

Disease, health and religious therapies: a comparative perspective between candomblé and neopentecostalism

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Abstract

It's not new the idea that religious cosmovision drive perspectives and practices that are social and culturally shared. Sociology and anthropology of religion have already proved that religion is a social construct and its notion is based on cosmologies which allow followers attribute meanings to reality. From the idea that religious discourses establish specific practices, this paper aims to present, in a comparative perspective, the notions of disease, health and some therapeutics practices used by candomblé and neopentecostalism religions. It's in the center of the research the discussion that religious discourse results a particular vision about body, health and curatives practices. Both religions analysed present particular aspects, for their approaches and detachment and they're important and representative segments of plural religious camp in contemporary Brasil.

Key words: disease, health, religious therapies, neopentecostalism, candomblé

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Doença, saúde e terapias religiosas: uma perspectiva comparativa entre o candomblé e o neopentecostalismo.

Resumo

Não é recente a ideia de que as cosmovisões religiosas orientam perspectivas e práticas que são social e culturalmente compartilhadas. A sociologia e antropologia da religião há tempos provaram que a religião é um construto social e sua noção está alicerçada em cosmologias, as quais permitem que seus adeptos atribuam significado à realidade. Tomando por base a ideia que os discursos religiosos estabelecem práticas específicas, este trabalho tem por objetivo apresentar, em perspectiva comparada, as noções de doença, saúde e algumas práticas terapêuticas utilizadas pelo candomblé e religiões neopentecostais. Encontra-se no bojo do trabalho a discussão de que o discurso religioso implica noções particulares sobre corpo, saúde e práticas curativas. As duas vertentes religiosas analisadas apresentam especificidades, tanto por suas aproximações quanto distanciamentos, e configuram-se como importantes segmentos do amplo campo plural da religião no Brasil contemporâneo.

Palavras-chave: doença, saúde, terapias religiosas, neopentecostalismo, candomblé

Introduction

This work aims to present, comparatively, the notions of illness and health, and some therapeutic practices used by some African Brazilian religions, the “candomble”, as well as Christian neo-pentecostals. These two big doctrines are part of the wide Brazilian religious field, identified by its pluralism and diversity. They also show a big internal diversity, which means that each one of them cannot be thought as homogeneous blocks, but as different spaces in terms of moral and forms of dealing with the sacred.

The religious groups, Candomble, Igreja Universal do Reino de Deus (IURD – neo-pentecostalist) and Igreja Internacional da Graça de Deus (IIGD – neo-pentecostalist), are practically set as opposed doctrines, even though many of their practices might seem similar. According to structuralism (Levi-Strauss, 1970), these approximations can be explained based on the idea that social differentiation is a consequence of structural similarities. In other words, even though these doctrines are different (and use different social spaces), they can be characterized by intrinsic structural similarities, despite having different classifications of sacred and profane, or good and bad.

Since they were seen for a long time as witchcraft, African Brazilian religions stayed marginalized in Brazil until the explosion of pluralism and religious transit in the 20th century. This phenomenon opened up a space for other ways of thinking these religions, therefore they got more visibility.

Apesar das diferenças entre os cultos das várias etnias bantus e sudanesas, pode-se dizer que essas religiões baseiam-se na devoção às divindades relacionadas a fenômenos da natureza, na presença do transe e da alimentação ritual como forma de comunhão dos homens entre si e destes com suas divindades (Silva, 2010, p. 96).

The neo-pentecostal churches, in their turn, grow exponentially since the decade of 1970 and became a phenomenon of adherence in Brazil, outnumbering the historical protestants. These are the biggest threat to Catholicism, the greatest religion so far. However, even since the 50s, according to Pierucci (2004), the Sociology of religion already pointed out that Catholicism was decreasing. All of the Census, since 1940, clearly show this

decrease year by year, despite the attempts of the Catholic church to recover its hegemony.

Together with the catholic fade, both African Brazilian and neo-pentecostal religions have gaining space, in special the latter one, due to the Health and Prosperity Theology discourse.

