

## Towards an "ecology of lore and knowledge" in health: an invitation from the terreiros to dialogue

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Based on the analysis of a set of interviews with leaders of terreiro communities, this paper discusses the possibilities of an "ecology of lore and knowledge" in health and, more specifically, the possibilities for interaction between the African matrix knowledge and Western scientific medicine knowledge. Along the way, through the engagement in a dialogue between the "conceptual imagination" of authors and the one of their African matrix interlocutors, the paper explores the possible results of an "ecologizing" process between those two types of knowledge, its presuppositions and the barriers to its fulfillment. In this sense, rather than a onesided theoretical approach to the subject, the article seeks to make visible and valuable the conceptual elaboration of the interviewed leaders, building its argument from a transcultural imaginative effort.

*Keywords:* Ecology of knowledge in health. African matrix. Health equity. Brazilian National Health System.

To Margot Moraes, filha de Xangô, in memoriam <sup>(d)</sup>

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<sup>(d)</sup> Margot Soares, the daughter-of-saint of Iyá Vera de Oyá Laja, was an interlocutor of this project. A woman-warrior, daughter of Xangô, won our admiration and appreciation.

This article<sup>(e)</sup> is the result of a collective research process, built on diverse interactions among academic researchers gathered around the field of collective health, and leaderships<sup>(f)</sup> of communities of African matrix<sup>(g)</sup> Invited to present their knowledge and experiences on health production and the specificity of care in *terreiro* communities, as well as to report their experiences regarding the Brazilian National Health System (SUS in Portuguese) and the meaning and possible modalities of interaction between the SUS and the African matrix communities. The article focuses on the *second* area of research, specifically on how our interlocutors addressed the issue of possible interactions between health knowledge present in those two contexts of care, thus leading the reflection to a broader and less specific field of inquiry, the one of the modalities of relationship between the lore and knowledge of African matrix and the lore and knowledge of western scientific medicine.

In fact, what this article intends to present is not so much the perspective of the African matrix leaders participating in the project in relation to the proposed thematic, as a version of the "conceptual imagination"<sup>1</sup> coproduced in the conversations between the academic researchers and these leaderships around this theme. Therefore, what the following pages seek to report is the transformation of the framework of our conceptual imagination – from which we set out as a group of researchers – in contact with other conceptual imaginations and their potentialities.

One of the convergent concerns underlying the research group's "common action" was the question of "colonization" and "de-colonization", a set of concepts brought to the attention of the authors by a diverse literature, but especially by the writings of Santos<sup>2,3</sup>. This literature sensitized us to the "epistemological diversity of the world" and the diversity of the ways of living and the social practices that mobilize

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<sup>(g)</sup> We opted by the expression "of African matrix" due to the multiplicity of traditions included in the research as well as to the non-identification with the term "religion" of several interlocutors, due to reasons linked to their cosmovision and to specific modalities of de-colonization of language.

and reconstruct its conceptions, through processes of reciprocal interaction, as well as for the heterogeneous processes that suppress, obstruct and invisibilize it, producing social distinctions / inequities and "epistemological monopolies".

In relation to the SUS, we wanted to broaden the understanding of the meanings of equity / inequity, based on the framework of "cognitive justice", which is based on an "ecological" intention, guided by the perspective of recognition, in egalitarian terms, of the different knowledge and not only for the "idea of a more equitable distribution of scientific knowledge"<sup>2</sup> (p. 57). This means that, in addition to the legitimate concern with guaranteeing the universality of access, with the difficulties of implementing equity in a context of social inequalities ordered by multiple lines of distinction and with the difficulties of implementing social participation, we should pay attention to the issue of exposure to the "epistemological monopoly" of scientific medicine and its effects on the production of a "hypo-sufficiency" of individual / collective agents in the field of health and care production<sup>4</sup>. This is an indissoluble exercise of inquiry about the possibility of "promoting interaction and interdependence between scientific and other non-scientific knowledge"<sup>2</sup> (p. 57), in the SUS context, in the perspective of the "egalitarian co-presence" of the different types of knowledge.

A text<sup>5</sup> that informed the research group's "common action" highlights the importance of analyzing the "plurality of vectors and meanings" for the approximation between SUS and *terreiro* communities in view of the recent initiatives of "deliberate and systematic articulation of the two fields." In the mapping of the understandings regarding the relation *terreiros* / health present in the academic literature, it identifies the possibility of a "cartography" heuristically guided by three notions captured in the context of this literature: *alternative, complementarity and specific effectiveness*.

