Beliefs: An Open Invitation to the Anthropology of Magic, Witchcraft, and Religion

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9. Supernatural Beliefs about Health and the Role of Religious Specialists in Healing

Chapter 9 audio can be accessed on Soundcloud. Instructor resources are available on Canvas Commons.

Sanghyang Djaran by Joshua Newton. Available for use through Unsplash license.

Chapter 9 Learning Objectives

At the end of this chapter, you'll be able to:

- Examine the roles and responsibilities of religious specialists across cultures.
- Define "medical anthropology" and examine culturally-specific ailments using anthropological tools.

9.1 Religious Specialists

As you have learned in previous chapters, reinforcement of a society's beliefs in the forms of its rituals and practices offer cohesiveness and guidance and solidify community bonds. Therefore, prescribed rituals and practices often require the leadership and authority of those who are willing and able to guide the community and its willing participants. Because the beliefs and ceremonies of religions will vary considerably from society to society and culture to culture, so do the people that guide others in the religious rituals.

All societies include people who guide and nurture the religious practices of others, people who are sought after for guidance and reassurance in an ever-changing world. Anthropologists call these people "**religious specialists**" and this category includes religious devotees, priests, rabbis, imams, monks, nuns, religious teachers,

shamans, tarot card readers and self-help gurus, etc; all of these individuals are those that are people who seek them out for a sense of spiritual nourishment and reassurance.

These individuals are seen as being highly skilled and/or learned professionals who are experts in contacting and/or influencing supernatural beings and manipulating and connecting to supernatural forces. They are also seen as being able to convey messages to or from the supernatural being to assist their human clients. These 'religious specialists' may often display certain distinctive personality traits that make them well suited to offer guidance and perform the prescribed task or ritual.

We refer to people who define and/or lead a religious community as "religious specialists." A religious specialist is typically viewed as an authority on religious and/or spiritual life. In many cases, a religious specialist is a gatekeeper to the religious community or, in other words, the religious specialist is someone who defines religious practice and spiritual life.

This can be a contentious area within the cultural realm as religious specialists might have more power than their followers to define morality, to establish facts/truths, and to decide who belongs (and doesn't belong) to the religious identity.

As we discussed in the beginning of the semester, anthropologists use the term "enculturation" to refer to the process through which we learn our cultures. Religious specialists play a huge role in enculturation: they inform the public about "right vs wrong," often share knowledge of the divine and the people's history and shape the community's overall worldview.

So, who, exactly, is a religious specialist? Religious specialists exist with great diversity. Some religious specialists hold a professional role in society while others may define a more unique path for themselves. And, as societies and religions evolve, new forms of religious specialists are emerging (we will examine some of these cases).

As is explained in "The Anthropology of Religion, Magic, and Witchcraft" by Rebecca and Phillip Stein,

A religious specialist may:

- Receive their power directly from the divine (for example: through visions, from spirits, from direct messages from God)
- Receive their power from a formal institution (for example: Rabbinical school, the Vatican, etc.)
- Have a respected status in their society
- Be viewed as dangerous, too powerful, engaging with dark forces, or mentally ill
- Exclusively work in religious leadership; be a full-time religious specialist. This is typically true in a society where religious life is clearly defined as separate from secular life.
- Engage in religious rituals on the side; be a part-time religious specialist. This is typically true in a society where religious life is not clearly separated from other parts of life.
- Be viewed as acting on behalf of the divine.
- Perform prescribed rituals for the community at pre-determined points throughout the year.
- Perform unique rituals as-needed based on demand from the community.
- Be responsible for moral guidance for the community; may be considered to personify the ideal type of person.
- Need to memorize vast amounts of knowledge and religious texts.

In anthropological work, we often use 4 different terms to refer to different kinds of religious specialists including:

- **Healer**: Usually a religious specialist who is asked to cure illness or injury.
- **Herbalist**: Specialists in the use of plants and other materials as cures.
- **Diviner**: Someone who practices divination to gain knowledge of the future, supernatural, etc. Usually focusing on practical questions.

- **Prophets**: Considered to be a mouthpiece for the divine. Their role is to share the words and will of the divine to her or his community.

Please note that these terms are not mutually exclusive. For example, a person can be an herbalist and a healer at the same time.

9.2 Religious Specialists as Healers

It is not uncommon for religious specialists to be called upon to address the ailments of an individual or of an entire community. In this chapter, we pay particular attention to the cases where the lines between the role of "religious specialist" and "medical specialist" are blurred.

Understanding how ideologies and belief systems construct our concepts of health, sickness, and healing is important. Medical anthropology research shows that using medical pluralism and cultural relativity when treating patients from different cultures will improve their health outcomes. It builds trust and respect between the provider and the patient which increases the patient's confidence in the healer and treatment, and this can increase the effectiveness of the care. It is a holistic approach to healing that attends to the physical, mental, and spiritual aspects of health.

Keep this in mind as you work through this chapter and explore the myriad of ways that religious specialists serve their communities. Then, as you learn more about culturally-specific ailments, consider the importance of culturally appropriate treatment (especially in the cases of ailments that are believed to be supernaturally-caused).