The Neo-pentecostal denominations in general, condemn African - Brazilian strands that became their target of war "against evil". The Neo-pentecostalism hinges on the pursuit of financial prosperity of its faithful, the exorcism, that occurs in rituals which demons are expelled from the bodies of the faithful and are responsible for diseases, family and financial problems, and the pursuit of health. These are the aspirations and expectations of old sheds that fill cinemas and changed into Neo-Pentecostal churches. It is important to point out that Neo-Pentecostalism results of a process of historical development of theology and doctrine of Pentecostalism, distinguished in particular by the latter's emphasis on the gift of healing and conversion strategies for achieving greater number of believers. Among Neo-Pentecostals, the manipulation of magical elements, whether material or immaterial, re-enchanted a religious world formerly monopolized by Catholic and Protestant religions with little room for the expression of emotions and extremely streamlined, especially with regard to the second.

The African-Brazilian religions and Neo-Pentecostal face each other, often violently, in the Brazilian religious field that constantly enhances its borders. Not rarely there can be heard cases of neo-pentecostal attacks to African Brazilian temples, and these seem to reveal a relationship of similarity, though they try to differentiate themselves and the supernatural world, clearly divided between good and bad. Silva (2007, p.208) points out this questions in the following: "o ataque às religiões afro-brasileiras (...) é consequência do papel que as mediações mágicas e a experiência do transe religioso ocupam a própria dinâmica do sistema neopentecostal em contato com o repertório afro-brasileiro".

Magical practices and trance are fundamental elements that inform the concepts of illness, health and healing for the supporters of both African-Brazilian religions such as the neo-Pentecostals.

In this work, we intend to show what are the therapeutic methods used by these groups in their religious rituals, aiming at health.

Ultrapassando a perspectiva médica tradicional, os sistemas espirituais de cura aqui analisados oferecem explicações aos conceitos de doença e saúde pensados a partir dos contextos socioculturais em que são promovidos ambos os estados (Comaroff, 1980, 1985).

According to Taussig (1980), the conventional medical treatment depersonalize the individual patient differing therapeutic practices proposed by religious belief systems, which understand the "medicalization" as individual insertion to a greater symbolic set and not just the cure of a disease. In this sense, the passage of the disease to the cure amounts to a track of reorientation of the individual which often occurs through the rituals experienced in religions. Based on this argument, Csordas (1983) thinks the religious cure involves the construction of a phenomenological new world for the ill person, and these new magic-religious universes that will be analyzed in the following pages.

1. The magical universe of African Brazilian religions

As mentioned before, African Brazilian religions mean a wide and diversified amount of beliefs and practices spread all over Brazilian territory, and they have different types of cults, all of them directly related to special characteristics of each region's historical and cultural context. This phenomenon was conceived as African Brazilian religions' "multi-referencialism" (Carneiro e Rivas, 2012).

In this paper, we aim to understand how the adepts of Candomblé think and practice cure, as well as the health process. More specifically, the Nagô nation will be compared with neo-pentecostal groups, whose characteristics will be discussed based on rituals and cults from Igreja Internacional da Graça de Deus (IIGD) and Igreja Universal do Reino de Deus (IURD), two of the most prominent neo-pentecostal doctrines in Brazil.

In Brazil, historically established frontiers among different religions resulted in the dichotomies of magic and religion (Monteiro, 2006). The christianism is thought as a religion model by excellence, while popular and oral religions were categorized as magic expression.

Generally, those who practice magic, during Brazilian history, were seen as practicing some kind of “sub-religion” and were always under suspicion of charlatanism. This debate between what is religion and what is magic produced, according to Montero (2006), passive, docile and domesticated subjects, easily put under Christian normative morals. In that sense, we can see that those who practiced African “macumbas”, “cabulas”, witchcraft and spells were seen as dangerous people, once they went against the established religious order, accepted as a space of “order and decency”, with elements of Christian rationality. It is not, however, our intention to go deeper in these questions, but it is important to briefly mention, here, in order to understand the rehabilitation of the magic in African Brazilian and neo-pentecostal religions. The magic, hence, re-emerge as an unescapable composition of religion itself, a space where illness and health are confronted and magically transformed by rituals.

“Candomblé” is a Brazilian religion of deities and other African deities which constituted the nineteenth century Bahia (Prandi, 2004). For Barros and Teixeira (2000, p. 103), “Candomblé” can be defined as a religious manifestation resulting from reworking of various worldviews and ethos from the multiple African ethnic groups that were brought to Brazil from the sixteenth century”. Marino (2010) states that the religion of orishas, and voduns inkices come from immemorial time and has expanded from the west coast of Africa, and the practices of the current countries of Ghana, Benin, formerly Dahomey, Nigeria, Congo, Angola, Cameroon, Sudan and the main references of what came to be known as “Candomblé” of Bahia. On the other hand, Silva (2010) concerned with the core elements of the tradition of “Candomblé”, defined it as a sacrificial and religious trance. The two elements pointed out only have reason to be as they are inserted into a key “Candomblé” process: the initiation.

