

On traditional healing practices: subjectivity and objectivation in contemporary therapeutics

Rodrigo Barros Gewehr*
Jéssica Baêta
Emanuelle Gomes
Raphael Tavares

Universidade Federal de Alagoas, Instituto de Psicologia. Maceió, AL, Brasil

Abstract: This article is a theoretical study featuring a brief historical outline of traditional healing practices and also a discussion on their persistence and efficiency in the contemporary world, despite the advances of scientific medicine. Given the increasing relevance of subjectivity in contemporary medicine, our hypothesis aims to emphasize that the objectivation of patients by medical practices eclipses the role of subjectivity and reveals an important deficit in the therapeutics of the biomedical model. Our aim is to understand the role of traditional healing practices and how they may contribute to the medical model.

Keywords: traditional healing practices, biomedical model, subjectivity.

Introduction

In all ages of humanity – among human groups with historical records – there are accounts of the distress of people afflicted by bodily or psychic disorders and their related healing practices, be it spiritual, through rituals that invoke supernatural forces, or bodily, through healing rituals using elements of nature and mediated by representatives of the deities (priests, shamans). Prehistoric records also suggest that illness and healing have always been associated with highly symbolic ritual practices. On this subject, it is worth mentioning:

Superstition, magic and the act of healing were blended, and the figure of the physician and priest was part of this amalgamation, as attested by the man (physician) with the deer mask found in the cave of Trois-Frères, dated to about 16,000 years ago, considered the oldest depiction of an ailment healer. (Calder as cited in Castro, Andrade & Muller, 2006, p. 39)

In its early days, humanity lived in greater integration with nature and healing processes were essentially empirical, based on a mythical structure that survives to this day in more traditional populations, and even in settings deemed as civilized. Such practices persist nowadays closely linked to the learning of the various forces of nature transmitted through orality, on the one

hand, and beliefs in supernatural forces derived from religious traditions, on the other (Aguiar, 2010).

One could say that the traditional healing practices that persist over generations, despite the advance of scientific medicine, reflect to some extent (adapted to current reality) past practices, since they share similar principles: empiricism in the production of medicines, made from natural raw materials, specific rituals and the intermediation of different forms of power and/or energy, according to the type of practice and the historical context, for the accomplishment of cures.

Aguiar (2010) states that “the fragility of primitive man in the face of nature, diseases and other difficulties related to his existence forced him to rely on the supernatural as a form of protection in such an adverse environment” (p.8). However, the current circumstances of humanity do not pose the same hostility of the past, and, therefore, it now resorts to supernatural forces for different causes than that pointed out by the author.

Those who practiced healing, who had empirical knowledge of the fragility of human beings, the virtues of plants and the poisons of animals were considered to possess powers and fantastic abilities that set them apart from other men. Their healing practices, involving extraordinary rituals, made them notorious as mediators between man and gods, or between man and nature, for their ability to heal illnesses invested them with power over life and death.

Thus, healing practices were surrounded by an atmosphere that went far beyond the simple administration of medicines, the cure resulting from a process that was not only physiological, but also symbolic (Hoogasian & Lijtmaer, 2010).

* Corresponding address: poesiastododia@hotmail.com

Origins of Western medical thought

Patrons of philosophy and an intellectual reference point for various peoples, the Greeks were among the first to lay the foundations of rationality in knowledge, relying on reason to conceive their ideas and breaking with the ancient ways of representing the world. In this rupture with mythological explanations of disease, they started to employ a specific method to study the human body and nature in general. Observation became the main technique to unravel relationships of cause and effect in natural and physiological phenomena.

The rationality of Greek thought caused a discreet estrangement from religious beliefs and supported the basis of medical thought in explanations deriving from nature and man himself. From then on, healing practices based on the blend of empiricism and magic, performed by priests and practitioners, gave way to other practices seeking the best way for man to live with himself and the environment, while emphasizing at the same time the idea of an intimate relationship between man and nature. Thus, the basis for an organicist perspective of disease is launched.

In this sense, Greek thinkers were the first in Western culture to structure their knowledge from empirical observation in the form of general laws, and to produce knowledge on the notions of health, disease and cure. Formerly dominated by religious and mythological beliefs, these concepts were now influenced by philosophical and medical thought represented by names such as Pythagoras, his disciple Alcmaeon, Hippocrates and Galen.

From Pythagoras comes the concept of the passions of the soul, which had to be controlled for one to achieve internal harmony and, consequently, health. In this way, Pythagoras's contribution provided the initial momentum to break with concepts which needed to be surpassed at the time – like those associating the cause of the disease with some kind of divine punishment – and was later consolidated by his disciple Alcmaeon (Diniz, 2006).

Alcmaeon inherits from Pythagoras the notion of health-related harmony and develops the important concept of health as a *good balance of qualities*, without specifying, however, how many these qualities might be. Philolaus of Croton, on the other hand, goes a step further and defines the number four as the fundamental structural principle of body balance and, therefore, of body health (Huffman, 1993/2006; Klibansky, Panofsky, & Saxl, 1964/2002).

Although the medicine of the Pythagoreans is closely linked to the philosophical principles of the school of Croton, it partakes in the gradual consolidation of empirical medicine, which was the basis for the theory of humors.

Indeed, the doctrine of numbers, as well as the notion that health corresponds to the balance of various qualities, support the assertion that the Pythagoreans provided the conditions for the later emergence of the theory of humors, which prevailed widely in ancient medicine in different models, most noticeably in the form originated by the Hippocratic school (Jouanna, 2005; Klibansky, Panofsky, & Saxl, 1964/2002).

