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OBEAH IN THE TREATMENT OF PSYCHIATRIC DISORDERS IN TRINIDAD:
AN EMPIRICAL STUDY OF AN INDIGENOUS HEALING SYSTEM

Submitted by:

Roslyn Roach, R.N
Faculty of Medicine, Department of Psychiatry
McGill University
Montreal, Quebec
February, 1992

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Masters of Science, Psychiatry.

ISBN 0-315-74484-7

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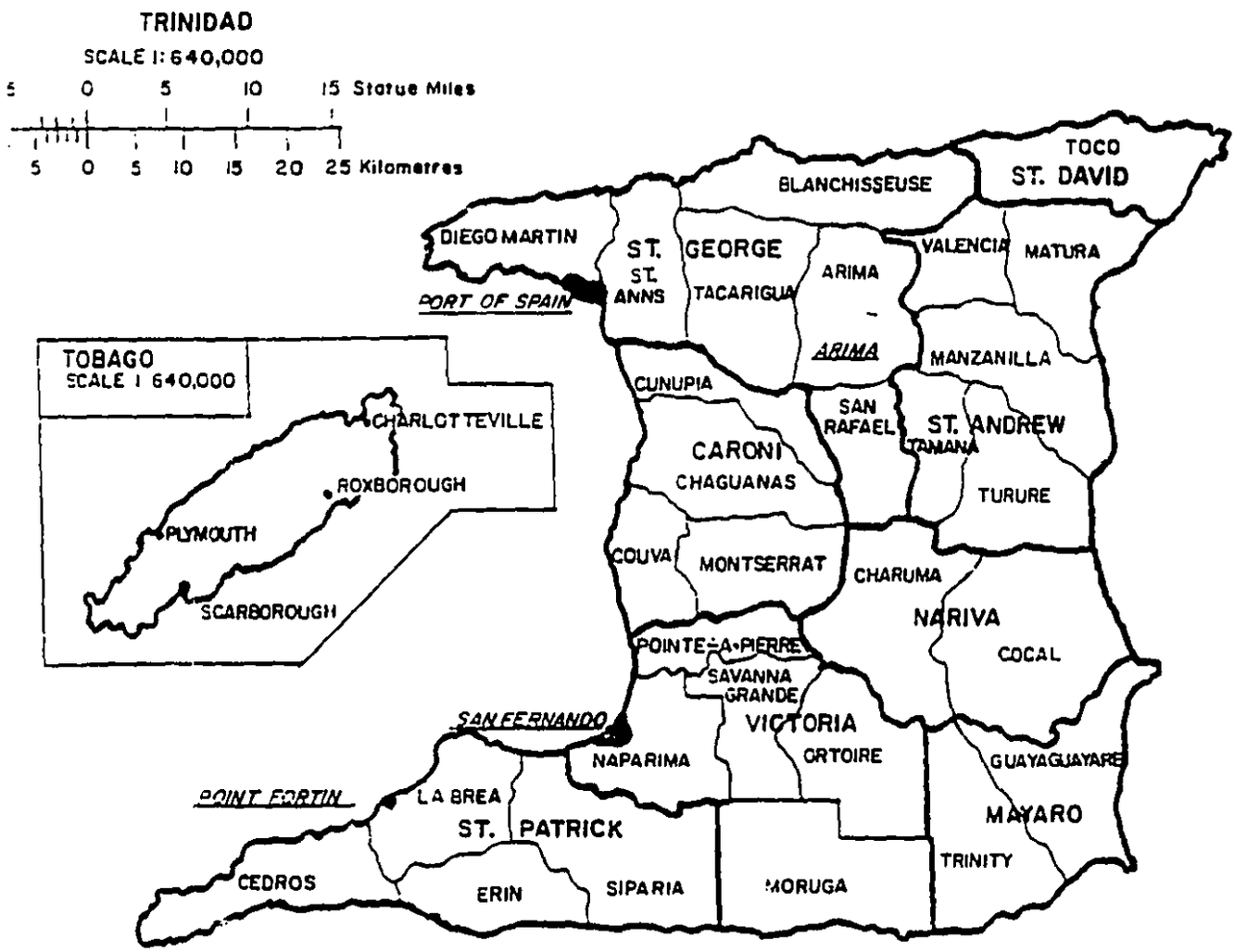
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ABSTRAIT