It is in this direction, related to initiation, that illness and cure can be understood in Candomblé. The disease is not of a purely physical reason for “Candomblé”, but is the result of a process of “axé” disequilibrium. In fact, there is an interweaving between the concept of “axé”, the initiation and construction of the person in “Candomblé” Nagô.

“Axé” can be understood as a principle and power of accomplishment. It has a key role in the African-Brazilian religions, because it is tied to the condition of

life and earthly happiness. “Axé” would be the life force that sustains the world and directs the worldview of religions of African influence.

Prandi (1991, p.103) shows a very clear overview of the “axé” concept:

Axé é força vital, energia, princípio de vida, força sagradas dos orixás. Axé é o nome que se dá às partes dos animais que contêm essas forças da natureza viva, que também estão nas folhas, sementes e nos frutos sagrados. Axé é bênção, cumprimento, votos de boa-sorte e sinônimo de amém. Axé é poder. Axé é o conjunto material de objetos que representam os deuses quando estes são assentados, fixados nos seus altares particulares para serem cultuados. São as pedras (os otás) e os ferros dos orixás, suas representações materiais. Axé é carisma; é sabedoria nas coisas-do-santo, é senioridade. Axé se tem, se usa, se gasta, se repõe, se acumula. Axé é origem, é a raiz que vem dos antepassados.

Keeping up with your “axé”, with the holy father’s/mother’s “axé” and holy Family’s “axé” is to be in harmony and balance with spiritual vibrations and therefore means the individual lead a frugal and healthy spiritual and physical life. In “Candomblé” in the notion of "double" that consists of keeping all there is in the spiritual reality the counterpart or something mirrored in the material reality.

“Candomblé” is structured from the various rituals that work in a logical rescue this lost relationship or " cut " between orun and Aiye (the spiritual plane and equipment, respectively) religion. The disorder or loss of connection in the relationship between these two dimensions can set up a framework of vulnerability and the occurrence of health problems.

All initiation processes set forth in these rituals aim to maintain the balance , each with its function depending on the phase in which the novice is . All rituals "work" with the notion of “axé” and this is ultimately what supports the concepts of health and illness for followers of “Candomblé”. If the rituals exist to transmit, share and enhance the “axé” among the community members, it will, of course, maintain the spiritual and physical homeostasis of their children . Having and maintaining health in “Candomblé” Nagô is keeping up with the ritual and social obligations , which reinforces the “axé” constantly. The contrary, spiritual misfits, difficulties in romantic relationships, financial and health problems lead to rupture of the axé , and therefore the disease . The disease , then, is not reduced to a physical ailment , but has four main areas: spiritual, emotional,

health and professional (Rivas Neto, 2012). They are not watertight, but completely intertwined and inseparable axes.

If the notion of illness and health are supported in the primordial concept of “axé”, there are several therapeutical approaches aimed at restoring a possible imbalance. The illness can be physical, however it also carries a spiritual dimension, perhaps not fulfilling obligations, spiritual influence or negative actions by people alive. Therapies are varied:

Dentre as diversas práticas utilizadas para a melhoria do estado de aflição, há o ebó, o bori, o uso das ervas, das folhas, os banhos, as benzeduras, as beberagens, limpeza do corpo e do espírito, além dos aconselhamentos. As estratégias de cuidado também podem ser oferecidas em forma de oferendas aos orixás, seja pedindo para que algo aconteça, para que algo seja desfeito, ou em agradecimento pela dádiva alcançada (Mota e Trad, 2011, p. 335).

We could divide treatment in three groups, those who go for consulting (usually not part of the community, but often visit), the saint’s children, and the clients (those who are not directly related to the temple, but pay a visit to solve many different problems). Therefore, there can be three distinct processes, consulting, religious filiation and clients. As noted by Csordas & Kleinman (1996), Therapy will depend on what is defined as a problem, and certainly the perception patients have of their disease will determine how to deal with it. In this case, three processes occur in the temples because they are characterized by different intentions among those who appeal, as well as the sight of the holy mother/father, and those will have influence over the treatment and other magical services. For the second group, religious filiation, therapeutic practices also involve initiation rituals, or becoming a saint (holy figure).

