

Psychotherapy Guidebook

FOLK HEALING

Robert C. Ness
Ronald M. Wintrob

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DEFINITION

All societies have evolved organized responses to cope with the medical and psychosocial consequences of illness and injury. We will refer to the interrelated beliefs, behavior, and medical material comprising these responses, which have evolved indigenously within specific cultural settings, as systems of Folk Healing.

The rich cross-cultural variation within folk-healing systems can be categorized into four major systems of belief or “theory” about the causes of illness (Murdock 1978):

- 1. Natural causation.** Any theory that accounts for an ailment as the natural (e.g., physiological) consequences of some act or experience of the victim in any manner that would appear reasonable to modern medical science (including notions of germs, physical or emotional stress, physical deterioration, and accident).
- 2. Mystical causation.** Any theory that accounts for an ailment as a direct (and often automatic) consequence of some act or experience of the victim that is mediated by a putative

impersonal causal relationship (e.g., fate, destiny, soul loss, violation of a taboo).

3. Supernatural intervention. Any theory that ascribes an ailment to the arbitrary, hostile, or punitive intervention of some malevolent or affronted supernatural being (e.g., ghosts, ancestral spirits, gods).

4. Magical causation. Any theory that ascribes an ailment to the aggressive intervention of an envious, affronted, or malevolent human being (witch, sorcerer) who employs magical means to injure a victim.

Within any specific cultural setting, of course, cultural groups may recognize (and attach varying degrees of importance to) more than one of these causal theories.

While natural causation is the theoretical cornerstone of “scientific” medicine, cross-cultural research by anthropologists and psychiatrists continues to document the salience of beliefs about supernatural and magical causation not only in non-Western societies but also within many religious and ethnic subpopulations in urban North America. Among black Americans, for example, the role of “rootwork” and associated beliefs in magical causation have been described in a number of clinical cases by Wintrob (1973). Similar magical beliefs within the United States related to the onset and treatment of illness have been reviewed by Snow (1974) and an

increasing number of case reports have substantiated the prevalence of such beliefs. In the Hispanic population, Garrison (1977) and Harwood (1977) have documented the crucial role of espiritismo (spiritism) among Puerto Rican groups. The significance of curanderismo among the largest Spanish-speaking group in the United States, the Mexican-Americans, has been demonstrated by Alegria and his colleagues (1977), Martinez (1977), and Kiev (1968). Many people who utilize folk-healing systems also seek assistance from health professionals, either simultaneously or in sequence. Consequently, an understanding of these systems can significantly improve the professional's clinical effectiveness.

ROOTWORK: HISTORY AND TECHNIQUE

Rootwork refers to beliefs and practices used to cope with the physical and psychological effects of malign magic. The belief in malign magic derives from the assumption that any person, envious and resentful of the attributes or achievements of another, may be able to invoke an evil spell on that person; consequently, the victim may experience grave misfortune, illness, or death. It is believed that the individual is most likely to be victimized by people with whom he interacts closely — friends, co-workers, extended family. Rootwork beliefs incorporate elements of European witchcraft, West African sorcery, and West Indian voodoo, and are encountered mainly in the southeastern states among both whites and blacks. It is generally believed

that “working roots” on someone — also called mojo, hoodoo, hexing, and many other terms — can cause the victim to succumb to crippling physical and psychiatric illness. Symptoms almost always include abdominal pain, nausea, vomiting; psychiatric symptoms often include delusions and hallucinations of a persecutory type, marked anxiety, agitation, and fear of death. People who feel they may be victims of rootwork can be expected to seek treatment from a rootworker or spirit doctor, often combining this with treatment by physicians and hospital medicines. Rootworkers are individuals whose innate healing abilities are believed to include particular spiritual strength.

Treatment by rootworkers begins with an evaluation of the subject’s social situation, and whether the symptoms may have been caused by a hex. From the beginning, consultation and intervention usually involve family and/or friends, as well as the “rooted” person. Having determined malign magic is indeed a cause, the root-worker usually prescribes and administers an infusion of herbal medicine. The rootworker may identify the antagonist or advise the victim to avoid contact with certain people. A prayer session often follows the administration of herbal medicines. The process is repeated at regular intervals until recovery; the subject’s family administers herbal preparations at home and ensures that the patient precisely follows instructions about diet, medicines, social activities, and prayer.

It should be emphasized that the intensity of peoples' beliefs in rootwork varies considerably. Some consult rootworkers only at the urging of their family and with marked skepticism or ambivalence. Others are firmly convinced that their illnesses can have no other cause but malign magic. But whatever their degree of conviction, nearly all studies have pointed out that rootwork believers frequently make use of physicians and hospital medicines to relieve physical discomfort. The two systems of healing are usually viewed as complementary rather than competitive.