The *first* comprises understandings that highlight the use of *terreiros* in search of care / cure as the search for an alternative to the field of official medicine, either because of the unavailability of public services or because of cultural choices. The *second* covers the understandings of complementarity relations related to the simultaneous or alternating use of therapeutic practices of both fields. It provides an integrative perspective, which projects an institutional articulation between the

*terreiros* and public health services. The latter approach focuses on the specific efficacy of *terreiros* in health production, independently of the relations with the field of official medicine and public health services, highlighting the different conceptions about the health–disease–care process present in the universe of the *terreiros*, related to the specificity of their experiences, their knowledge and their cosmovision. In conclusion, the authors state the possibility of "a new type of solidarity between the actors given by the ecology of knowledge", a solidarity based on the recognition of the inextinguishable and infinite plurality of knowledge and the power of reciprocal comparison / interpellation between knowledge allowing each knowledge to compound the perception of its limits and possibilities, as per Santos<sup>3</sup>.

The authors expose the importance of critically exploring the risks involved in these possible approaches between the two fields. Roughly, they present two types of risk: not taking seriously or reducing the specific effectiveness of the *terreiros* in the production of health, considering it only as an alternative "potentiating medical treatment"<sup>5</sup> (p. 336) or emptying it into a kind of "non–specific symbolic," as a psychological or symbolic effect of the religious phenomenon in general; to project or legitimize relations conducive to "colonizing outcomes," as in an integrative practice between Candomblé and public health services with "components of assimilation or, in this case, a colonization of knowledge", exploring "prestige" and "capillarity" of the *terreiros*<sup>6</sup> (p. 170) to enhance the activities of the health services, while it carries an expansionist logic of the kind of knowledge that informs.

As Santos remarks<sup>2</sup>, it cannot be underestimated "the importance of the precautionary principle when dealing with a possible complementarity or contradiction between different types of knowledge", especially because the very mechanisms of colonialism predisposes us (inertially) to call "abstract judgments based on the abstract superiority of scientific knowledge" (p. 61). The critical review of the literature carried out in the above article and the ensuing discussions contributed to the group of researchers incorporating this "precautionary principle" and building their meaning into the specific context of the research.

## A complexification of the perspective of complementarity

From the outset, it can be said that it is, above all, a perspective of complementarity between the health services and their knowledge and the knowledge/practices of the African matrix that emerges from the considerations of our interlocutors. Several of them refer to an alternate or combined use of resources from health services and *terreiros*. This simultaneous or alternating use is inscribed in a unique *way* of constructing and interpreting the relationship between the fields and the knowledge involved. This is based on the recognition of the *difference and the specific efficacy of each of the knowledge/practices* as justification for this use. This position is constructed based on some premises.

The *first* refers to the recognition of the freedom of choice of the people searching to be assisted and cared for in the production or recovery of health. There is no pretense or interest to assert exclusive control over therapeutic practices and valid care technologies, nor to suppress the willingness of agents in determining their way of producing or regaining their own health. In some considerations of our interlocutors, this premise is more explicit, as in Tata Ngunz'tala's incisive observation that "there is no way to have health, there is no way to be healthy, if one feels violated" in their uniqueness; in the insistence of Tata Alassinanguê Akinjolê in saying that the knowledge of the *terreiro* do not intend to compete with the knowledge of scientific medicine, because they are spaces of care, not of dispute of clientele; in the statements of Mam'etu Odé Belogesi proposing the existence of a role for the agency/choice of the individuals in the search for solutions to their health problems. In all cases, it is a perspective that does not have as presupposition the "hypo-sufficiency" of the subjects in the production/recovery of their health. On the contrary, it is the capacity of the subjects to evaluate the practical contribution of the different knowledge to the solution of their health problems, which is reaffirmed in the speeches of the fathers and mothers-of-saint interviewed, who clearly understand the agency of the subjects as fundamental in the process of health production/recovery.