Hippocrates also adopts this principle of balance as a criterion of health, reaffirms the concept of internal origin of disease and develops his practice based on the theory of humors, which the Hippocratic school contributed decisively to introduce and spread. According to Diniz (2006), Hippocratic medicine was “vital for Western medicine because it defined Western and scientific medical knowledge, and was viewed as a *tékhnē*” (p. 27).

Galen, in turn, according to Castro et al. (2006), in addition to revisiting the theory of moods, “emphasized the importance of the four temperaments to health. He also considered the cause of disease to be endogenous, that is, within man himself, in his physical constitution or in life habits that led to imbalance” (p. 40).

The principal names of Greek medicine contributed to the production of a great amount of knowledge on the concepts of health, disease and healing processes, to the point of such knowledge resulting in the founding of medical schools. Thus, the first rays of a subtle scientificity begin to emerge, later enhanced by the “official foundation” of modern medicine.

Therefore, one can affirm that the foundations for the constitution of a rational and scientific medicine, with solid and reliable bases and techniques, are launched even before the requirements of scientificity become a concern of physicians in the 18th century, the period that marks the birth of modern medicine according to Foucault, (1963/2013) in *The Birth of the Clinic*:

Modern medicine has fixed its own date of birth as being in the last years of the 18th century. Reflecting on its own situation, it identifies the origin of its positivity with a return, over and above all theory, to the modest but effecting level of the perceived. (p. 10)

Therefore, as pointed out by the author (Foucault, 1963/2013), the Enlightenment is the system of thought that lays the foundation for the scientific rationality of modernity over the previous view of disease and cure. This school of thought advocates the sovereignty of reason, the unquestioned legitimacy of objective ideas based on what the eye can observe, and breaks with concepts founded on

fantastic thoughts or religious beliefs. At the time of its emergence, this philosophical school greatly influenced scientific methods and techniques, an influence that persists to the present day.

The forms of medical rationality penetrate the marvelous density of perception, offering as the first face of truth the grain of things, with their colors, their spots, their hardness, their adherence. The scope of experiment seems to be identified with the domain of the careful gaze, of this empirical vigilance accessible only to the evidence of visible contents. The eye becomes the depository and source of clarity: it has the power to bring to light a truth that it receives only insofar as it has brought it to light; on opening, it first opens the truth: a flexion that marks the transition of the “Enlightenment” from the world of classical clarity to the 19th century. (Foucault, 1963/2013, p. 12)

In this way, the legacy of the Enlightenment, besides influencing the thought of the time, laid the solid foundations for the emergence of a markedly empiricist scientific paradigm, corroborated by authors like René Descartes and Auguste Comte and the advent of Positivism. The sciences thus started following a strict method that dispenses with subjectivism and speculation in the attainment of true knowledge, which could only be validated in compliance with those predetermined patterns.

Brazilian society

With the process of colonization and the subsequent attempt to bring the colonies closer to their respective capitals, the features of European civilization started making progress in Brazil, taking roots initially in large urban agglomerations like São Paulo. Medical science, in turn, seeks to gain ground and legitimacy in the face of the traditional knowledge on disease and healing prevalent in the colony. This process, however, was not free of conflict, for

The sociocultural bases of colonial medicine were forged by the coexistence and combination of three distinct cultural traditions – indigenous, African and European – with an inexpressive participation of professionals with academic background. In fact, medicine in the daily life of the colony was almost invariably practiced by spiritual healers, witch doctors, herb doctors, faith healers, priests, barbers, midwives, bleeders, apothecaries and surgeons. The limited number of physicians available led to the abolition of the rigid social hierarchy of medicine, which in Europe reserved a distinct place for physicians, surgeons and apothecaries. (Chalhoub, Marques, Sampaio, & Sobrinho, 2003, pp. 101-102)

The process of legitimizing medical science frequently came up against the social prestige of popular therapists among both the lower classes and the elite. The official historiography on the institutionalization of scientific medicine in Brazil suggests that its hegemony was achieved in the absence of social conflicts and cultural resistance. This interpretation fails precisely to take into account the influence of traditional therapists and therapeutics. The fact is that the scant knowledge on the sociocultural characteristics of medicine in the Brazilian colonial period gave rise to the misconception that practices stemming from other traditions did not influence the late process of institutionalization of medical science that occurred over the 19th century (Chalhoub et al., 2003).

Two aspects were, in this sense, extremely important for the process of institutionalization and popularization of scientific medicine in Brazil. On the one hand, the introduction of medical education in Brazil, an initiative by the imperial government in 1832 aimed at promoting the “acculturation” of local medicine to the new trends of European medical knowledge, contributed to differentiate scientific from popular medicine. On the other hand, popular medical dictionaries, by addressing topics related to medical science in simple language (part of the strategy to popularize medical science), established a link between colonial daily life and the technical discourse of academic medicine (Chalhoub et al., 2003).

Given this context, Brazilian society was forced to rethink its system of social relations in the name of progress and a greater likeness to the model of European societies. With this premise of scientificity in mind, a veritable crusade was launched against healing practices by spiritual and faith healers and other representatives of unofficial knowledge, labeling them as archaic, outdated and criminal.

Thus, as of the mid-19th century, the reasons for assuming the scientific discourse as the only possible truth are deeply rooted in the development of colonial society under European influence, as well as in the commitment of the country’s elite to preserving their power and privileges in a context in which the pillars of this social model – slave labor, supremacy of landowners’ will and reproduction of personal dependence ties – were reaching a crisis point (Chalhoub et al., 2003).