9.3 Who should we call a "Shaman?"

Tuvan shaman by Saryglar Ay-Kherel, 2017

The term "shaman" is a term – and concept – that is widely misappropriated. To be perfectly accurate, the word "shaman" is the culturally specific word used in the Tungus culture of Central Siberia to refer to their spiritual leaders (Stein and Stein 2017, 120). Shamans are Siberian healers who utilize drums and reach out to the spirit realm in order to achieve good health, knowledge, and luck for the community.

A variety of other world religions and cultures also have religious specialists with similar characteristics to the shamanistic tradition of Central Siberia which has led to the term "shaman" being widely applied to many religious specialists who don't belong to an organized/formalized religion. For accuracy, however it's important, however, to understand that each culture has its own word to reflect spiritual leaders and that broadly calling them all "shamans" is not an accurate reflection of the diversity and reality of spiritual leadership across the world.

Exercise 9A

Being a "shaman" can be dangerous business as Michael Fobes Brown explains in his article titled, "Dark Side of the Shaman" (access article 9.18 via Canvas Commons). Read his work and take notes on the expectations placed on the shaman.

Then, see if you can answer the following questions:

1. How does the shaman in this article risk his life? How are others' lives hanging in the balance of his

work?

2. What is the role of the shaman in the society discussed in the article?
3. How does the New Age religious movement in the US approach Shamanism? What elements are culturally misappropriated?

9.4 Full-Time Religious Specialists

Societies that are stratified with craft specialization are typically those that have the resources to support a full-time religious specialist, such as – for example – a priest or a priestess. These **full-time religious specialists** have the role of guiding members through religious practices and influencing a supernatural being or beings.

Meeting the Priest, Tigray by Rod Waddington

Full-time religious specialists go through a period of specialized learning before being socially initiated into society and then formally recognized by a community. They are formally accepted by the chosen religious organization and the community that embraces its practices. They are bestowed by an authority with a rank and a function that will belong to him or her as the holder of that position that others have held before and will be expected to perform a set of duties. The sources of power rest with the society and the institution within which the full-time specialist functions.

9.5 The Voodoo Priestess

An example of a contemporary religion that has priestesses is the Voodoo religion of Haiti and Benin. Religious specialists in the Voodoo tradition are not always full-time religious specialists; their professional and time commitments vary as some, for example, run

secular businesses to make ends meet (Schwartz 2010). A Voodoo priestess is called a **mambo**. Voodoo priestesses are called upon to perform rituals, hold social standing in society and also can perform rituals where a participant is ceremoniously married to their loas*or* goddess of choice. Haitian Voodoo's conceptions of priesthood stem from the religious practices of enslaved people from Dahomey, in what is today Benin.

Typically, there is no hierarchy among mambos and **houngans** (male Voodoo religious specialists). These religious specialists serve as the heads of autonomous religious groups and exert their authority over the devotees or spiritual servants in their *hounfo* (temples). Mambos and houngans are called into power via spirit possession or through the revelations they receive in dreams. They go through a period of learning where they perform initiation rituals and training exercises before becoming qualified. They then can perform healing work and guide others during complex rituals. This form of female leadership is common in urban cities such Port a Prince (the capital of Haiti).

The role of the mambos is to mediate between the physical and spiritual realms. They use sacred information to call upon the spirits through song, dance, prayer, offerings, and/or the drawing of spiritual symbols, which are then interpreted. During these rituals, mambos may either be possessed by spirits or may oversee the spirit possession of other devotees. Spirit possession plays an important role in Voodoo because it establishes a connection between human beings and the Voodoo deities and spirits. It is believed that a spirit can "mount" whomever they choose, but the Voodoo religious specialists must serve as the vehicle for this possession, since those outside of the leadership role are not considered qualified to initiate possession. This is because the human body is merely flesh, which the spirits can borrow to reveal themselves via possession. Mambos, however, can speak to and hear from the Voodoo spirits. They can interpret the advice or warnings sent by a spirit to specific individuals or communities.

Priestess Miriam – Voodoo Spiritual Temple – New Orleans by David Berkowitz, Flickr 2012

Famous Voodoo priestesses include Cecile Fatiman, who was a Haitian mambo known for sacrificing a black pig in August of 1791 that initiated the Haitain Revolution. In the US, notable mambos include Marie Laveau (1801-1888), for example, who gained fame in New Orleans, Louisiana for her Voodoo practices and is known as Louisiana's "Voodoo queen." In American popular culture her legacy has been depicted in the American television series*American Horror Story: Coven* (2013).

Another prominent mambo and Voodoo spiritual leader in the United States is Mama Lola. She rose to fame after the publication of anthropologist Karen McCarthy Brown's *Mama Lola: A Voodoo Priestess in Brooklyn*, published in 1991. Mama Lola's success provided her with a platform to challenge Western misconceptions of Haitian Voodoo and make television appearances.

9.6 Hijras and Divine Gender Fluidity

Hindu culture views the divine as both male and female at the same time. So, in order to become close to the nature of the divine, a person can engage in both male and female characteristics. **Hijras** are a third gender in Hindu society who embrace both sets of characteristics, they typically perform at auspicious occasions/ celebrations as good luck in order to bring blessings to the community. Hijras fulfill the role of religious specialist at these events.

