of extreme importance for the saint keepers interviewed, as well as all the advice they receive from guides.

#### Theme 4 – Umbanda as a promoter of emotional maturity

From the leaders' speeches, Umbanda seems to promote internal and individual growth for each member based on love and charity. Charity is done through spirituality, without charging fees, and horizontally with the community (Lemos & Bairrão, 2013). By basing their work on love and charity, these saint keepers begin to experience such ideals and take them into their own lives beyond the *terreiro*, as well as transmitting these aspects to the mediums in their communities and the followers who frequent them, such as presented by a leader: "Umbanda is a path of light, of love, of peace and it is a doctrine that elevates human beings, right, a religion of charity" (Saint keeper 5).

There is an exchange between the medium and the guide they incorporate, one learning from the other. In this way, there would be a process of maturation and internal growth, as this leader reports:

Mediumship, for me, particularly, is an apprenticeship; I learn with guides and mentors who have already been here on this Earth, in this world, suffered, and today are here to teach us and be the same as I always do in my prayers, in make a better person, a better father, a better son and carry the flag, fight, you know, because spirituality doesn't come after us, God doesn't give you the gift so you can harm others, but, on the contrary, for you to help. So, that's what mediumship is; it's self-control, self-discipline, you know, proving to someone else that there is capacity, there is the possibility of having a better life, a better world, that, for me, is mediumship (Saint keeper 6).

This mutuality refers to the structure described by Godoy and Bairrão (2018). 'Inside' and 'outside' do not exist when talking about these ritual positions, medium and spirit, healed and healer. This aspect can be understood because both positions, that of a medium and an entity, are subjected to growth and learning, something that would occur together. Emotional maturity regarding mediums also involves the fact that they have/express mediumship, as they consider it a divine gift or a mission given to them to promote charity.

They also convey the idea of simplicity and care for others, as explained in this excerpt: "Umbanda is humility, it means doing good, taking care of others" (Saint keeper 6), which takes us to one of the assumptions of religion, which is precisely to provide care, generally free, to those who need it most. Humility, narrated in this excerpt, is based on non-verticality, bringing the consulter closer to the sacred and the one who cares for those who are cared for.

This proximity can also be interpreted when analyzing the relationship between the medium and the entity they incorporate, as what is said during the possession trance by the entity that is being incorporated can be introjected not only by the person in front of the guide (consulter) but also by the own medium. Thus, the entity would be advising, at the same time, the consulter who sought help and the 'horse' on which he/she is riding (a term used by entities to address the medium being incorporated, considered pejorative by many followers). For Lemos and Bairrão (2013), in Umbanda, there is no division between those who heal and those who are healed.

As previously discussed, counseling can be seen as therapeutic for the consultants, which can be expanded to mediums who receive guidance during incorporation and also

through direct contact with the saint keeper. In other words, healing is taking place at all times: when they are studying, exchanging with peers, receiving guidance from saint keepers, in *passes*, and counseling. Mediums heal in *passes* and are healed. Saint keepers heal in counseling and are healed. Adherents heal themselves while studying and improving to heal others. When they receive the researcher, they share information and knowledge. In doing so, they are caring, watching over, and healing. And they are being cared for, healed in a way.

We can consider, then, the evolution within the *terreiro* going through three distinct ways, namely: that of the consultants who seek the *terreiro* for counseling, of the mediums who guide and are guided by the guides, and also of the entities that are evolving, as mentioned in this excerpt: “[...] with their (the guides’) guidance, I think they are just evolving, you know, each time, the better they do, the more evolution they have, right” (Saint keeper 1). Thus, Umbanda can be interpreted as an institution that promotes maturity not only for those who seek help but also for those who provide care. The saint keepers, at the same time, position themselves as constantly maturing emotionally, which can happen not only from the managerial work and the guidance received through spirituality but from the role they occupy, offering listening, embracement, and affection in this equipment, reaffirming the promotion of comprehensive care.

Based on the themes produced in this study, the health model found in Umbanda and narrated by the saint keepers is described by Laplantine (1986, p. 60) as relational or functional, in which there is “[...] a thought decidedly focused on history [...]” of those who seek guidance or a cure. Illness is seen as a disorder due to an excess or lack of something, for example, an excess or lack of faith in spirituality or oneself, as discussed in the second thematic axis. Self-care and internal growth can also be associated with the relational model, working on excesses and lacks. Finally, the metaphor described by Godoy and Bairrão (2018) referring to the Moebian structure can be used here in the sense that those who care also provide care and, therefore, we cannot understand the narratives of these saint keepers in a way dissociated from their embracing actions.

## **Final considerations**

From the dialogue between health anthropology and ethnopsychology, we can highlight that the interviewees, by using the native category of saint keepers, subvert an exclusive or priority status of more knowledge associated with managerial functions in hierarchical religions, such as those of African origin, approaching those who seek help with an embracing and affectionate attitude. Such stances reaffirm that the Umbanda *terreiro* is committed to promoting humanized care. These findings strengthen the consideration of Umbanda as a popular health system with a significant role in the communities where it is present.

As limitations of the study, we highlight the difficulty of standardizing the duties associated with saint keepers in Umbanda. Despite the comparison with other religions in which these roles are more systematized, such as Candomblé, this multiplicity echoes the characteristics of Umbanda. From the reports, the way in which health is embraced and produced seems to concern its leaders beyond institutional issues or issues that can contribute to the composition of a repertoire of knowledge about Umbanda. In this way, they reaffirm their commitment to what they call charity, and here, sometimes interpreted as health care.

A still necessary analytical movement is to problematize, in these speeches, the emphasis given to the individual dimension, represented by the search for self-care and self-knowledge, which seems to be close to the Kardecist spiritist traditions present in the municipality where the study was carried out. These principles summarized in the so-called 'intimate reform' are suggested to be shared in the broader community, going through the speeches of these saint keepers. Thus, this weight granted to the individual would not be characteristic of Umbanda in general but possibly of the Umbanda practiced in this municipality or these communities. This consideration should be further investigated in future studies.

As a contribution of the present study, the group of saint keepers of *terreiros* stands out as essential health agents in their communities, not only embracing and screening demands but also producing health guidance. With regard specifically to mental illness, they may involve fundamental guidelines in mental health, such as self-care, self-perception, the existence of reference equipment, and the possibility of being treated without moral and reality judgments, also at the time of emergency in a system that, instead of fragmenting, as often observed in formal systems, integrates, expands and provides new meanings.

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*Received: Apr. 29, 2020*  
*Approved: Feb. 19, 2022*