In this context, traditional healing practices outside the official scientific medicine of the time are associated with economic underdevelopment and branded as insufficient, scarce and fraudulent by scientists. Their practitioners are likewise labeled as barbarian and backward and accused of being against civilizing progress.

The articles compiled in the work *Artes e Ofícios de Curar no Brasil* [Healing Arts and Crafts in Brazil] by Chalhoub et al. (2003) reveal that the activities carried out by non-scientific healing artisans were enormously varied, not only in terms of their practices, but also of the categories of practitioners and target audiences. Barbers and bleeders,

faith healers, shamans, witch doctors, apothecaries, homeopaths, midwives, prescribers and the like offered cures for the evils of body and soul, often enjoying the trust of those who were wary of the prescriptions of scientific medicine, as shown in the following excerpt from the work cited above:

Linked to cultural traditions strongly rooted in different social groups, these practitioners often enjoyed the preference of the sick. Men or women, black or white, rich or poor, patients had their ways of coping with disease, which most often drove them away from the dictates of scientific medicine. (Chalhoub et al., 2003, p. 13)

As stated by Luiz Otávio Ferreira as cited in Chalhoub et al. (2003), based on the analysis of medical journals: “Unable to simply denounce ‘charlatanism’ or ‘popular ignorance,’ physicians were forced to dialogue with popular medical tradition, competing under unfavorable conditions for authority in the field of the art of healing” (p.119).

This clearly reflects the case reported by Gabriela dos Reis Sampaio as cited in Chalhoub et al. (2003) in which Juca Rosa, an important black healer and religious leader in 18th century Rio de Janeiro, was visited at home by high society white women, wealthy citizens, businessmen and influential politicians, who went in search of his advice and prodigious cures.

Predominance of traditional therapists in colonial Brazil

The predominance of spiritual healers, faith healers, bleeders, barbers and all the other prominent figures of popular medicine was of paramount importance in treating diseases in Brazil in colonial times.

One of the reasons for the predominance of these popular healing practitioners was the scarcity of institutions dedicated to specialized medical teaching and care, such as clinics, hospitals or medical schools, besides the lack of interest of Portuguese physicians in settling in Brazil due to “low wages and precarious life conditions,” as Cunha (2004) explains.

In this sense, the practical use of medicinal plants was already known to the Jesuits since colonial times in Brazil. Such knowledge came mainly from the plants discovered and used by the natives, which afforded them excellent results in healing processes. As explained by the author cited in the previous paragraph, the effects resulting from the manipulation of these plants in the early 18th century were superior to those obtained from the predominant methods used in European medicine,

which in turn were based on aspects of Galenic medicine combined with the theory of humors, as revealed by the *Corpus hipocraticus*.

Even with the attempt to professionalize their healing agents, sanctioning them as representatives of science, academic medical practitioners encountered many difficulties in trying to assert themselves as professionals. There were feelings of unease and fear among the population (and also among religious authorities, especially Catholic) regarding the official medicine from Europe.

The concept of cure assumed by healers represented, and still represents, a legitimate acceptance and choice in line with the healing concepts of the population, inasmuch as the healer’s activity and practice have a symbolic power that actually encompasses popular thought, thus empowering the healer’s representativeness and action. According to Foucault (1964/2010), the therapeutic efficacy of symbolic values was

an obstacle to the adjustment of pharmacopoeias to new forms of medicine and physiology. Some purely symbolic systems retained their solidity to the end of the classical age, transmitting, over and above prescriptions and technical secrets, deaf images and symbols attached to an immemorial oneirism. (p. 336)

Thus, an entire body of knowledge composed of healing practices represented by the figures of faith healers, spiritual healers and herb doctors was surrounded by a tradition over which medicine had no control, since its healing techniques and propositions lacked the symbolic value contained in traditional practices.

From the *Fisicatura-mor* to the 1890 Criminal Code: the process of legitimizing scientific medical practice

Branded as quackery, the activity of traditional therapists and its persistence, previously characterized as magical and barbaric, started being officially legitimized through regiments such as the *Fisicatura-mor*, which sanctioned a series of crafts with well-defined activities, authorizing them to exercise the “art of healing,” which survived until 1828, by which time the Portuguese court had already been transferred to Brazil.

The crafts authorized by the *Fisicatura-mor* included physician, surgeon, apothecary, bleeder, midwife and healer. The latter were only allowed to cure “mild” diseases and/or administrate medicines made with native medicinal plants (Pimenta, 2003).

Although the regiment was intended to establish which healing crafts were authorized for each category,

it was common for barbers, bleeders and surgeons to combine their surgical practice with faith healing without any conflict.

Newly arrived slaves found support in bleeding activities, for example, due to an involvement with their own cosmology and the view that diseases, imbalances and misfortunes were caused by the evil interference of spirits. They were often sent by their owners to a bleeding master to learn the craft.

The distribution of titles to agents authorized by the *Fisicatura-mor* to carry out their activities in a legal manner contrasted with the reduced number of licenses granted to traditional therapists, who in turn enjoyed a notable preference among the population. Pimenta (2003) explains that it is possible to observe in travelers' accounts, publications and correspondence between authorities the spread of professionals such as bleeders, healers and midwives throughout Brazil with no licenses granted by the *Fisicatura-mor*. The author further tells us that these professionals would eventually legalize their activities due to forthcoming inspection, occasional denunciation or to outstrip other practitioners by acquiring an official status, especially when their activities were carried out in urban centers (Pimenta, 2003).