"Make holy" is synonymous in Candomblé initiation construction process of the person in relation to the spirits. Thus, the social representation of the person in “Candomblé” revolves around the initiation process. The internal dynamics of “Candomblé” enables the individual to create their own ties of belonging, representation and meaning of reality and identity.

For this axé science to develop and continue, more than the magical handling religious, it is necessary to transmit it to the rightful owner in the view of the priest or priestess who is ahead of the yard, since they are the very

tradition alive. Hence, this is why orality is so important in African-Brazilian religions. In Candomblé, the individual constructs his person gradually, every ritual, every workmanship, every element that will be "placed" in their "ori" (head/destination), in his "bara" (body), according to their particularities and their parents (deities). This process is termed by Bastide (2001) of "mystical anatomy".

The notion of illness and health, thus, are deeply related to myth-religious traditions originated with the diaspora, in the case of Candomblé. There are lots of myths in "itans/ifás" which emphasize body importance to the health. Therapeutic practices with those who make consults and end up becoming saint's children are connected by the initiation process, which constitute a new personality for this person. It is indeed a construction process of the person, in which the various elements – rituals, knowledge, worship and offerings to the Orishas, understanding the language of the holy, values, aesthetics, norms and social structures – form a new individual. This process is understood in "Candomblé" as a cure. The cure is ultimately a complex process of deepening the foundations of "axé" and initiation.

The group of "customers", who are not interested in a long process of initiation by religious affiliation, but seek therapeutic services, the priest's actions, are aimed to achieve a specific, rapid end. They seek magical services to solve their spiritual problems (obsession spirits, insomnia, syndromes etc.), emotional problems (difficulty finding a stable loving relationship, family fights etc.), professional problems (unemployment, fight between coworkers) and physical health problems, although this distinction or separation is impossible to be made, they are problems that are interrelated and feedback.

2. Movimentos neopentecostais: teologia da saúde e da prosperidade

Among the neo-Pentecostal, particularly among iurdianos (Universal Church of the Kingdom of God) and the International Church of the Grace of God (IIGD), two large neo-Pentecostal expression, the issue of health is one of the foundations of theological doctrine and has based on the Theology of Health and Prosperity. Health and financial prosperity, therefore, means a sign that the

fan Neopentecostals these aspects, in fact, passed the "conversion" process, although this is not a definitive process, but the fan requires constant attention to rituals and demands made on specific cults such as those focused on health, financial prosperity and solving family problems.

The representations on these neo-Pentecostal body and health has a direct relationship with the spiritual warfare against evil , which is expressed through the rituals of exorcism and healing that often occur in the immense space of churches throughout Brazil and several locations worldwide . The aggressive posture towards humble shepherd , slaughter and drive out the evil spirits that attack the body and soul of individuals , including and especially the supporters of the church , is a way to spiritualize the disease and treat it as not only a problem of supernatural order , but also as an individual's choice to continue or not sick . Thus , the pastor , who orchestrates the ritual of exorcism and healing , appears as a kind of spiritual authority, a Pentecostal " shaman " who performs surgery " forceps " in the souls of individuals , depriving them the evil that is ingrained and providing immediate relief to the patient . The disease , therefore, is something manipulable and acquires a form , format, and it does not make one thing, but a character known as evil personified and alludes to the spiritual beings of african - Brazilian religions such as Maria Padilha, Tranca Rua, Ze Pilintra. This Beings are considered the substantiation of evil in their specialties and need to be removed so that there is physical and spiritual health.

At the same time the fan who chooses sickness or health, it is not responsible for the evils that afflict. It is a way to reverse the guilt by withdrawing the responsibility of the individual actions and choices. This idea may seem contradictory, but it is something that retraces a cycle of exorcism, illness, recovery, and health choices and becomes tolerant and tolerable the very humanity of individuals and feeds the spectacle of faith, promoted in the rituals of exorcism and healing. These specific rituals are exactly opposed to the notion of conversion, which is something more definitive. Mariz (2000, p. 48) makes this idea very clear:

Individuals are not responsible for their bad deeds, Just as they are not responsible for the illness or problems from which they suffer. The

Devil is solely responsible. (....) Nevertheless, Pentecostals only partially adopt a non-individualistic approach to the human being. It assumes that humans can choose God, and through this choice reject the Devil. Pentecostalism, therefore, breaks with the cognitive assumptions of traditional Brazilian religions, thus offering individuals the possibility to choose the good by breaking free of evil. Through the deliverance of evil, individuals may change themselves and their lives. Exorcism or the ritual of 'spiritual liberation' or 'deliverance' would be a way of helping people to be free of a fate and able to acquire a new life and become a new person.