The *second premise* concerns the recognition of the specific efficacy of Western scientific medicine in the field of health. Tata Ngunz'tala, who defends the importance of plurality and complementarity of knowledge in the attention to the diversity of the demands of individuals in their singularity, observes that the "knowledge of medicine is also sage (*sabido*)", recognizing advances in the field of biological knowledge as "a very large step". Some of our interviewees explain that scientific medicine is not absent but participates in the order of the world ruled by the gods, which also explains its development. For Bábá Tonican Mário de Ogum, "medical professionals tend to be children of Obaluaê, the god of healing, just as pharmacists tend to be children of Ossaim, the god who dominates the properties of plants, leaves and roots." We find similar arguments in the speech of Mam'etu Odé Belogesi, which refers to the inspiration of Katendê, Nkisi "owner of leaves", in the development of pharmacology.

It must be clarified that this is the recognition of the *specific* efficacy of Western scientific medicine, that is, of its contribution to the recovery of health by its specific action on certain biological problems. But, as can be deduced from the case studies and our interlocutors, it is not only biomedical knowledge that is effective and produces results in the treatment of individuals' organic-physiological imbalances. In addition, from the perspective of our interlocutors, the production / recovery of health encompasses other broader dimensions (psychological, social, energetic, cosmic) and the very effectiveness of biomedical knowledge / practices in its intervention on the biological dimension of diseases depends on factors not controlled by these knowledge / practices.

Finally, the *third premise* of the perspective of complementarity is the recognition of limits to the knowledge or practical effectiveness of the *terreiros'* knowledge. This recognition is translated in different ways, ranging from more general considerations, such as Tata Alassinanguê's recognition of the need for openness to the infinity of learning in the context of the plurality / diversity of world knowledge and experiences, to more concrete observations that recognize the insufficiency of the *terreiros* in the solution of certain health problems, which would require the participation of other knowledge. It is the recognition of boundaries or, in other words,

of *different effects* and therefore of *different efficacies* of the knowledge / practices of the *terreiros* and the western scientific medicine that allows to sustain the perspective of complementarity. This is how Bábá Moacir de Xangô defends the need to distinguish in health care "where we have to enter and where the doctor has to enter"; this is how Mam'etu Odé Belogesi says that "we have to know how far the religious can go" and that "there are things that ... the human doctor has to do"; this is how Kavungo's Tata Geová exposes the understanding that there are problems that "you have to take care of the medical side". One can say that the perspective of complementarity depends, to use the words of Tata Geová, to "know what we can do, within our knowledge, and what we can not".

This disposition to recognize the limits of the effectiveness of their own knowledge in the comparative exercise with the effectiveness of another knowledge brings us to the perspective of the "ecology of knowledge" defended by Santos<sup>3</sup>, for whom "the possibilities and limits of comprehension and action of each knowledge can only be recognized to the extent that each knowledge proposes a comparison with other knowledge" (p. 543). Moreover, it is important to highlight other areas of proximity to the "postulates" of the "ecology of knowledge": the willingness to recognize the dignity and validity of all knowledge; the inclination for what Santos<sup>2</sup> calls "epistemological pragmatism," an "epistemology of consequences," which refuses to discuss the validity of distinct knowledge without considering the conditions of its production and agency and its effects.

However, one should not close the discussion with this identification of isomorphic territories between the speeches of fathers and mothers-of-saints interviewed and the project of an "ecology of knowledge". Our interlocutors bring, in their statements, a dimension of specificity related to the context of health. In fact, returning to the first premise, when it comes to the health of an individual or collective subject, no knowledge should be validated outside the territory of normativity defined by the movement of the life of this subject in its singularity, in as much as it is in the framework of this movement that the consequences of the practices are produced and to the extent that it is within the framework of the agency of this subject that define

the meanings and objectives that locate the criteria for evaluation of these consequences.

### **Immunization against colonizing risks**

In the light of our concerns, we may ask whether these "premises" or "dispositions" are sufficient to constitute a stance against the risks of the "colonizing" traps set out above. Our tendency is to answer yes, for the reasons that follow:

1) The recognition of the specific efficacy of the scientific medicine knowledge/practices does not occur to the detriment of the recognition of the specific effectiveness of the *terreiros'* knowledge/practices. The perspective of complementarity is accompanied by arguments that point to the specific efficacy of the *terreiro's* practices, to the distinctive character of the *terreiro* approach, centered on the notion of equilibrium–disequilibrium–rebalancing and on the multidimensionality of the etiological–therapeutic approach it embodies. A consideration of Tata Ngunz'tala illustrates this very well: "Bring, for example, a biomedical health structure into the *terreiro*, it will not cancel the faith in the herbs. A believer from Candomblé, who arrives to use that health system, will arrive and take a leaf bath first." As reported by some of our interlocutors, in the case of initiated or less incidental participants in the *terreiros*, the care and guidance of the *terreiros* are the first and not the last resort in the search for a solution to their health problems. As Iya Vera de Oyá Laja says, "for people of the *terreiro*, the *orixá* always comes first, then, there comes conventional medicine," if that is the case;

2) The recognition of limits to the knowledge or practical effectiveness of the knowledge of the *terreiros* is accompanied by the recognition of limits to the knowledge or practical effectiveness of scientific medicine. As Tata Ngunz'tala points out, "no one can account for everything," and, "just as religion can not do everything, medicine can not account for everything, either." The limits of effectiveness of each knowledge derive, in part, from the differentiated nature of knowledge, which "work with different energies on different energies, in different ways," according to Tata



Alassinanguê. But they also depend on the singularity of each case and the agency/participation of the person himself, as can be seen in the speech of practically all our interlocutors;

3) A demand for non-hierarchy among the knowledge is the foundation of the perspective of complementarity. In different forms, we find the demand to construct "symmetrical" contexts so that the two knowledges can "walk together", interact and question each other, without erasing their differences. Iyá Vera invokes the need for "conventional medicine" (scientific) to "respect orality, natural knowledge" with the enormous power it carries as a reservoir of experiences and knowledge accumulated over many generations. Even more significantly, it emphasizes the need for "medicine to become familiar with this traditional medicine, which is natural knowledge". Tata Ngunz'tala states that "knowledge interacts and can coexist without any hierarchy". Focusing on this issue in the relationship between the different knowledge in the context of the SUS, Iyá Lúcia Omidewá records the deception of social participation in the SUS, identifying the absence of spaces "for us to talk about our practices with physicians, the health personnel", an inability of SUS to engender a listening context so that one can "talk about traditional medicine";

4) Criticisms of the iatrogenic effects of biomedicine are not only clear and incisive, but also strongly rooted in the knowledge of the *terreiros*, reinforcing the recognition of the differences between the two kinds of knowledge and their irreducibility to a common epistemological denominator. Iyá Vera criticizes the conception of health "from the absence of disease" and locates one of the limitations of the perspective of humanization within the scope of the SUS to the incapacity to effectively face this conception in its "core", because "humanization, for me, is this: it is to remove the bark from the wound, to remove all the bark ", recognizing that nothing will change as long as "we have a SUS that only works with the absence of disease, absence of fever, cancer, is like that". This critique, under distinct discursive appearance, re-emerges in the speeches of most of the interviewees, as when Tata Ngunz'tala conceptualizes to be healthy as a way to "be in the world, regardless of how a certain part of the body is functioning", or how to be "energetically well", "be well

independent of having a physiological disease". These considerations from Tata invoke the critique of biologicism. Many of the considerations of our interlocutors indicate, as one of the limits of hegemonic scientific medicine, the difficulty of developing a plural etiological and therapeutic approach, including, beyond the biological dimension, other existential dimensions, such as psychological, social, and energetic. Iyá Vera de Oyá Laja refers to the absence of the concept of "immaterial disease" or of the notion of "immaterial" dimensions of health as a gap in "conventional medicine". A critique of hyperspecialization also crosses the speeches of our interlocutors. "The human being has been divided so much", says Tata Ngunz'tala, "that nobody looks at him as a whole". According to him, in the context of care engendered by the parameters given by scientific medicine, "you are not a person, or you are only the liver, or the urinary system, you are only the eye," and so on. A critique correlated with this is the one that addresses the abusive use of medication related to health problems, the "shoving of antibiotics", which Iyá Vera considers as one of the consequences of not recognizing the therapeutic resolution of approaches not centered in the biological body. It should be emphasized that such critiques, while dialoguing with critical currents developed outside the universe of the African matrix, including movements that are present in the field of Western scientific medicine itself, sediment in their specific way of conceptualizing the relation between nature and culture, exteriority and interiority, material and spiritual, individual and social, individual and cosmic, bodies, objects, elements of the world, etc., and therefore in cultural (epistemological, ontological, ethical) presuppositions specific to the African matrix<sup>7,8</sup>.