With the end of the *Fisicatura-mor* in 1828, a series of changes in the regiment brought about modifications in government-recognized crafts. Apothecaries, midwives or bleeders could only heal and practice their craft with a letter of introduction, the lack of which cast them into illegality.

It is important to stress that these changes to the regiment and the extinction of the *Fisicatura-mor* were encouraged by the medical community of Rio de Janeiro, who viewed the old regiment as "a monstrous tribunal, so harmful to science and the interests of humanity" (Pimenta, 2003, p. 96). Healers were not even mentioned in the new regiment, complicating the life of bleeders in 1832 when the medical-surgical academies became medical schools, offering degrees restricted to physicians, pharmacists and midwives. However, that did not deter the practice of those who were no longer recognized by law (Pimenta, 2003).

With the enactment of the criminal code of 1890, the scientific medical community was granted sole legitimacy by the state. Medical community and state then launched a joint political, legal and police enforcement persecution of traditional therapists, claiming to be protecting the population from delusional beliefs spread by the different kinds of knowledge on disease. The changes in legislation were based on the notion that medical practice should be exercised by men of science, who meet the objectives of the medical society and the imperial academy related to "population control and professional practice" (Montero, 1985, p.50).

On this topic, Montero (1985) explains that:

the establishment of medicine as the hegemonic practice did not only result from punitive and controlling measures, obviously. The development of vaccines against plagues, leprosy, typhus, smallpox, yellow fever and other diseases, and the improvement of hygiene control techniques and detection of contagious foci enabled medicine to fight effectively against contagious diseases. The extent and genuine superiority of medicine in the field of these diseases increasingly facilitated its acceptance, the expansion of its practice to all social strata and the subsequent extension of its monopoly over all therapeutic initiatives. The fact that the actual working class started to demand, as of the 1920s, the provision of free state health care gives us, to a certain extent, the dimension of the legitimacy medicine had acquired in the eyes of the social classes that until then had been the "natural clientele" of traditional therapies. (p. 54)

From then on, the practice and knowledge of faith and spiritual healers lost ground amid advancing urbanization and industrialization, the development of school education, technological progress and scientific medicine. This trend also affects rural settings, where traditional therapies were better adapted. Here also the interference of urbanization is felt, for example, in the displacement of people that ends up hindering the transmission of knowledge of traditional medicine.

Despite the attempts at officialization that served to spread scientific medicine, and despite the difficulties highlighted above, traditional healing practices resisted the isolation and attempted exclusion and survive to this day in certain settings, including urban contexts.

The subject of the current medical paradigm

The subject's place in contemporary medicine is a current and constant theme in health discussions. In this sense, this topic will be herein addressed based on the following premise: that the objectivation of the subject, practiced by scientific medicine in treating pathologies, condemns the subjective sphere to oblivion and exposes a deficit in the therapeutic proposal of the biomedical model.

Heir to modern scientific rationality, the biomedical model is characterized by its close connection with the areas of biological sciences. In this perspective, the reference points of clinical practice are disease and injury, and the physician's objective is to identify the disease and its respective cause (Guedes, Nogueira, Camargo Jr., 2006).

In this sense, Sousa (2007), in his master's thesis, underscores a fact that enables us to establish a first link with our premise, i.e., the absence of the subjective sphere in the treatment of various pathologies:

There is an axiom that continues to influence medical practices: the belief that the body is made of matter, the disease is caused by some form of matter (genes, bacteria, viruses), and the best therapeutic option is the administration of matter (drugs) or the removal of matter (tumors, organs), The body is understood in mechanistic terms, as a system of organs and parts, some of which can be repaired, removed or replaced. . . . In short, matter is attacked with matter. Side effects are often ignored. (p. 33)

Since the tradition of the body prevails and its implications are prominent in the treatment of human distress, Diniz (2006) shows us that “this rationality is at the foundation of scientific medicine, whose mechanistic and reductionist view links each emotion or thought to a specific mechanism” (p.16).

The arguments of both Souza (2007) and Diniz (2006) also lead us to reflect according to the reasoning expressed by Canguilhem (1978/2007) in *The Normal and the Pathological*. This is because if, on the one hand, “disease is that which discomforts men in the normal performance of their lives and their occupations, and, above all, what causes them to suffer” (Canguilhem, 1978/2007, p.67), on the other “anomaly is known to science only if it is first perceived in the consciousness, in the form of an obstacle to the performance of functions, or discomfort or harmfulness” (Canguilhem, 1978/2007, p. 104).

What is implied in the previous paragraph is the impossibility of conceiving disease based solely on the figure of the patient. It is necessary to resort to the discourse of the subject that is afflicted, to take into account the perspective he has of his own suffering:

That is to say, in dealing with biological norms, one must always refer to the individual because this individual, as Goldstein says, can find himself equal to the tasks resulting from the environment suited to him, but in organic conditions which, in any other individual, would be inadequate for these tasks (Canguilhem, 1978/2007, p. 144).

Regarding medical practices and the importance of the subject's perception of his own illness, it is noted that when one disregards factors such as subjectivity and/or culture, the relationship between professional and patient is mainly established on technical terms. In this context, objectifying the subject to the detriment of his subjective dimension exposes this deficit in therapeutic proposals, since, according to Porto as cited in Diniz (2006), diagnosis has been appreciated over therapeutics, inverting what should be the true goal of medical action.