CURANDERISMO: HISTORY AND TECHNIQUE

Curanderismo is a system of beliefs commonly encountered among Mexican-Americans concerning the causes and management of personal and social misfortune, including illness. Curanderismo is prevalent among Mexican-Americans throughout the Southwest and West and extends as far north as Chicago. The complex of beliefs includes: 1) the ancient humoral theory of illness, 2) characterological strengths and weaknesses that relate to individual susceptibility to illness, 3) "naturalistic" folk conditions such as empacho (Intestinal distress), 4) mystical causes such as fate, destiny, susto (soul loss), and mal ojo (evil eye), and 5) magical causes such as embrujo (witchcraft) and mal puesto (hexing). In summary, these diverse beliefs and healing practices represent an interweaving of Iberian Catholic and indigenous Mexican traditions. Reports from Chicago as well as San Antonio

indicate that the folk healers, called curanderos, conduct flourishing practices.

Studies of these healers have demonstrated that their clients show a wide range of symptoms. Physical symptoms such as headache, gastrointestinal distress, back pain, and fever are particularly common, as are psychological complaints such as anxiety, irritability, fatigue, depression. Less commonly seen, especially in urban settings, are the particular folk conditions of *susto*, *empacho*, *mal ojo*, and *mal puesto*. More uncommon still are cases of overt psychosis, a condition healers recognize but may be reluctant to treat.

As with *espiritistas* and rootworkers, the healing techniques of *curanderos* usually involve a combination of herbal infusions, dramatic healing rituals, and prayer. There is considerable variation in the relative emphasis accorded each of the three elements of healing, as well as the involvement of others in the healing ceremonies — family, community members, and apprentice healers. Much of the variation is related to the social status and reputation of the particular healer and the development of his “calling.” For all healers, the religious nature of their calling and of their healing rituals is a fundamental theme. The religious faith of the patient and his family is assumed to be an important reason for recovery. Persistence or intensification of symptoms may be attributed to lapses of faith or to the complications of witchcraft or hex.

In the case of mal puesto, Martinez (1977) reports that it is quite common for Mexican-Americans who seek the help of mental health personnel to suspect or be convinced that they are victims of malign magic. Furthermore, the victim is almost always convinced that the hex has been perpetrated by jealous in-laws or other close relatives. As with other healing practices, the serial or simultaneous use of physicians and hospital medicines is to be expected.

ESPIRITISMO: HISTORY AND TECHNIQUE

Espiritismo, or spiritism, is a system of Spanish, African, and Indian folk-healing practices based on the belief that the visible and invisible worlds are inhabited by spirits that are temporarily encased in a human body in the material world. These beliefs and related healing techniques are widely encountered among the nearly two million Puerto Ricans living in the northeast states.

It is believed that spirits, who are neither inherently good nor bad, have a mission, through which they may acquire increasing understanding or perfection. Several incarnations and reincarnations may be necessary in order for a spirit to accomplish its mission, which culminates in unity with God. Some disincarnate spirits (causas) have trouble achieving their mission and attempt to intrude on people during their dreams or to enter someone's

body in order to satisfy unmet desires from an earlier incarnation. Spirits are thus considered a primary source of trouble for the living, generating stress, nervousness, physical and psychiatric illness. Faced with these symptoms, many Puerto Ricans consult an espiritista (medium or spiritist) if: 1) they have obtained no relief from a physician for the somatic symptoms, 2) disturbances of mood persist such as “bad nerves” or depression, or 3) interpersonal relationships continue to deteriorate.

There are no specific or typical somatic complaints that lead people invariably to consult an espiritista, although it has been found that espiritistas urge clients to use doctors and hospital medicines to relieve physical symptoms while they (the mediums or spiritists) focus on disturbances of feelings and interpersonal relationships attending the illness. A substantial proportion of spiritists’ clients could be shown to have personality disorders or neurotic reactions; a small number have been considered to be schizophrenic. Clients displaying bizarre behavior and clearly impaired judgment may be referred to a mental health clinic or psychiatrist. Others may be urged to develop their innate, God-given abilities as an apprentice spiritist.

Espiritistas may be consulted in a private session or at regularly announced meetings called a *reunione*. Diagnosis and treatment is a complex form of psycho-drama during which the practitioner communicates with the

spirit world.