However, this "new person" can "fall into temptation" and sin and choose momentarily evil. Hence the need for constant exorcisms and hence explains the onset of illness in the life of the convert. Right now, the disease and the problems that affect this other fan, coexist in the same body, the spirits of good and evil and only an external and publicized intervention is able to undo this conflictual coexistence. Thus, the conflict coming from an interiorized spiritual warfare in the body and spirit of the individual becomes the device that generates the disease.

There, in the rituals of exorcism and neo-Pentecostal healing, a hierarchy in the process of healing through rituals of exorcism. The patient takes their miserable situation, at least momentarily, until the spiritual "medical", coated with divine powers, who is the pastor of the church, expels evil and promotes health. This representation is nevertheless a mirror like the idea of double among followers of Candomblé, the reality within the doctor-patient relationship with regard to the patient's condition before his evil and before one who can cure him. What seems to differentiate this situation traditionally experienced by most Brazilians, not only those belonging to the popular or economically precarious layers, is the personification of evil and its condition, the patient, not as a "patient", but as to some extent he who chooses between health and disease. Thus, the faithful or the fan is not a patient, but a customer who goes in search of prosperity, health, here understood as physical, emotional and financial well-being. However, this commodified relationship needs to be coated with a spiritualization that is differentiated, to some extent, from the outright market.

So we can think of a notion of bargaining, negotiation in which the faithful exchange with the supernatural "blessing" of health (whether physical or even in terms of relationships and financial) not only through the coin material, but also

through promises of change of life and a morality that identifies it as a Pentecostal and give him the legitimacy to proselytize. This cosmic bargaining is part of the drafting process of the Pentecostal identity as such. As in the Candomblé the axé appears as a radiating center not only of health and illness, but as a magical “device” of identification and identity of the fan, between the neo-Pentecostals rituals “exchange”, healing, exorcism and financial prosperity become crucial for the mutual recognition of belonging to a religious group .

There is another element which seems to be very important in the exorcism and cure rituals among the neo-pentecostals, which is the interview with the demon who took the person’s body and brought evil. Among the neo-Pentecostal, Pastor, at the time of the exorcism, conversation with the demon or demons that are housed in the body of the individual and identifies. To identify them, and are generally entities “imported” from african-Brazilian religions, the pastor or the worker who performs the exorcism catching an interview with the evil spirit. This seems to be the time to legitimize the act of the ritual, in which they know the type of activity or specialty evil demon identified and is what gives meaning to the type of harm that the person has faced.

Geralmente, o pastor dirige-se a eles como “demônios de enfermidade”, mas sempre faz alusão às figuras do repertório dos cultos afro-brasileiros, como Exu Tranca-Rua, Pombagira, Maria Padilha e Exu Caveira. Dessa forma, o grupo neopentecostal demarca a fronteira com as religiões afro-brasileiras, estabelecendo, no plano simbólico, o seu inimigo no mercado religioso e colocando-se como capaz de liquidar o mal. O pastor “conversa” com os demônios e manda, com veemência, eles saírem da vida daquelas pessoas. Ao mesmo tempo, obreiros e obreiras as seguram. Quando tocados pelos obreiros, os fiéis, em geral, começam a se retorcer, gritar e cair ao chão, demonstrando que realmente estão possuídos. Água abençoada é borrifada pelo pastor sobre aqueles que se mostram possuídos. Depois do ápice dessa “guerra espiritual”, em que os gritos se intensificam e a catarse acontece, após a expulsão dos demônios, a música se modifica: é tranqüila, calma e alimenta a sensação de alívio (Pinezi e Romanelli, 2003, p. 70).

The negative possession, ie, where an individual's body is “invaded” by evil spirits, is countered with the exorcism and the re-affirmation of conversion, which would be a positive possession, where the fan is to the inhabitants of your body divine spirit, but not the legion of angels who only work in your favor outside the body plan. Negative possession leads to neo-Pentecostals, a kind of

trance, which is unlike the followers of Candomblé, seen as an expression of evil and spiritual inferiority. The trance, in turn, leads to cathartic rituals, whose apex is the exorcism. In this cathartic moment, the demons are given a priority space to use up the body of the individual demonstrating its performance that breaks with expectations of a "healthy" and released fan behavior. Catharsis expressed an earlier time, but constitutive, the time of purification, which actually is a process started with the identification of the "sick" fan.