One perceives that this biomedical model, centered on the disease, undermines interest in the patient's experience. In addition, with the assimilation of technology, medicine has suppressed the personal

relationship between doctor and patient, so that “currently there are resources to deal with each and every fragment of man, but physicians lack the ability to handle the same man in his totality” (Jaspers as cited in Caprara & Rodrigues, 2004, p. 140).

The rationalization of medicine, founded on the belief that human beings can be objectively and quantitatively measured, underestimates not only the psychological, social and cultural dimensions of the health-disease relationship, but also the meanings the disease may take on for the patient. Sharing with patients the experience of becoming ill requires physicians to review their understanding of the process of disease and healing, which henceforth cannot be apprehended solely in its diagnostic and prognostic dimension. In other words, the health-disease process must be now understood as a dynamic process involving not only technical but also subjective aspects of both physician and patient.

Going back to Canguilhem (1987/2007) in *The Normal and the Pathological*, when the author discusses the notions of health and disease based on the association between physiological experiments in laboratories, such notions are founded on averages obtained in scientifically controlled situations – a fact also criticized by Canguilhem – which readily shows us how distant they are from the reality of patients.

The existence of both health and disease is subject to anatomical and physiological substrates that may or may not contain some kind of pathology and which, in addition, are no longer defined by the afflicted patient, but by the diagnosing doctor. The subjective sphere of the disease experience is neglected and patients can no longer report what they feel unless their impressions have been scientifically proven and defined. So, instead of patients, what we have are sick persons. Knowledge of the disease is completely divorced from any kind of understanding of the process of becoming ill.

According to Luz as cited in Diniz (2006), this situation has led people to seek other practices that provide not only some form of therapy, but also of “care.” Medical inefficiency, especially regarding its concept of the subject and methods of intervention, enables the emergence of both new therapies, sometimes unsubstantiated, and the so-called traditional practices, which for reasons not always well grounded were degraded to the condition of fraud or superstition. As reported by Guedes et al. (2006):

We have verified in the field of collective health the rise of new approaches to the process of becoming ill, such as expanded clinical practice, humanized care, discussions on the integrality of health actions and the production of care aimed at transforming the technical model of medicine. Alongside these proposals, in recent years there has been an increasing acceptance by society of the so-called alternative medicine (p. 1095).

In addition, Le Fanu as cited in Caprara & Rodrigues (2004), in presenting some of the contradictions of the recent history of medicine, shows us that the efficacy of modern medical practice should entail the decline of “other forms of medicine”; however, a significant increase is observed in the use of non-conventional medicine in the West.

Reclaiming the status due to the term disease, and taking into consideration the developments that medical practice has undergone, we see that it cannot not restricted to a series of symptoms that meet the norms of a given culture. What we have before us, above all, is a sick person who, in the face of his condition, at the same time expresses part of his life history and gives a new meaning to the disease that afflicts him.

The main point is to think of disease not as an entity in itself, but as something conceived within a dialectical relationship in which the patient’s demands go beyond a mere diagnosis from the physician. This is so because it involves not only the need to be “healed,” but also the search for the meaning of becoming ill, an aspect often overlooked by biomedical reasoning:

Consultation with a doctor . . . is not limited to the information gathered and the objective examination of the symptoms and signs of the main complaint, as well as the aspects related to it. It involves the doctor listening attentively to the patient in search of the revealing intimacy of his unique way of being in the world, via his life projects, beliefs, feelings, thoughts and memories. This listening must be comprehensive to the point of sparking a catharsis and, at the same time, be part of the therapeutic process. The symptom brought by the patient is not, therefore, a nuisance to be eliminated, but something to be observed as an expression of the individual. (Diniz, 2006, pp. 17-18)

Diniz’s statement (2006) expresses, above all, an aspiration to humanize the relationship between physician and patient. However, as we have seen above, we may conclude that modern medicine does indeed establish an objective and objectifying relationship with both subject and disease. In addition, the practice of this medicine identified with the scientific discourse has become excessively technical, undervaluing the subjectivity inherent in the process of illness and cure.

Persistence of traditional healing practices: identifying deficits

From the topics addressed we will seek to reflect, based on our premise (that is, that objectification of the subject to the detriment of subjectivity in the treatment of

pathologies allows us to identify a deficit in the therapeutic proposal of the biomedical model), whether the implications of the objectification process could justify the persistence of the traditional healing practices herein discussed.

According to Luz (2005), the growth of “alternative medicine” occurs in both first and third world countries as of the mid-1970s, reaching its apex in the 1980s. In addition, the author stresses an important event: the emergence of new paradigms for healing and health in the second half of the 20th century – especially with the social movement called “counterculture”¹ – driven by the import of different therapeutic systems, opposed to the medical rationality prevailing in Brazil.

Regarding alternative medicine, the author (Luz, 2005) describes the existence of three large groups in Latin America with different demands by the population according to the culture of each region: I. traditional indigenous medicine; II. medicine of Afro-American origin; and III. popular medicine derived from highly complex medical systems.

Ancient and resilient despite facing cultural clashes, traditional indigenous medicine, shamanic or non-shamanic, is as a system that preaches harmony between man and nature. This medicine advocates that disease originates from the imbalance of the basic elements of life, “[and] restoring health through the intervention of shamans, or sorcerers, or other healing agents means re-establishing harmony between such elements in subjects, which are always viewed as a social and spiritual whole inserted in nature” (Luz, 2005, p.155).