Hijras of Panscheel Park II, New Delhi, India, 1994 by R Barraez ĎLucca, Flickr 2008

The special religious role of Hijras in India and a number of other countries in Southeast Asia can be traced to the writings in various important texts of Hinduism, including the *Kama Sutra*, *Mahabharata* and the *Ramayana*. There are a number of stories in the sacred texts of Hinduism that depict the divine as androgynous, such as the story of Ardhanari. One of the principal Hindu deities,

Shiva, merged with his wife Parvati and became Ardhanari, who is depicted as half male and half female. This is one of several stories in Hindu texts where a deity changes gender or takes on characteristics of both genders. These stories bestow a sacred quality to individuals that identify as a third gender in India and other countries in Southeast Asia. While there are several types of third gender groups, hijras are typically males that dress in feminine ways and often undergo castration.

Hijras are gender non-conforming individuals, who are most often assigned male at birth. Like all gender groups, Hijras are diverse. Consider some of the characteristics found among this group:

- Sometimes Hijras are born intersexed (a person who is born with neither/both male or female characteristics).
- Sometimes Hijras become eunuchs. This surgery is completed to varying degrees, there are many types of surgeries that a Hijra might opt for while some don't have any surgery at all.
- Sometimes Hijras have no genital variation at all, there is no genital requirement to be a member of this community

Culturally, Hijras are viewed as neither male nor female but, rather, as their own, third gender. Anthropologists use the term "**third gender**" to refer to a cultural view of a gender that is not part of the Euro-American binary construct. In other words, we use the term "third gender" when more than two genders exist in a culture.

Hijras will sometimes exaggerate their behaviors by acting "extra" feminine (swaying walk, burlesque performances). When employed, hijras are able to take jobs held by both males and females without being restricted to the jobs of only one gender. And, hijras will typically change their names to a female name.

One cannot simply become a Hijra since this is a religious specialist role and requires ritual adoption into the community after a lengthy process. The first step is removing oneself from the larger society and following a guru to learn the hijra ways of life. These teachings include the blessing rituals, songs and dances for

weddings and births. Several months or even years of training by a guru give the initiated hijra the status of a type of a religious specialist.

Hijras are considered to have religious power due to their third gender, but more importantly because they have sacrificed their procreative abilities to the goddess. This sacrifice gives them the power to bestow blessings of fertility and prosperity to newlyweds and a long life to newborns. Along with their power to bless, hijras possess the capacity to curse those who disrespect them or refuse to pay for their services. These capabilities are taken very seriously by most people in these societies and they will often pay for the hijra blessings and performances, even if hijras were not invited to perform these rituals at their events and they attended unannounced.

9.7 Religious Specialists and Altered States of Consciousness

Through prayer, meditation, fasting, pilgrimage, the use of substances, etc religious devotees are able to enter altered states of consciousness. Religious leaders will often lead religious devotees into these altered states or, in other cases, might enter the altered state of consciousness on behalf of a community.

These religious practices are based on the belief that a concealed reality exists alongside human reality. Certain religious leaders are able to connect to this hidden reality and then ascribe meaning to their experiences. These religious specialists pass through stages of learning that encompasses many years. Often, this knowledge includes extensive awareness of the natural world and the supernatural world including vast expertise of plants (those used for medicine and those used as hallucinogens), knowledge of religious texts and rituals (all used to reach an altered state of consciousness).

9.8 Studying Healing Across Spiritual and Cultural Contexts

Religious specialists are quite frequently called upon to care for the sick as healers. As illness and medicine changes from culture to culture, these concepts are closely examined by anthropologists to better understand the evolution and diversity of human culture and spirituality. It's within this realm that science and spirituality often meet while people work to reconcile both arenas of the human experience.

There are many ways that culture and belief systems are connected to health, sickness, and healing. Understanding how culture is connected to the construction of health and sickness helps one see these from a culturally relative perspective when looking at cultures different from our own. As Peter Brown explains,

> "I hope that these cultural approaches, particularly because of their cross-cultural comparisons, challenge most students' beliefs about medical systems in the United States and other countries. The selections should also challenge ethnocentric assumptions that the U.S. biomedical system is the correct or the best system. Culture is all around us, like the water in a goldfish bowl. If we were the goldfish in the bowl, it would be hard, if not impossible, for us to be aware of the water. But by taking a step back, often through cross-cultural comparison, we can come to see the wider context and to recognize our own cultural blinders (1998:8-9)."

We are all embedded in our culture, including researchers, and we are often unaware of it. The job of anthropology is pull back the curtain and give us a glimpse of our cultural filters that shape our understanding of the world so that we can set aside our etic view of another culture's practices and beliefs so that we can see the culturally relative, emic view of another person's cultural space. This helps us grow, appreciate and value not only our cultural

practices and beliefs, but those of others as well, even if we don't agree with, or practice, them.