### **Remaking the "coordinates"**

Alternative positioning or confrontation cases between the two camps are reported, above all, regarding the way of taking care of mental or psychological health problems, in which the limits of biomedical knowledge and its harmful effects on health are highlighted. They also appear, in a smaller number of reported cases, regarding the way of taking care of physical health problems, as illustrated by

situations in which the medical (surgical or medical) procedures recommended by doctors are considered inadequate or aggravating to the health of the person. In both cases, the person seeking guidance or care in the *terreiro* is invited to decide between alternative paths, based on alternative "diagnoses". The interest of these cases resides in the fact that they demonstrate the capacity of resistance of the *terreiros* to the monopoly of scientific medicine to determine the adequate content/method of health care.

In relation to the perspective of specific efficacy, it does not appear as a side-by-side approach, but as a founder of the general positioning of our interlocutors, a transversal foundation present both on the basis of the perspective of complementarity and on the alternative or contradiction between the different types of knowledge. For the mothers and fathers-of-saint participating in the project, in any approximation of the *terreiro* communities with scientific medicine and their spaces of action, it is impossible to give up the explanations, interpretations and resources that can only take place in the framework of the cosmology of African matrix and its forms of interaction with the world.

It was this understanding that enabled us to revise our set of "coordinates" in order to start building another framework from the perspective of "ecological" co-produced in the dialogue with our African partners.

A first point to be made is that the notion of specific efficacy, in the perspective of a "ecology knowledge", can not be considered as one of the possibilities of relations between *terreiros* and the medical system or between *terreiros* and SUS. Rather, it is a condition for the ecological process itself, an essential condition for the construction of non-colonized relations, for not suppressing or reducing the particularities and differences of each knowledge. The confrontation of the perspectives that attribute epistemological superiority to a knowledge, converting it into a standard of measurement of the validity of other knowledge, is an "epistemology of consequences" that takes into account the multiplicity of "possible worlds"<sup>9</sup>, with its own scales of value and efficacy, *plurality not only epistemological, but ontological*. In this way, the very notion of efficacy and its terms of proof depend on the specific sense of

effectiveness projected by each type of knowledge, as well as the specific assemblages in which it participates and the meaning with which it enters into these assemblages. The recognition of the specific efficacy of each type of knowledge is the *recognition of the specificity of the senses of effectiveness it carries and of the specificity of the "possible world" it expresses.*

The notion of *complementarity* may be the expression of a colonized relationship or of a colonizing project, but it may also be an expression of de-colonized relationships, one of the possible outcomes of a process of an "ecologizing" knowledge. In this case, it is the result of the perception of the limits and differential potentialities of the knowledge in presence, either in the plane of the construction of meanings and senses, or in the level of the practical efficacies specifically targeted by the subjects. If two or more types of knowledge can be understood as complementary and used alternately or simultaneously by a specific subject (individual or community), the measure of their efficacy must fit that same subject, the only one capable of evaluating their practical contribution and meaning.

The notion of alternative can emerge from refusal to participate in a process of "ecologizing" knowledge, but it is also a possibility for an "ecologizing" process. In fact, two or more kinds of knowledge can be understood as alternatives, so that, recognizing and respecting differences and avoiding any colonizing expansionism, there is a more comprehensive option (as a modality of production / recovery of health) or more circumstantial (as a solution of a specific health problem), by one of the pieces of knowledge or related practices.

But the "ecology of knowledge" includes yet another possibility. Both forms (complementarity and alternative) refer, in the context of the "ecology of knowledge", to two (or more) knowledge/practices without taking into account the possibility of their internal transformation, the possibility of displacements by the knowledge derived of the exchange and the "reciprocal interpellation" between them<sup>2</sup>. In this case, knowledge is "confronted with problems that they would never create", questioned by other knowledge or by the questions that the social practices constituted or to constitute in that "territory" pose for the knowledge in presence<sup>3</sup> (p. 547). In the course

of the interviews we find several examples of a disposition for this transformative possibility of "ecologizing", as in Iyá Vera's considerations about a possible reciprocal fertilization between the "natural knowledge" of the *terreiros* and the "academic knowledge" and the request made by Tata Geová to perceive the limits of each knowledge and the search for cross possibilities between the knowledge in an open dialogue and based on mutual respect.