Equally shamanic in origin but distinctly more religious than the former, medicine of Afro-American origin was introduced in countries of South and Central America through the practice of slavery in the continent between the 17th and 19th centuries. Luz (2005) points out that although it considers nature as a fundamental element for healing, Afro-American medicine is clearly more spiritualistic in its treatment of disease-related phenomena, with male or female priests (the so-called “father or mother of saints”) as the most important healing agents, therapeutically mediating different levels of spiritual entities and divinities.

Lastly are those therapies called “alternative” which take on a parallel or complementary role to our medicine. In general they descend from traditional medical systems linked to highly complex philosophies such as traditional Chinese medicine, Ayurvedic medicine and homeopathy, and are much in demand in the current context.

The groups described by Luz (2005) occupy an interactive, competitive or complementary position in the contemporary cultural environment, with a strong trend towards “therapeutic syncretism.” In this sense, research by

¹ A movement that emerged in the 1960s and lasted to the 1970s in the US and Europe.

Noronha (2004) highlights a few highly significant factors in understanding why part of the population continues resorting to alternative medicine:

In contemporary society the use of parallel medicine practices is established in several ways. Some people complement conventional allopathic therapy; others are radical, seeking to rely exclusively on parallel medicine practices as a reaction to (refusal of) official treatment or as a philosophy of life, also making use of alternative food, housing and customs. (p.2)

Such practices that have become alternative resist amid urbanization trends in competition with scientific medicine, demonstrating a level of refinement in urban centers, as in the work of spiritist centers, for example, whose healing principles are similar to the concepts of traditional spiritual and faith healers, performing “psychic surgery” and blessings, demonstrating a concern with the spiritual world.

In a study carried out with spiritual healers from the town of Viçosa, Alagoas, titled “Medicina popular em Alagoas” [Popular Medicine in Alagoas], José Pimentel de Amorim (1963/2006) explains some aspects of the performance of these local traditional therapists, showing the scope and nuances of the activity of such professionals:

There are male and female healers, they commonly pray and bless to cure diseases, sometimes reciting; they do more, since in addition to making medicines of all kinds, they cure snakes bites, shield the body and exorcise harmful spirits, a more delicate task which they only perform exceptionally. More common are the blessings they give; they know and recite long prayers, which are the most impressive. (p.11)

Moreover, even in urban environments, many alternative healing practices have been adapted and incorporated into social settings. Could the resilience of such practices and the widespread demand for them suggest any dissatisfaction with the resources of the doctor-patient relationship of scientific medicine?

An example of the persistence of these traditional medicine practices is the study by Lins (2013) featuring the work developed by Ribeiro (1996) with the rural community of Três Barras, near the city of Santa Maria (RS). Seeking to understand why the population of the community resorted to faith healers in order to solve the anomalies that afflicted them – addressing physical, psychological and spiritual health – Ribeiro was able to find in the statements of that population elements that justified the survival of the practice.

It was first noticed that the distance from the community to urban centers, the difficulty in reaching

them and problems with the poor and overcrowded health public care were factors that justified the search for the services of faith healers (Lins, 2013). Next, Lins (2013) reveals that blessing is an element that belongs to a universe of traditions, a practice that is consistent with the culture of the community, so that people would first resort to it and later, if the problem was not solved, seek medical practice.

Expanding the previous discussion, Quintana (1999) shows us that:

The individual may accept his illness if he is able to give it meaning. Pain is always intolerable as long as it means something arbitrary. But when it acquires a meaning, it becomes bearable. It is the quest for such meaning that makes people seek faith healers. (p. 47)

This allows us to consider a search for a healing paradigm whose focal point is therapy rather than diagnosis. In addition, we question whether factors such as the generality and detachment inherent to the ideal of neutrality and objectivity of medical science might not have posed obstacles for specific social groups, since naming the pathology seems not to have the same effect as knowing that one is being “cared for” rather than “treated.”

In addition, there are two important points here: I. The practice of faith healing as a historical and cultural survivor of the introduction of scientific medicine; II. The role of the faith healer as someone who provides the subject-patient not only with a possible cure, but also with an environment in which a new meaning can be assigned to the unfavorable life norm.²

Resuming the issue of the doctor-patient relationship, the considerations above allow us to conclude that it is historically imbued with great symbolic significance. However, the current medical context preaches a different perspective: the patient is an object of study and, later, of current technological intervention; he is a being who, viewed solely as matter, is stripped of the symbols and meanings, both individual and social, that may be involved in his illness process. What we propose to reaffirm is that:

The psychological aspect, besides the symbolic, is clearly important here, and poses for conventional medicine a key issue regarding medical efficacy and the resolvability of health issues in public services: much of that efficacy and resolvability results from the satisfaction of patients with their treatment. Such satisfaction derives, in turn, from a socially complex relationship (involving both symbolic and subjective elements) established between the two

² The term “norm” here is used in the sense employed by Canguilhem (1978/2007) in *The Normal and the Pathological*.

terms. Satisfaction, therefore, does not derive merely from technical-scientific rationality, which in fact tends to ignore the human dimension involved in the therapist-patient relationship. The success of alternative medicine practices in the last fifteen years stems largely from the way those practices establish the relationship with their patients (Luz, 2005, pp. 160-161).

Thus, the main objective of medical intervention should not be restricted to determining a diagnosis and choosing a treatment, but also include the process of health recovery and promotion. According to Lins (2013), some problems would be beyond the reach of scientific medicine, capable of being solved only by faith healing, as suggested by the statement of one of the interviewees in the author's survey: *The faith healer solves problems the doctor can't solve, the doctor can't cure shingles* (p. 578).