9.9 Medical Anthropology

Medical anthropologists often study the socio-cultural connection of health and sickness including the effects of politics, economics, gender, and beliefs. Having a holistic view of sickness and healing means that beliefs of all types must be included in the investigation of this topic. This includes beliefs about what makes someone sick, stress, witchcraft, changes in diet, poverty, being exposed to a biological health threat such as a virus or bacteria, etcetera. Beliefs about what makes one sick are also tied to beliefs about what will make one better, such as a cleansing, reparations, rituals, medication, surgery, rest, specific food, avoiding some behavior or item, etcetera. These tie to beliefs about who can help a sick person get better, a diviner, a shaman, a healer, a priest, a biomedical doctor, a medicine person or a combination of these. Even though being sick, physically, and mentally, may appear to be linked to our bodies and minds in an organic way, there are many cultural aspects to these that must be considered to reduce illness and disease; thus, we need to understand the cultural context of sickness, health, and healing. Medical anthropology helps us do this.

Medical systemsstudied by medical anthropologists are defined as "the cultural beliefs and practices that are learned and shared by a group of people" that explain and deal with sickness and death (Brown 1998:6). They are considered to be a "cultural universal", meaning that all cultural groups have beliefs and practices surrounding sickness and death. Traditionally, medical anthropology defined disease and illness differently than the way Western culture typically uses these terms. **Disease** was usually used to refer to biological health threats that made the body sick due to entities like bacteria, viruses, fungi, parasites, or other

pathogens. **Illness** was usually used to refer to mental illness or the individual's perception of feeling ill or unwell. In the case where disease and illness are often seen as two separate items, many cultures do not separate these and treat them simultaneously; thus, if someone was sick with physical symptoms, they would heal their mind, body, and spirit together. This is based on a belief that when your body is sick, so is your spirit and/or mind (or at least there are spiritual or mental components of being sick that are connected to the physical symptoms) and vice versa. Many cultural groups separate most treatment along these lines. For example, if you are physically sick, you might go to a medical doctor for treatment, if you have a mental ailment you go to a psychiatrist or psychologist. Recent research is making links between our emotional/mental health and our physical well-being , especially with studies on stress. Stress is often seen as a mental or emotional disorder, but it causes bodily sickness as well. For instance, long term stress damages the immune system and makes people vulnerable to the pathogens that make us physically sick. This is also connected to the concept of **embodiment** where one's body and mind are viewed as interconnected in such a way that one's physical status as healthy or sick is connected to their embodiment of various cultural and psychological factors like emotion, pain, poverty, oppression, or other situations and/or experiences.

9.10 Cultural Construction of Sickness and Healing

Cross-cultural research on health shows that illnesses and diseases are culturally constructed. People construct their ideologies about what is "good" health and what is "bad" health. Even within your own culture these ideas are constantly changing; what is healthy and what is bad for your body changes over time. What is considered healthy in one culture may be deemed a disease or illness in

another. **Ideologies** about what being healthy means, what causes people to get sick and what will cure or heal them are also part of culture.

Understanding what people believe is important because it impacts a person's experience of sickness, health, and healing. Several examples in this chapter will explore this connection further. Recent research on cultural healing practices and beliefs indicates that people who trust their practitioner and the treatment they are undergoing will have more positive outcomes with fewer complications than those who do not have faith in their medical provider and/or their treatment. One reason for this may be that patients are more likely to complete their treatment if they believe that it is going to heal them. Additionally, people may stop the treatment earlier if they don't believe it is working thus lowering its efficacy (see for example Harvey 2013), or not go to the doctor at all The beliefs about what is making someone sick also dictates what will make them better, so it is important to understand these beliefs in a cross-cultural context.

9.11 Pregnancy, belief systems, and avoiding medical treatment in Mozambique

We can consider the research of feminist, anti-racist anthropologist **Rachel R. Chapman** as an example of this type of research. Chapman closely examines the lack of quality healthcare that is available to Black women across the world. In some cases, the lack of healthcare is due to social pressures or obligations and, in other cases, the problem is due to a lack of resources. Chapman aptly situates these social factors within the historical framework of colonial exploitation in order to demonstrate the way that power impacts human health.

Specifically, Chapman focuses on the cost and accessibility – both financial and social – of healthcare for the African and African

Diasporic communities. Chapman's work centers on the inequalities between colonial forces and communities of color.

Dr. Chapman's 2010 book, "Family Secrets," opens with her being implored to help a laboring mother in Mozambique. She is taken to a house where the mother and two attending women are in distress. Not being a medical professional, she tries to convince nurses from the nearby clinic to come help. They refuse, saying they can only help those who "aren't lazy" (Chapman 2010, 7) and are willing to come into the clinic. Chapman manages to convince the mother to travel to the clinic. Chapman wonders why it was so hard to help this woman which leads her to develop an explanation of the economic and social factors that separate these impoverished and marginalized indigenous women from the mostly poorly equipped but accessible health centers provided by government authorities.