Catharsis among neo-Pentecostals, in rituals of exorcism and healing, resemble, in terms of body performance, some rituals of african-Brazilian religions. Receiving a saint can highlight the plasticity of the body and its adjustment to the wishes of the spirits among followers of Afro-Brazilian religions. Among Neo-pentecostals it also occurs, although this plasticity of the body is seen as a distortion of the body of a convert. It is the negative submission to the evil spirit from the body and this is the disease, which is the deviation from healthy human nature. Hence the importance of operators of exorcism. The submission of the body to spirit possession, Candomblé, is not necessarily a negative thing. Rather, it can be positive and liberating, healing, symptom of spiritual health.

The spoken word or the oral tradition among neo-Pentecostals, as well as in Candomblé, appears as the central social ritual and is the language in which it is classified elements as sacred, profane, notions of good and evil which, in turn, feed the worldview and the constitution of the identity of supporters. Thus, sickness and health dimensions are handled and processed by the word, which generates the performance, which has the power to exorcise and heal and promote the "normality".

REFERENCES

ALTMANN, Walter. "Censo IBGE 2010 e religião". *Horizonte*, Belo Horizonte, v.10. n.28, 2012

BASTIDE, Roger. *O candomblé da Bahia. Rito nagô*. São Paulo: Companhia das Letras, 2001.

BARROS, José Flávio; NAPOLEÃO, Eduardo. *Ewé Òrìsà: uso litúrgico e terapêutico dos vegetais nas casas de Candomblé Jêje-Nagô*. Rio de Janeiro: Bertrand Brasil, 2009.

BARROS, Jose Flávio; TEIXEIRA, Maria. O código do corpo: inscrições dos orixás. In: Moura C, organizador. *Meu sinal está em teu corpo*. São Paulo: Edicon, Edusp; 2000 (1989).

BINON-COSSARD, Giselle. *Contribution à l'étude du candomblé du Brésil: Le candomblé Angola*. Universidade de Paris: Tese de doutorado, 1970.

CAPRARA, Andrea. Médico ferido: omulu nos labirintos da doença. In. ALVES, PC., and RABELO, MC. orgs. *Antropologia da saúde: traçando identidade e explorando fronteiras*. Rio de Janeiro: Editora FIOCRUZ; Rio de Janeiro: Editora Relume Dumará, 1998. Disponível em <<http://books.scielo.org>>. Acesso em 10 de setembro de 2013.

CARNEIRO, João Luiz; RIVAS, Maria Elise. Teologia com ênfase nas religiões afro-brasileiras e sua interação na sociedade. Anais da Associação Brasileira de História das Religiões, 2012. Disponível em <http://www.abhr.org.br/plura/ojs/index.php/anais/article/view/619/524> Acesso em 10 de agosto de 2013.

COMAROFF, J. "Healing and the Cultural Order: the case of the Barolong boo Ratshidi". *American Ethnologist*, vol 7, no 4, p. 637-57, 1980.

_____. *Body of Power, Spirit of Resistance*. Chicago, Chicago University Press, 1985.

CSORDAS, T. "The Rhetoric of Transformation in Ritual Healing". *Culture, Medicine and Psychiatry*, vol 7, p. 333-375, 1983.

CSORDAS, T.; KLEINMAN, A. The therapeutic process. In: SARGENT, C.; JOHNSON, T. (Org.). *Medical anthropology: contemporary theory and method*. Westport: Praeger, 1996. 11-25.

GIUMBELLI, Emerson. Heresia, doença, crime ou religião: o espiritismo no discurso de médicos e cientistas sociais. *Revista de Antropologia* (USP). São Paulo, v. 40, n.2, p. 31-82, 1997.

GOODY, Jacky. Da oralidade à escrita – Reflexões antropológicas sobre o ato de narrar. In: *Romance, 1: A cultura do romance*. MORETTI, Franco (org.). São Paulo: Cosac Naify, 2009.

GOLDMAN, Marcio. “A construção ritual da pessoa: a possessão no Candomblé”. *Religião e Sociedade* 12, p. 22-54, 1985.