Ce discours vient du postulat que toute société et culture contient son propre systèm de croyances et un modèle de solutions aux problèmes de la vie. Je dois aussi postuler qu'aucune tradition culturelle ne peut prétendre à être plus ou moins valable par rapport à d'autres. Il faut plutôt que des tentatives soient faites pour examiner et découvrir autant que possible les variables nous partageons cette planète. Ce type de connaissance est particulièrement important pour les professionels de la santé si un niveau maximum d'efficacité de traitement demeure l'objectif à atteindre.

Beaucoup de malades mentaux de la Trinité et Tobague croient que la cause de leur maladie est une malediction ou un mauvais esprit et, de ce fait, vont chez les practiciens d'"obeah" au lieu ou en plus des médecins occidentaux pour leur traitement. Cet étude est le résultat d'un travail de reserche que j'ai memé sur l'Ile de Trinité du mois d'avril au mois juillet 1988, et du mois de janvier au mois de mai 1989. Elle contient des observations, des practiques et des donnés sur le système medical indigène dit "obeah". Je vais décrire l'"obeah", les guérisseurs qui la guérisson chez ces médicins traditionels de la Trinité. Dix practiciens d'"obeah" ont été entrevués et leurs histoires personelles, perception des maladies et modes de traitement ont été enregistés. Trente-cinq patients à travers l'Ile ont été aussi entrevués et leur états symptomatologiques, modes de traitement et résultats ont été documentés.

L'étude rétrace la découvert et le peoplement de la Trinité, démontrant ainsi la manière dans laquelle l'Ile d'abord habiteé par eux groupes d'Amerindiens au moment de sa découverte par Colombe au cours de sa troisième voyage, se developa en une société complexe qu'elle est devenue aujourd'hui. Elle décrit aussi l'impact prodigieux que l'importation massive d'esclave africains et de la main d'oeuvre est indienne a produit sur la nature et la direction de la société. Ces peuples ne sont pas arrivés la main vide. Au contraire, ils sont venus armé du savoir vivre du village dont certains aspects continuent d'exister jusqu'à nos jours.

Les problématiques qui rendent cet étude nécessaires sont eux aussi examinés. L'étude décrit aussi le fait que les Antillais en général et les ressortissants de la Trinité en particulier demeurent des nomads qui se considerent citoyen du monde, et prêts ainsi à s'émigrer volontairement pour élir domicile dans le pays qui accepte de les acqueillir. Ces gens apportent avec eux leur croyances culturelles et des problémes se posent du moment où isl entrent en contact avec les services de santé et professionels du pays hôte.

Il y a des difficultés tout simplement parceque leurs croyances ne concordent pas tout simplement avec les conceptes occidentaux de la santé et des maladies.

Deux études de cas des patients de Trinité vivant à Montréal sont projété, avec les problemes particuliers qu'ils ont posés aux services de santé canadiens qui ont essayé de leur apporter sécours. L'étude met in perspective la litérature qui se rapporte à la quérisson traditionelle en général et à l'"obeah" en particulier.

L'étude décrit en détail les méthodes de recherche, les donnés sur l'échantillon de la population cible et les profiles de trois practicienes d'"obeah" avec leurs approches thérapeuthiques. Elle présente aussi les expérience des patients avec la medicine conventionelle et avec la méthode thérapeutique d'"obeah".

En guise de conclusion, l'étude présente un discours portant sur certains problématiques examinéss pour affirmer ainsi le principe qu'il existent des voies différentes vers la santé et le traitement des maladies.