Chapman's research was conducted in Mozambique where international organizations and NGOs have operated for generations but – Chapman finds – these organizations have missed a crucial factor about Mozambican culture: the social vulnerability of being pregnant. In the early stages of her research she would knock on doors to find interview candidates. In this work, she met visibly pregnant women who would flatly deny the pregnancy. Chapman was very intrigued by this cultural tradition of hiding and denying a pregnancy because she believed that this practice of denial must impact the way that pregnant women do not receive necessary healthcare.

Chapman learned that the knowledge of pregnancies are "segredos de casa" or "family secrets" that are traditionally protected in Mozambique. In this culture, exposing a pregnancy creates vulnerabilities that the general Mozambican public believes modern medicine can't handle. They are rooted in social causes that physicians don't address (2010, 125). For example, "feitiço," the term for witchcraft or sorcery, can be used to cause harm to a woman's reproductive health. A pregnancy may elicit jealousy, resentment, or rivalry in other women that leads them to seek the help of a sorcerer to harm the pregnant woman. Angered or disrespected

ancestor spirits or disruptions within the family could cause harm to the most vulnerable member, the pregnant woman (Chapman 2010). Visiting the prenatal clinic announces their condition to the community, so women avoid it as long as possible if not entirely. And whether they go to a clinic or not, indigenous healers are also used to increase chances of a positive outcome. These healers have a wide array of specialties and vastly outnumber physicians (Chapman 2010). Women also self-medicate with both folk remedies and modern drugs, or visit Christian churches and healers (Chapman 2010, 29). The plurality of these medical systems help explain why women aren't coming to prenatal clinics; they are seeking treatment elsewhere.

Anthropologist Robbie E. Davis-Floyd examines the medicalization of pregnancy in her book titled, "Birth as an American Rite of Passage." In Davis-Floyd's view, pregnant women in many cultures are pressured to attend numerous, intensive medical appointments in order to develop a sort of "faith" in the medical process through repetition. In contrast to Chapman's community-of-study where women have little to no faith in medical specialists, Davis-Floyd's community-of-study elevates the medical professionals to the level of religious specialist who is expected to control the forces of nature necessary to ensure a healthy birth.

9.12 Supernatural Belief and the Cause of Disease

George Foster (1913-2006), an important anthropologist and one of the founders of medical anthropology, examined beliefs surrounding the causes of disease across cultures. His two-system model of personalistic and naturalistic sources was an attempt to categorize different views of disease causation.

Personalistic refers to an agent like a jealous person, or supernatural entities such as a witch, sorcerer, ghosts, gods, etcetera that caused the disease by magical means such as "sending"

it to the person, using evil energy against them, cursing them, etcetera.

Naturalistic refers to impersonal natural forces or conditions such as cold, heat, winds, dampness, or an imbalance within the basic bodily elements that cause disease. For instance, a belief that a balance of hot and cold in the person is needed for good health, thus, some sickness will be categorized as "cold" or "hot" and their corresponding cure will involve bringing those back into balance. So, if a person does not have enough of the "hot" element and has too much "cold" then they will require more heat to bring them back into equilibrium. Different cultures will have different ways of adding more heat or cold to bring balance back. Some examples include eating "hot" or "cold" foods and herbs or using poultices that will draw out excessive heat or cold to bring about balance again. Foster pushed for more culturally relative presentations of these beliefs and the terms used to describe them. Additionally, he acknowledged that this dual model was not comprehensive since it left out other types of healing and these two categories can overlap with each other, but it was a initial attempt at exploring these cultural conceptions (Foster in Moro 2013:236-237).

9.13 Susto and Curanderos

One type of cultural construction of health and illness is called **culture-bound syndromes** (also sometimes referred to as "folk illnesses"). Culture-bound syndromes refers to sicknesses that are only found in a particular culture or a limited number of cultures. If the signs and symptoms are seen in another culture they may be diagnosed as a different ailment or not viewed as an ailment at all. This impacts how that sickness would be treated; if it is labeled as something else, then a different treatment may be seen as appropriate in the other culture or if it is not seen as an ailment, then it may not be treated at all. This can cause problems with

curing a person. Let's look at the example of *susto* to understand this better.

Susto is a culture-bound syndrome that is found in various cultures throughout Latin America and in the US-Mexico Border region. This is the belief that the soul has become detached from the body causing illness. The symptoms vary somewhat in different cultures that have *susto*, however, common ones include exhaustion, absentmindedness, distraction, listlessness, loss of appetite, no interest in one's appearance (i.e., not bathing, changing clothes, washing hair, etcetera), weakness, and introversion (isolating oneself from others).

Susto by Gustavo Facci, Flickr 2014

In the U.S., for example, these symptoms would be diagnosed as depression with the belief that it is the result of various factors such as hormone imbalances, sleep disturbances, vitamin D deficiency

or stress for instance. Thus, in the U.S. depression is treated with medication, talk therapy, more sunshine or light therapy, exercise and/or meditation (stress relievers), etcetera. However, cultures that diagnose these symptoms as *susto* believe that the most common cause is a fright, such as a sudden encounter or accident (like a startling effect or high stress). **Arthur Rubel** was an anthropologist who analyzed specific cases of *susto* in the U.S. – Mexican Border area and found that it only occurred when the patient perceives some situation as stressful. In his work, he shared case studies of people suffering from *susto* due to different traumatic events, such as a woman who became ill with it after her son disappeared for a while and she thought he had drowned in the nearby river. Even though he did not drown, the fright of that possibility caused her to get *susto*. Another story was of a man who had been given money by many of his fellow villagers to go into town to buy supplies and when he was returning the horse pulling the cart tripped as he crossed a river and the cart tipped over tumbling all the goods into the river where they were washed away. Since he could not repay everyone and lost their goods, he became sick with *susto*. It can also be caused by someone not fulfilling their obligations (which again can cause a high stress event), such as when a breadwinner loses his/her job, or someone has an affair.