Similarly, the faith healer Paulo, a Santa Maria resident, states the following about the difference between doctors and faith healers:

Certain things are the doctor's job, if it's to take out one piece of matter, or put another one in, no question, that's with the doctor; when it's spiritual, that's a different case. Some people visit the doctor, the doctor runs all kinds of tests, can't find anything wrong, so they come here and I tell them it can only be spiritual. We address the spiritual side and the person is healed (Lins, 2013, p. 578).

Therefore, bearing in mind that "measuring the effectiveness of a healing practice is not a simple task, since health is a complex thing that involves various aspects of human beings, such as their biological, psychological and socio-cultural integrity" (Noronha as cited in Noronha, 2004, p. 6), the statement of the Santa Maria faith healer illustrates one of the fundamental issues herein developed, to wit, the search for a healing paradigm that goes beyond diagnosis and reclaims therapeutics as a fundamental element.

Final considerations

In this work we have tried to show that history reveals different ways of dealing with the modes of human distress, whether psychic or physical. By means of rituals that evoke supernatural forces, or the use of technical and markedly empirical resources, humans tirelessly attempt to deal with their suffering, but humanity is continuously challenged by feelings of helplessness when experiencing illness and natural or human disasters.

In the contemporary setting, medical knowledge tends to emphasize diagnosis and treatment rather than a broader and more systemic view of therapy. The effectiveness of this model, however, has been limited to the material aspects of this process, evidencing a depreciation of the subjective value inherent in the experience of disease and its respective "cure." In this way, it is observed that the unilateral nature of scientific medical action regarding the health-disease process, as well as the abandonment of a dualistic view of the subject, has overlooked the dual nature of this process, i.e., that it includes the somatic and psychic dimensions, or somatic and spiritual dimensions, if we consider certain lines of thought.

In this sense, traditional medicine, as seen in the work of Luz (2005) and Lins (2013), for example, has proposed for the health-disease process a therapeutics that addresses the patient as a whole, since ". . . healers in general and in different continents believe in the double nature of disease, that is, they consider material and spiritual aspects. . ." (Noronha as cited in Noronha, 2004, p.6). Thus, by retrieving the symbolic aspect of this process, traditional healing practices are able to justify their permanence, demonstrating that treating one aspect of the disease is not enough to address the significance of the entire disease process. It is therefore necessary to consider the knowledge of the disease – which enables medical action against it –, and the experience of illness – that relates to the way each person understands the causes, development and experience of the process of convalescence or death. That aspect, ignored by scientific medicine, might be precisely what guarantees the vitality of traditional healing practices in a world dominated by refined techniques.

Sobre as práticas tradicionais de cura: subjetividade e objetivação nas propostas terapêuticas contemporâneas

Resumo: O presente trabalho constitui uma pesquisa de cunho teórico, na qual é traçado um breve percurso histórico das práticas de cura tradicionais e se faz também uma discussão sobre sua permanência e eficácia na contemporaneidade, apesar dos avanços na área da ciência médica. Tendo em vista a importância crescente da subjetividade na medicina contemporânea, nossa hipótese visa salientar que a objetivação do sujeito doente, operada pelas práticas médicas, condena a subjetividade a um segundo plano e representa uma lacuna importante nas propostas terapêuticas do modelo biomédico. Nosso objetivo é interrogar o lugar das práticas tradicionais de cura nessa lacuna deixada pela medicina e no que tais práticas podem contribuir para o modelo médico.

Palavras-chave: práticas tradicionais de cura, modelo biomédico, subjetividade.

Sur les pratiques traditionnelles de cure: subjectivité et objectivation dans les propositions thérapeutiques contemporaines

Résumé: Ce travail est une recherche théorique où l'on esquisse un bref parcours historique sur les pratiques traditionnelles de cure et on fait aussi un débat sur leur permanence et efficacité dans le monde contemporain, malgré les avancées dans le domaine de la médecine scientifique. En rendant compte l'importance croissante de la subjectivité dans la médecine contemporaine, notre hypothèse souligne que l'objectivation du sujet malade opérée par les pratiques médicales condamne à l'oubli la subjectivité et produit une lacune importante dans les démarches thérapeutiques du modèle biomédical. Notre objectif est en est celui d'interroger la place des pratiques traditionnelles de cure dans cette lacune laissée par la médecine et comment ces pratiques peuvent-elles contribuer avec le modèle médical actuel.

Mots-clés: pratiques traditionnelles de cure, modèle biomédical, subjectivité.

Sobre las prácticas tradicionales de cura: subjetividad y objetivación en las propuestas terapéuticas contemporáneas

Resumen: Este trabajo esboza un camino histórico por las prácticas tradicionales de cura y, junto a esto, una discusión sobre la permanencia y la eficacia de estas prácticas en el mundo contemporáneo, a pesar de los progresos de la medicina científica. Considerando la importancia creciente de la subjetividad en la medicina contemporánea, nuestra hipótesis destaca que la objetivación del sujeto enfermo operada por las practicas medicas impone un olvido de la subjetividad y produce un vacío importante en las terapéuticas del modelo biomédico. Nuestra meta es investigar el lugar de las prácticas tradicionales de cura en este vacío de sentido de la medicina y se ellas pueden enseñar algo al modelo médico actual.

Palabras clave: prácticas tradicionales de cura, modelo biomédico, subjetividad.