LÉVI-STRAUSS, Claude. *Antropologia Estrutural*. Rio de Janeiro, Tempo Brasileiro. 1970.

MARIANO, Ricardo. *Neopentecostais: sociologia do novo pentecostalismo no Brasil*. São Paulo: Edições Loyola, 1999.

MARINHO, Roberval. O imaginário mitológico na Religião dos Orixás. Um estudo da dinâmica da Comunicação e da Arte no Sistema Cultural Nagô. In. FILHO, Aulo Barretti (org). *Dos Yorubá ao Candomblé Ketu. Origens, Tradições e Continuidades*. São Paulo, Edusp, 2010.

MARIZ, Cecília Loreto. The Devil and the Pentecostals in Brazil in Rodrigues, D. & Del Río, P. (eds). *The Religious Phenomenon: an interdisciplinary approach*. Astáviz Fotomecánica, Gráficas Rogar. Navalcarnero. Madrid, Spain, 2000.

MENDONÇA, Antonio Gouvea. O protestantismo latino-americano entre a racionalidade e o misticismo. *Estudos de Religião*, n. 18, p. 69-98, 2000.

_____. Sindicato de mágicos: pentecostalismo e cura divina. *Estudos de Religião*, n. 8, p. 49-59, 1992.

MONTERO, Paula. Religião, pluralismo e esfera pública no Brasil. *Novos estud. - CEBRAP*, São Paulo, n. 74, p. 47-65, 2006.

MOTA, Clarice Santos; TRAD, Leny Alves Bomfim. A gente vive pra cuidar da população: estratégias de cuidado e sentidos para a saúde, doença e cura em terreiros de candomblé. *Saude soc.*, São Paulo, v. 20, n. 2, 2011.

PIERUCCI, Antonio Flávio. "'Bye bye, Brasil': O declínio das religiões tradicionais no Censo 2000". *Estudos Avançados*, vol.18, n. 52, 17-28, 2004.

_____. *A magia*. São Paulo: PubliFolha, 2001.

PINEZI, Ana Keila; JORGE, Érica. Revisitando dicotomias clássicas em As formas elementares da vida religiosa: sagrado x profano, religião x magia. *Estudos de Religião*. V, 16, n. 42, p. 83-98, 2012.

PINEZI, Ana Keila; ROMANELLI, Geraldo. O mal exorcizado: Cura divina entre os neopentecostais da Igreja Internacional da Graça de Deus. *Revista Impulso*, 14 (34), 65-74, 2003.

PRANDI, José Reginaldo. O Brasil com axé: candomblé e umbanda no mercado religioso. *Estud. av.*, São Paulo , v. 18, n. 52, Dec. 2004 .
_____. *Os candomblés de São Paulo. A velha magia na metrópole nova*. São Paulo: Edusp, 1991.

RIVAS NETO, Francisco. *Escolas Afro-brasileiras. Tradição Oral e Diversidade*. São Paulo: Arché Editora, 2012.

SANSI, Roger. "Fazer o santo": dom, iniciação e historicidade nas religiões afro-brasileiras. *Análise Social*, v XLIV, n, 1, 2009.

SANTOS, Juana Elbein dos. *Os nagô e a morte*. Rio de Janeiro: Vozes, 2007.

SILVA, Vagner Gonçalves da. Segredos do escrever e o escrever dos segredos. Reflexões sobre escrita etnográfica nas Religiões Afro-brasileiras. In. FILHO, Aulo Barretti (org). *Dos Yorubá ao Candomblé Ketu. Origens, Tradições e Continuidades*. São Paulo, Edusp, 2010.

_____. Neopentecostalismo e religiões afro-brasileiras: Significados do ataque aos símbolos da herança religiosa africana no Brasil contemporâneo. *Mana*, Rio de Janeiro , v. 13, n. 1, 207-236, 2007.

_____. Concepções religiosas afro-brasileiras e neopentecostais: uma análise simbólica. *REVISTA USP*, São Paulo, n.67, p. 150-175, 2005.

_____. "Formação e dinâmica das religiões afro-brasileiras"
MOURA da SILVA, E.; BELLOTTI, K. K. E CAMPOS, L. S. (orgs.) In *Religião e Sociedade na América Latina*. São Bernardo do Campo: Universidade Metodista de São Paulo, 2010.

TAUSSIG, M. "Reification and the Consciousness of the Patient", *Social Science and Medicine*, 14B: 3-13, 1980.