A reunione usually begins with a reading from Kardec's *The Scriptures According to Spiritism*. Then there is a call to the mediums to receive spirits. After a period of silence one or more mediums may begin to writhe in possession by a spirit. The president will demand that the spirit identify itself and describe or name the petitioner (ill person) with whom it is involved. The spirit, acting and speaking through a medium, then identifies an individual in the audience and may pose a series of questions that essentially describe the problem bothering the petitioner. This individual is expected to humbly confirm the problem as described. During this time the meeting's president is expected to: 1) question the spirit in order to clarify the petitioner's problem, 2) protect the possessed medium, other mediums, and the petitioner from other malevolent spirits, and 3) assist other mediums not possessed in the "education of the spirit" by arguing with and criticizing the spirit for the anguish it has caused the client.

The goal of this activity, which may require repeated visits, is to convince the spirit of its wrongdoing and reorient it toward its proper mission. Clients may be advised to purchase herbal medicines or ritual objects, engage in prayer at home, and perhaps consult a physician. Clients currently seeing physicians are usually urged to continue complying with the treatment regimen prescribed.

APPLICATIONS

The holistic conception of health implicit in religio-magical healing systems is summarized by Frank (1977): “Health is a harmonious integration of forces within the person coupled with a corresponding harmony in his relations with other persons and the spirit world.” The implications of this world view for understanding the therapeutic effectiveness of indigenous healing ritual, as well as individuals’ health-seeking behavior, are considerable.

A primary factor in the apparent effectiveness of folk healers is their ability to arouse hope by capitalizing on the ill person’s feelings of dependency, anxiety, and decreased self-esteem. The healer’s personality as well as the powerful symbolic value of his healing instruments and materials encourage hope and trust, which together promote the expectation of help and ultimate recovery. The healer is viewed as a powerful mediator between the ill person and particular magical or supernatural forces of the spirit world. The therapeutic ritual provides a specific plan of action for the ill person to execute, and gives him a sense of purpose and mastery. Since the ritual generally involves active participation by the healer and group, the individual’s hope is strengthened by this demonstration that the healer and audience are his allies.

Another central feature of folk-healing systems involves elements that

increase the participants' self-esteem. First, involvement in religious activities may be seen as a virtue in itself. Second, concerted group activity, viewed as evidence of community support, heightens a client's self-esteem. Third, the healer may call upon supernatural forces on behalf of a specific individual, indicating that he is worthy of that ultimate form of help.

Taken as a whole, the intense concern of healer and audience, in conjunction with emotionally stirring music, prayers, offerings, and dramatic performances by the healer serve to make explicit and visible abstract cultural beliefs about the ultimate causes of misfortune in general and illness in particular.

Our discussion of the generic features of Folk Healing leads us to a consideration of the practical application of understanding folk-healing systems: How can we improve our treatment of people who share such beliefs? First, we need to be continually sensitive to the possibility that people who consult mental health professionals may not share our assumptions, our world view about the causes of illness. People who believe in folk healing may be very reluctant to discuss anything but physical complaints or vague feelings of nervousness because of the fear of being misunderstood, not being taken seriously, or ridiculed. Therefore, we need to demonstrate a nonjudgmental interest in, and knowledge about, folk healing so that we can obtain an accurate description of the problems as conceptualized by the

patient and his relatives. Second, we need to make a more realistic assessment of our treatment objectives. In this respect, we should be prepared to accept as a given that many patients who subscribe actively or passively to folk-healing beliefs have limited confidence in the effectiveness of medical treatment. They accept the utility of this treatment in providing relief of somatic symptoms such as headache, dizziness, abdominal distress, or nervous tension, but they will seek Folk Healing for relief of psychosocial and spiritual distress.

Medical interventions deal mainly (or only) with the proximal causes and manifest symptoms of a problem that the patient may regard as a complex physical-social-spiritual problem involving not only himself but also his family, social network, and his relations with the spirit world. Viewed from this perspective, we should expect that many patients will undertake treatment from health professionals and from folk healers simultaneously or in sequence. Accordingly, we need to accept in many cases the more limited therapeutic objective of symptom reduction rather than psychodynamic insight. We should recommend a plan of treatment that will be consistent with the patient's expectations, thus ensuring a high probability of patient compliance.

A considerable body of evidence from cross-cultural research in Folk Healing suggests that folk-healing techniques can be strikingly effective.

However, debate continues to rage on the question of “legitimizing” Folk Healing by co-opting folk healers to provide treatment within the hospital or clinic setting, or even whether referrals should be encouraged between health professionals and folk healers. These issues will not be easily resolved.