References

- Aguiar, E. (2010). *Medicina: uma viagem ao longo do tempo* (Domínio público). Recuperado de <http://www.livrosgratis.com.br/ler-livro-online-124108/medicina-uma-viagem-ao-longo-do-tempo>
- Amorim, J. P. (2006). *Medicina popular em Alagoas* (2a ed.) Maceió, AL: Graciliano Ramos. (Trabalho original publicado em 1963)
- Canguilhem, G. (2007). *O normal e o patológico* (Maria Thereza Redig de Carvalho Barrocas, trad., 6a ed. rev.). Rio de Janeiro, RJ: Forense Universitária. (Trabalho original publicado em 1978)
- Caprara, A. & Rodrigues, J. (2004). A relação assimétrica médico-paciente: repensando o vínculo terapêutico. *Ciência & Saúde Coletiva*, 9(1), 139-146. Recuperado de http://www.scielo.br/scielo.php?pid=S1413-81232004000100014&script=sci_arttext
- Castro, M. G., Andrade, T. M. R., & Muller, M. C. (2006). Conceito mente e corpo através da história. *Psicologia em estudo*, 11(1), 39-43. Recuperado de <http://www.scielo.br/pdf/pe/v11n1/v11n1a05.pdf>
- Chalhoub, S., Marques, V. R. B., Sampaio, G. R., & Sobrinho, C. R. G. (Orgs.). (2003). *Artes e ofícios de curar no Brasil: capítulos de história social*. Campinas, SP: Unicamp.
- Cunha, C. A. (2004). *A arte de curar nos tempos da colônia: limites e espaços da cura*. Recife, PE: Fundação de Cultura do Recife.
- Diniz, D. S. (2006). *A "ciência das doenças" e a "arte de curar": trajetórias da medicina hipocrática* (Dissertação de mestrado). Instituto de Medicina Social, Universidade do Estado do Rio de Janeiro, Rio de Janeiro.
- Foucault, M. (2010). *História da loucura: na idade clássica* (2a reimpressão da 9a ed.). São Paulo, SP: Perspectiva. (Trabalho original publicado em 1964)
- Foucault, M. (2013). *O nascimento da clínica* (Roberto Machado, trad., 7a ed.). Rio de Janeiro, RJ: Forense Universitária. (Trabalho original publicado em 1963)
- Guedes, C. R., Nogueira, M. I., & Camargo Junior, K. R. (2006). A subjetividade como anomalia: contribuições epistemológicas para a crítica do modelo biomédico. *Ciência & Saúde Coletiva*, 11(4), 1093-1103. Recuperado de http://www.scielo.br/scielo.php?pid=S1413-81232006000400030&script=sci_arttext
- Hoogasian, R. & Lijtmaer, R. (2010). Integrating Curanderismo into counseling and psychotherapy. *Counselling Psychology Quarterly*, 23(3), 297-307. Recuperado de <http://www.socsci.uci.edu/~castellj/clfm/webdocs/Week%206/Required/Integrating%20Curanderismo%20into%20counselling%20and%20psychotherapy%202010.pdf>
- Huffman, C. A. (2006). *Philolaus of Croton: Pythagorean and Presocratic*. Cambridge, UK: Cambridge University. (Trabalho original publicado em 1993)

- Jouanna, J. (2005). La théorie des quatre humeurs et des quatre tempéraments dans la tradition latine (Vindicien, Pseudo-Soranos) et une source grecque retrouvée. *Revue des Études Grecques*, 118(1), 138-167.
- Klibansky, R., Panofsky, E., & Saxl, F. (2002). *Saturno e la melanconia. Studi su storia della filosofia naturale, medicina, religione e arte*. Torino, Italia: Giulio Einaudi editore. (Trabalho original publicado em 1964)
- Lins, D. A. S. (2013). benzeção em Santa Maria: a permanência de tradições de cura no contexto da contemporaneidade. *Revista Latino-Americana de História*, 2(6), 569-581. Recuperado de <http://projeto.unisinus.br/rla/index.php/rla/article/viewFile/216/170>
- Luz, M. T. (2005). Cultura contemporânea e medicinas alternativas: novos paradigmas em saúde no fim do século XX [Suplemento]. *Physis*, 15, 13-43. Recuperado de <http://www.scielo.br/pdf/physis/v15s0/v15s0a08.pdf>
- Montero, P. (1985). *Da doença à desordem: a magia na umbanda*. Rio de Janeiro, RJ: Graal.
- Noronha, M. (2004). A etnopsiquiatria na sociedade contemporânea. *Presença*, 3(28), 1-17. Recuperado de http://www.revistapresenca.unir.br/artigos_presenca/28marcosdenoronha_aetnopsiquiatrianasociedade.pdf
- Pimenta, T. S. (2003). Entre sangradores e doutores: práticas e formação médica na primeira metade do século XIX. *Cadernos CEDES*, 23(59), 91-102. Recuperado de <http://www.scielo.br/pdf/ccedes/v23n59/a07v23n59.pdf>
- Quintana, A. M. (1999). *A ciência da benzedura: mau-olhado, simpatias e uma pitada de psicanálise*. Bauru, SP: EDUSC.
- Ribeiro, M. G. (1996). *As benzedoras e os benzedores de Três Barras: A concepção do homem sagrado* (Dissertação de mestrado). Universidade Federal de Santa Maria, Santa Maria, Rio Grande do Sul.
- Sousa, M. F. B. (2007). *A superação do dualismo cartesiano em António Damásio e sua contribuição para as concepções e práticas médicas ocidentais* (Dissertação de mestrado). Faculdade de Filosofia de Braga, Universidade Católica Portuguesa, Lisboa, Portugal.

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