Finally, it seems opportune to review some of the "coordinates" of Santos' own "ecology of knowledge". In a certain way, we have introduced some perspectives that go beyond these "coordinates", such as to situate the question of "specific efficacy" in the context of a multiplicity of "possible worlds" or of an "ontological plurality", explaining the connection of this approach with the reflection of Viveiros de Castro.

While there is an important anthropological literature in which to seek analytical and expressive resources to do so, we were led to this extrapolation not so much by contact with such literature, than by our interlocution with the participating *terreiro* leaders. The content of this dialogue deserves to be explored in a specific text, however it is worth noting here that a complex field of questions opens up to the "ecology of knowledge" because of the specificity of the knowledge present in the *terreiro*. It is enough to imagine that interactions should be developed in a process of "ecologizing" what Iyá Vera calls the "natural knowledge," which involves a deepening of the sensorial / perceptual capacity in the "experience of Nature", triggering/giving meaning to "reading the signs of nature" or with the "knowledge" developed in the context of what Tata Alassinanguê presents as a sensitization of the whole body to capture "situations, behaviors or foods" that "harm" a person ("quizilas") as well as the "substances that will do you good". In relation to these knowledge, we can suppose that, in addition to the reciprocal comparison suggested by Santos, which can be developed here in the form of a reciprocal comparison between modes of "education of attention"<sup>10</sup>, there is much more a need for a reciprocal experimentation or, in the words of Tata Alassinanguê, a "practical experience of living"<sup>(i)</sup>.

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<sup>(i)</sup> An expanded comprehension of terreiros specificities may be found in: Bassi<sup>8</sup>, Goldman<sup>9</sup>, Rabelo, Santos<sup>11</sup>.

We may say as Castro<sup>9</sup>, that the notion of "ontological plurality" requires addressing possible interactions between "possible worlds", considering that there is no refuge in a "real" or "more objective" world outside the terms in relation, since all possible phenomena are as "social" relations, "things" and "subjects" that are "made to do"<sup>12</sup> As "co-implications"<sup>13</sup> of this "possible world", we consider that "ontological plurality", understood in this complexity, is not indifferent to Santos' reflection<sup>2,3</sup>, since for him the substratum of the "epistemological plurality of the world" is "infinity" or "diversity of human experience" and the territory of the "ecology of knowledge" is not essentially gnoseological but practical, involving experiments conducted as "practical crafts". However, assuming the continuity between symbolic and material, subjective and objective, between effectiveness and the act of effecting, it is necessary to consider that the possibilities of "ecologizing" extrapolate the limits of the "ecological" devices suggested by Santos: reciprocal comparison, reciprocal translation, reciprocal interpellation.

As some authors have suggested<sup>14,15</sup>, the relationships of "affection" that are established are much more plural and unpredictable. The variety of its forms is involved with the very variety of the "particles" set in motion in the interaction, involving "involuntary and unintentional communication situations"<sup>14</sup> (p. 160), "Situations of communication" in contexts of total incommensurability, of "appeals", rather than of interpellation, of reciprocal experimentation, rather than of translation, situations of engagements that are not only logical or semantic, but corporeal, multi-sensorial, with perlocutory deviations<sup>16</sup> in its power to affect and be affected, and yet "plans," "ecologizing", in their multiplication of "possible worlds."

In this sense, when proposing a revision of "coordinates", what we want is not to propose new "coordinates", but to explain that as "emerging" social practices in the sense of Santos<sup>17</sup>, the "ecology of knowledge" also starts from "a double deficiency: the partial knowledge of the conditions that can concretize the possibility; the fact that these conditions only partially exist" (p. 246). Only the multiplication of practical experiments in the "ecologizing" of knowledge can permit an "ecologizing" of knowledge about conditions and means for the "ecology of knowledge".