OBEAH
(Calypso Song)

Quite in Claxton in London City
An old lady she accosted me
Chalkie it's like Trinidad gone through
And the government don't know what to do
Tell Robbie that long time old people
When their problems were unbearable
They would never sigh
They would never cry
They would know what to do
So tell this guy

The answer to all your problems Mr. Robinson
We must return to our people's great tradition
Stop stretching out your hand
And begging Washington
It's only obeah to save the nation

To quiet John Humphrey. . . . . obeah
To bail out Tewarry . . . . . obeah
To control the speaker. . . . . obeah
To shut up Sudamah . . . . . obeah
Big speech in Washington
Can't solve the recession
Only obeah to save the nation

The old lady said to tell Robbie
Get some rachette and ditaypayee
Kooze mahu and some purple heart
And with a lime take a good bush bath
Tell him to wear a jersey back to front
Rub with red lavender for a month
Tell Robbie take heed
Wear some jumbie beads
In his pocket put an obi seed
She say:

To bring in more finance . . . . . obeah
To pay civil servants . . . . . obeah
To keep down your pressure . . . . . obeah
To make Carl stay down here. . . . . obeah
Stop privatization
forget your macro plan
It's only obeah to save the nation

Tell Robbie that I'm serious Chalkie
Economic plans can't work for we
Eric failed with pioneer status
Pantin and all tried to pray for us
George Chambers stressed productivity

Set up ABD and DFC
Chalkie Williams tried
State funds alongside
All them firms down by the wayside

To quiet John Humphrey. . . . . obeah
To bail out Tewarry . . . . . obeah
To control the speaker. . . . . obeah
To shut up Sudamah . . . . . obeah
Big speech in Washington
Can't solve the recession . . . . . obeah
Only obeah to save the nation

Tell Robbie that he has no excuse
Try obeah he has nothing to lose
Import substitution just didn't work
Export processing is only a joke
Write U.L.F. on a piece of paper
Put in a frog's mouth seal it with wire
Put the frog to wait
Right by Panday's gate
That will take care of Club 88

To win them forever . . . . . obeah
Walk with two jack spaniard . . . . . obeah
Goat milk from Castara. . . . . obeah
Or ask J.D. Elder . . . . . obeah
Every Tobagonian. . . . . obeah
Know about grave dirt and corn. . . . . obeah
It's only obeah to save the nation. . . . obeah

If you want to prosper. . . . . obeah
You can ask Explainer . . . . . obeah
Bathe with chip chip water. . . . . obeah
From down in Maruga . . . . . obeah
Rub with salt and pepper. . . . . obeah
Dip in Bethel River . . . . . obeah
Nelson, Rose and Scrunter . . . . . obeah
Will direct you better. . . . . obeah

Hollis (Chalkdust) Liverpool 1989

ABSTRACT

This paper is based on the premise that every society and culture has its own belief system and set of solutions for life's problems. I would also contend that no one cultural tradition should be seen as being of less or greater value than any other. Rather, it is important that attempts be made to examine, and come to know as much as possible, about societal variables that converge to form the psychological make-up of those with whom we share this planet. This type of knowledge is particularly vital for health professionals if maximum efficacy of treatment is to be achieved.

Many psychiatric patients in Trinidad attribute their illnesses to a hex or bad spirit, and therefore seek treatment from obeah practitioners instead of or in addition to western physicians. This study is based upon field work that I carried out on the island of Trinidad from April to July 1988, and from January to May 1989. It records observations, practices and outcomes of the indigenous healing system called obeah. I shall provide a description of obeah, the healers who use its methods, and the people who seek help, advice and cures from these practitioners in Trinidad. Ten obeah practitioners were interviewed and their life histories, view of illnesses and treatment approaches were recorded. Thirty-five patients from around the island were also interviewed and their symptomatology, modes of treatment, and outcomes were documented.