Once a person is diagnosed with, or is suspected of having *susto*, they will seek a healer called a **curandero or curandera**. Treatments will vary from group to group and healer to healer, but the following provides an example of how a person may be healed. The first step in the treatment is to have a diagnostic session with the curandero/a who will determine what caused the *susto* to occur. Then the healer will attempt to coax the soul back into the body to help the person get well again. To get the soul back, the person may be sweated (like in a sauna), massaged, and/or rubbed with an object to help the soul find the body, or use herbs or other ritual elements to call the soul back. This can take many days, weeks or even longer depending on the person, the situation, the healer, and the cultural context that surrounds the healing. While the person

is being healed the family and the village, neighborhood and/or community comes together to support the person. They will take over any obligations that they had (such as childrearing, cooking, cleaning, working the farm, taking care of animals, etcetera). This makes this cure a social cure since the illness is seen as a social Illness. At the end of the treatment the person is reintegrated back into the family and community. This method of healing works on many levels for people. As humans we are hardwired to need interaction and touch, so massage and social support help the person on biological and cultural level to get better.

Exercise 9B

Learn more about the roles and responsibilities of curanderos in the article titled, "Meet Mexico's Curandero Healers Keeping Indigenous Culture Alive." Take notes on the historical significance of this type of religious specialist.

Then, see if you can answer the following questions:

1. What types of rituals are described in this article? How are these rituals used to serve the community?
2. How has the role of curanderos changed over time? Why?

9.15 Evil Eye

Evil eye is a widespread belief found in various cultural regions and continents such as the Mediterranean, Africa, Europe, South Asia, Latin America, the Caribbean, and the United States; thus, it is a culture-bound syndrome that is found in many cultures around the world. The idea of this syndrome is that someone can cause harm to another by looking at them or their property with envy or jealousy. Many cultures believe that "sending" evil eye to someone can be done on purpose like a curse or by accident by envying something someone has, so to avoid the evil eye it is important to avoid feeling envious of other people and causing other people to envy you.If someone has been the victim of evil eye then they can get sick, have misfortune befall them, or even die.

Something's watching... by Vik Walker, Flickr 2010

Depending on the culture that it is found in, there are many ways to prevent evil eye. Some cultures use charms such as chili peppers,

snakeskin, shoes, or horns to distract or absorb the evil. In the Middle East, many people use a blue bead with a painted eye on it or the "*hamza*" also known as the "hand of Fatima," which often has beads and/or an eye symbol on it. Additionally, many people avoid accepting or giving compliments as a way to avoid casting the evil eye on others. Compliments can indicate jealousy or envy since the person may be coveting the praised object. In some cultures, you only give compliments if you touch the person or object that you are complimenting. For instance, in some cultures, it is dangerous to say that a baby is cute, chubby, or healthy without touching the baby since you are alerting evil forces to the fact that there is a healthy, cute, or chubby baby around that they may want for themselves, so the baby could get sick or have some other misfortune happen to it. The evil eye is also seen as an exposing eye and often it is the overly curious person who is suspected of casting the evil eye on someone. It is often linked with fear of the privacy violations, the loss of self-control and security, so if someone is being "nosy" about your business and then something "bad" happens, it could be viewed as the result of evil eye. It is also like the idea of not wanting to "jinx" something good by bragging about it, because bragging could incite jealousy and envy. For example, if someone has a new car and they show it off, others may be envious of it and give the evil eye to it causing it to be stolen or crashed. Thus, the belief in evil eye keeps people equal so that no one thinks they are better than anyone else just because they have a particular item or wealth. In fact, in some cultures if you were to compliment an object like a vase, the owner would give it to you so that you could not envy him having it and thus give him evil eye. In this way, evil eye is an example of a **leveling mechanism**. Leveling mechanisms keep people equal and at the same social status regardless of their economic status.

Symptoms of evil eye vary by cultural group and can include headaches, stomach aches, nausea, and fever. Since these symptoms can be caused by other factors and not evil eye, it is important to diagnose whether they are evil eye or not. Once it is determined through a divination process that it is evil eye, it is

seen as a serious illness that can't be cured by biological medicine; it requires a healer and a ritual to treat it. For example, an evil eye headache will not be cured by taking an aspirin because it has a supernatural cause, so it must be cured in a supernatural way. Different cultures have different treatments for evil eye. Many cultures use eggs in various curing rituals to absorb the evil eye from the afflicted person. Once done, the egg is cracked open and if it is black or looks like an eye, then the person should be healed (this can also be part of the divination process to determine if it is evil eye). Some will then take the open egg and put it under the person's bed for a few days to continue to absorb or deflect any remaining evil and help the person get better. Italian Americans often also use olive oil to divine if it is evil eye and then to help cure it by making a cross on the head of the sick person with the olive oil to help them recover. This shows why it is important to examine health, healing, and sickness in a cross-cultural manner so that people can be healed appropriately.