## Barriers to the "ecology of knowledge"

Our interlocutors are fully aware of the difficulties of achieving "knowledge ecology" in health. They point out some of the obstacles to be overcome for this purpose, among them:

1) The asymmetry of the predisposition for ecologizing. Our interlocutors acknowledge and respect the knowledge of scientific medicine as "sage" whereas in the field of medicine the *terreiros'* knowledge of health and care do not find the same treatment. As Tata Ngunz'tala observes, scientific medicine "does not respect other knowledge", while as the leader of *terreiro*, "I seek to respect all the knowledge, without hierarchizing". We have seen how the considerations of Iyá Vera and Iyá Lúcia confirm this perception of the Tata, the first to register the disrespect of "conventional medicine" in relation to the "natural knowledge", secular, of the *terreiros* and the second when denouncing the absence of spaces in the SUS for the discourse and practices of traditional medicine. Mam'etu Odé Belogesi, on the other hand, identifies in the process of science itself, of reducing problems/solutions to the problems/solutions enunciated by science, one of the reasons for this asymmetry. As she says, "they [the doctors] want proof; science needs proof, science likes everything there tested on paper"; the doctor "accepts what is proven in the calculations, accepts what is proven in a radiography, you see, he does not accept things if you do not have a full explanation".

2) The difficulty of scientific medicine to recognize the limitations of what it knows, to recognize the specificity and limits of its effectiveness, as well as the limits of what it knows about other knowledge and, specifically, about the knowledge of the *terreiros*. A reference to this difficulty is found in the perception of Mam'etu Odé Belogesi of an arrogant posture that considers characteristic of the doctors: "Doctor thinks that they own everything". Scientific medicine lacks the posture professed by Tata Geová to "know what we can do, within our knowledge, and what we can not". From the interviews with Iyá Vera, the researcher comments that the *terreiros*

"recognize limits to their knowledge and to the effectiveness of their therapeutic practices; do not distribute their 'diagnoses' in the form of certainties; admit the permeability of their methods to emotional influences; do not promote the illusion of the isolation of their practices from the very fluidity and uncertainty of life and experience; do not have the illusion of controlling all the variables involved, not even the agency of the orixas". This attitude, that following the considerations of Laplantine<sup>19</sup> on "medical faith", is confronted by the researchers with a more general attitude in the field of scientific medicine. This more generalized stance "does not admit limits, or admits only the supposedly temporary and transposable limits of their present knowledge, raising the belief that the infinite progress of their knowledge will lead to the gradual elimination of all diseases, achieving increasing effectiveness by controlling the variables".

3) Discrimination and prejudice against the African matrix, its subjects and their knowledge. Some case studies clearly and emphatically show the persistence or even the accentuation of discrimination and religious intolerance in the context of care in health services. Our interlocutors report cases of disrespect to objects of protection, such as guides (a necklace worn by some African matrix religions) and count bracelets (also used by members of African matrix religions), in physical examinations and clinical procedures, explicit censorship of the religiousness of members of the *terreiro* community by health professionals, and even verbal aggressions motivated by religious intolerance. Iyá Vera, in addition to condemning the disrespect for guides and bracelets, as forms of violence, mentions as another expression of symbolic violence the denial of the presence ritualistic practices. These simple ritualistic logistics practices, such as herbal baths, in hospitals attend to the needs of "a *terreiro* son". According to Iyá Lúcia, SUS professionals are not prepared to deal with religious diversity, which she affirms from various situations of "religious harassment" that she experienced as a SUS user, either in the form of conjuring or of a Christian welcoming of professionals who, by identifying her for her dress as "person of axé", received her with a "Jesus loves you". In this sense, she asks: "How does Humanized-SUS humanize people, but it does not enable religious diversity?". For her, humanizing is not just



about "receiving well", but it depends on a "knowing with whom you are dealing with", an openness to know the differentiated needs related to cultural and religious differences. "Religious harassment", according to Iyalorixá, is a disease factor, iatrogenic effect of a health care system that tends to sweep the issues related to religiosity under the carpet.

## **Conclusion**

After these considerations, we wish to close this article by returning to the theme of "cognitive justice". Is it possible to build equity in the SUS without "cognitive justice" or without including the principle of promoting sustainable, dynamic and radically egalitarian interactions between the different knowledge/practices present in the territories and the principle of valuing their autonomy? Or is it possible to construct equity without the principle of the autonomy of the various subjects in the determination of the way to deal with these knowledge and to produce the appropriate form of inter-knowledge to meet their quests and needs in the production/recovery of health?

Our African matrix friends maintain that the answer is NO. How will SUS health professionals and managers respond to these questions? How will the subjects involved in the training of health professionals respond? How will the social movements that are concerned with the maintenance and expansion of the SUS in their agenda respond? Our African matrix friends and us, who were affected by the dialogue with them, look forward to answers.

## **Contributors**

The authors participated, equally, in all stages of the article.

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