9.16 Medical Pluralism and Native American Healing

Another aspect of treating people in culturally appropriate ways is to combine treatments from their culture with other medical practices. The book "The Scalpel and the Silver Bear: The First Navajo Woman Surgeon Combines Western Medicine and Traditional Healing" by Lori Arviso Alvord, M.D. explores the relationships between biomedical healing and Navajo* healing. Dr. Alvord is the first Navajo woman surgeon. She is a bicultural woman who is part Navajo and part white. Her background in both cultures provides her with insight into healing that is more effective, not just for her Navajo patients, but for all her patients. Providing the best possible care for the Navajo population was her initial goal in becoming a doctor and surgeon.

As she embarks on her medical education, she comes face to face with the differences between biomedical beliefs and practices and her Navajo cultural practices and beliefs. For example, the Navajo codes of behavior are to be humble, don't draw attention to yourself; choose cooperation over competition (don't make yourself "'look better' at another's expense or hurt someone's feelings"), "value silence over words," to respect elders, and to not share one's opinions unless you are asked for them (Alvord 2000, 27). The Navajo's cultural respect for boundaries includes various aspects of behavior. For example, being quiet and not asking too many questions respects the communication boundaries of other people. Personal information is "none of your business" unless the person wants to tell you, so asking too many personal questions is rude and is disrespecting the person's boundaries of information. Lower eye contact is polite and a sign of respecting boundaries as well. One's body is also a boundary, so it is inappropriate to touch another person without permission and surgery is seen as the ultimate boundary crossing since it is going inside a person's body (Ibid). These codes of conduct are different from, for example, those in mainstream U.S. culture and biomedical practices. These caused many challenges for Dr. Alvord as she completed her medical training. Her mentor, Lujan, a Native American doctor, helped her learn vital skills of following appropriate cultural behavior with her Navajo patients and providing high level health care according to medical standards. For example, a critical part of an exam in medicine is taking patient histories. This is often done by a doctor or nurse asking very personal questions which would be rude to do according to Navajo culture; Lujan modeled taking patient histories informally and indirectly through conversations about everyday topics that were appropriate to discuss. This was more effective than asking direct questions which would have been offensive and most likely would result in limited answers, or no answer at all (Alvord 2000).

Her approach uses **medical pluralism** by combining biomedicine and Navajo healing practices and beliefs; thus, it is important to

understand the Navajo view of health and healing. One of the most vital aspects of Navajo health is the concept of **tribal belonging**. Dr. Alvord explains that the concept of tribal belonging is important to the Navajo cultural social organization as well as mental, spiritual, and physical health. Tribal belonging is bigger than belonging to a family, it is the "…feeling of inclusion in something larger, of having a set place in the universe where one always belongs. It provides connectedness and a blueprint for how to live" (Alvord 2000, 32). She explains that "A tribe is a community of people connected by blood or heart, by geography and tradition, who help one another and share a belief system" (Alvord 2000, 32). Belonging to the tribe is "a form of preventative medicine" (Ibid).

Another essential aspect of her approach is viewing bodily functions and processes as striving to be in balance and harmony. This mirrors the Navajo concept of balance called "hozho" and "walking in beauty". **Walking in beauty** is living in balance and harmony with yourself and the world "…caring for yourself – mind, body, and spirit – and having the right relationships with your family, community, the animal world, the environment – earth, air and water – our planet and universe" (Ibid, 186). When a person is out of balance, they are vulnerable to being sick. "The stress from disharmony can cause physical sickness, depression, even violence and death" (Ibid, 187). This ties to the concept of embodiment as it recognizes that the larger context of a person's life impacts their health and healing. If one is living in stressful environments or under stressful conditions, then one is vulnerable to being out of balance and thus, vulnerable to getting sick. This is also connected to healing and helping the person get well. Part of the cure is to regain harmony and balance in their life so that one can be healthy again; therefore, all things are important and interconnected.

One of the traditional ways that Navajo healers, called medicine men, help people get better is to perform rituals called "sings" to restore balance and harmony for the person and their life. Dr. Alvord explains that there is "a spiritual intensity and an energy"

surrounding a healing ceremony (Ibid, 100). She describes the power of these singing rituals:

> A song, in physical terms, is an action made of breath and sound. It is made by the vibrations of air across a section of membranes in the throat, which are then shaped by the placement of the tongue and mouth. That is a literal description of singing, but of course there is more, much more. A song is also made from the mind, from memory, from imagination, from community, and from the heart. Like all things, a song may be seen in scientific terms or in spiritual terms. Yet neither one alone is sufficient; they need each other to truly represent the reality of the song. Singing comes from the misty place where human physiology, feeling and spirit collide. It can even be, for some people, a holy act, a religious act, an act with great power (Ibid, 5).

Therefore, songs have the power to heal on many levels – physically, spiritually and mentally. This also ties to the traditional Navajo belief that speaking a thought into the air gives it more power, making songs effective healing instruments.

Ritual songs are used "…to help the patient return to a way of thinking and living in harmony and balance, which helps guide patient's body back to health" (Ibid, 100). The community participates in the ritual which adds further support to the patient's healing. Ritual sings have many health benefits in medical settings; for instance, they help calm people, and some people are 'taught' to control their bleeding through these rituals (Ibid, 113). A few major hospitals treating Native Americans allow medicine men into the hospitals to perform rituals and these patients immediately respond positively with better health outcomes because they believe that the ritual and the medicine man will contribute to their healing. This shows how important health and healing beliefs are in positive health outcomes where patients have fewer complications and heal faster. In support of these rituals, some hospitals have even built ceremonial spaces called *kivas* into them just for these healing rites (Ibid, 77).

The combination of medical techniques like surgery with Navajo healing rituals is an example of medical pluralism. Frequently medicine men recognize the signs and symptoms of "white man's diseases" such as gallstones, gall bladder disease, and diabetes in their patients. They then help them get to clinics for treatment. This is also medical pluralism since the medicine men are contributing traditional healing with the biomedical healing techniques to help their patients heal. Dr. Alvord's medical pluralism approach is weaving these two medical modalities together into a more comprehensive medical system. She wants to teach other doctors to add the philosophical aspects of Navajo healing to the scientific aspects of medicine (Ibid, 113). The concept of walking in beauty helped her "unlearn" many of the concepts that her medical education taught her so that she could be a better doctor. She shares the many lessons that came from her bringing her Navajo cultural healing to her medical training.

> I had learned how to respect my patients and empower them. I had learned how important it is to acknowledge and value each member of the medical team. I had learned that when it comes to treating patients' illness, everything matters: our efforts, their efforts, their spiritual health, the health of their relationships, their comfort with and trust in the procedure they would undergo (Ibid, 188).

Dr. Alvord's view of healing with this pluralistic combination of Navajo healing with biomedical healing can help medicine grow and develop more patient centered techniques that can improve health. It is an integrated, holistic view of health that combines the physical, mental, emotional, and spiritual health of the person within their social-cultural context to bring them balance and harmony. It is an exciting approach to health and healing that is currently being incorporated into contemporary medicine more frequently as more research is supporting the view that healing needs to be more holistic and less compartmentalized.

*Note – Navajo people are also known as Dinè, however, since Dr. Alvord uses Navajo, I am following her usage.

9.17 Conclusions on Religious Specialists

Religious specialists vary across cultures and are divided into four categories in Anthropology: healer, herbalist, diviner, and prophet. While they tend to have different terms, they have specific qualities. Religious specialists usually receive their power directly from the divine or from a formal institution. This depends on their position in society, which can also determine whether or not they have a respected status in society. In some societies they are viewed as dangerous, too powerful, engaging with dark forces or mentally ill.

In stratified societies with distinct positions for religious specialists that are separate from secular life, these individuals work full-time as religious specialists. They are expected to memorize vast amounts of religious knowledge and texts and perform prescribed rituals. In societies where religious and secular life are not separate, religious specialists engage in rituals on the side, while also performing jobs outside of this field. They are typically called upon to perform unique and sometimes prescribed rituals when necessary. Oftentimes religious specialists are considered to be the ideal type of person, held to high moral and ethical standards and considered to be the moral guidance for the community.

One of the common features of religious specialists across cultures is that they are often considered to be acting on behalf of the divine. This is one of the reasons why the gender of the divine can determine the gender of the religious specialists in society. While religious specialists may be able to exercise power in their community, this power is also reinforced by the community members, and in the case of formal religious orders by the religious authorities. If the religious specialist fails to live up to the standards of their position in society, they can be removed by community members or religious authorities.

Commonly, religious specialists are asked to heal the sick or cure community ailments. In highly secular societies, medical specialists also embody the characteristics of moral leaders and are expected

to control natural forces for the good of community health. Anthropologists examine the intersection of spiritual healing and medical healing across cultures to better understand how individuals and communities navigate an uncertain world.

Exercise 9C: Journal Reflection

How is authority understood in your religious community? How is authority granted to religious leaders in your community and how does the public interact with religious specialists? You may also want to consider how your community interacts with medical specialists.

Exercise 9D: Study Guide

Define the following terms in your own words:

- Religious Specialists

- Shaman
- Healer
- Herbalist
- Diviner
- Prophet
- Full-time religious specialist
- Mambo
- Hougan
- Hijras
- Third gender
- Disease
- Illness
- Embodiment
- Medical racism
- Structural violence
- Structural gender violence
- Ideologies
- Personalistic
- Naturalistic
- Culture-bound syndromes
- Curandero/a
- Evil Eye
- Leveling mechanism
- Medical pluralism
- Tribal belonging
- Walking in beauty

Ensure that you can briefly summarize the arguments of these social scientists:

- Gayatri Reddy
- Rachel R Chapman
- George Foster

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