The study recounts the discovery and settlement of Trinidad, showing how the island which was inhabited by two Amerindian peoples and was discovered by Columbus on his third voyage, developed into the complex

society that it is today. The tremendous impact that the large scale importation of African slaves and indentured Indian laborers had on the nature and direction of Trinidad society is also described. These people did not come to Trinidad as empty vessels; rather they brought along many aspects of their village, life some of which persist until today.

The issues that make this study necessary are also examined. The fact that West Indians in general, and Trinidadians in particular, are a nomadic people who tend to view themselves as citizens of the world, and thus willingly immigrate to make their homes in any country willing to host them, is also outlined. These people bring along their cultural beliefs, and when they come into contact with the host country's health and other professional services, they can pose problems. These will occur because in many instances, their beliefs simply do not coincide with western views of health and diseases.

Two case studies of Trinidadian patients living in Montreal, and the particular problems they posed for the Canadian health services that tried to assist, them are highlighted. The study goes on to review the literature that deals with culture and traditional healing in general, and obeah in particular.

The research methods, along with information about the sample population are detailed in the study, as are the profiles of three obeah practitioners and their therapeutic approaches. An in-depth history of three patients who I followed closely throughout the project follows, and their experiences with the conventional medical system and with obeah therapy is presented.

This study concludes with a discussion of some of the issues raised, affirming that there are different pathways to health and treatment.

ACKNOWLEDGEMENTS

This project has been a journey of discovery. Not only have I come to understand the subject of obeah from the point of view of a researcher, I have also come to terms with important aspects of my own heritage, and to realize that this legacy is real, valid and useful.

This journey would not have been possible without the encouragement and support of a number of people. First of all, I would like to extend a very special thank you to Dr. Raymond Prince whose guidance, enthusiasm for the project, and expert supervision went a long way in helping me to make this study a reality. I must also say thank you to the many people in Trinidad whose keen interest, assistance and knowledge was indispensable, especially during the initial stages of the project. Here I must make special mention of the traditional healers Mother J, Papa A and Pundit H, who so willingly shared their knowledge and expertise with me. Finally, I want to thank my husband, Cecil, and my two children, Atiya and Atiba, for their understanding and love, especially during the many months spent away from them. Thank you again, Cecil, for the long hours of typing and editing.

INTRODUCTION

This study is based upon field work carried out on the island of Trinidad from April to July 1988, and from January to May 1989. It records observations on the practice of obeah, a traditional healing system of the West Indies, and specifically the island of Trinidad. I shall provide a description of obeah, the healers who use its methods, and the people who seek help, advice and cures from these practitioners in Trinidad.

Having worked as a nurse clinician in various psychiatric institutions in and around Montreal, and also having practised privately as an individual, group and family psychotherapist, I have been impressed by the increasing number of clients and in-patients of West Indian background who refused to accept the diagnosis and treatment offered by Canada's western medical system. These people often believed that their conditions were the result of unnatural occurrences or some sort of a hex or spell that had been directed at them by someone who is perceived as an enemy.

Also having spent my formative years in Trinidad, I was surrounded by the generally accepted belief that any strange or non-conformist behaviour exhibited by people of the village (particularly those who had always previously been "normal") was inevitably attributed to supernatural forces. Such behaviour was almost always the subject of whispers and gossip. These rumours usually involved the term obeah; someone had "done him something", or a jealous neighbour, lover, or friend had "worked obeah on him". The suggestion was also often made that some family member, loved one or true friend, should "take him to an obeah man" to have him cured.

I recall the case of Tom, a young man who was suddenly stricken with a disorder that caused him to be constantly running back and forth through the village of Arouca. Prior to this, Tom was an ordinary seventeen year old boy who was quite well liked by most of the people in the village. The rumor was that Tom and a number of other boys had made a habit of breaking into the local shop to steal candies. The owners of the shop who were a couple that many people considered 'wicked', had always threatened to 'fix the thieves' because the police were unable to apprehend the culprits. Again the local gossip was that indeed the couple had set an obeah trap into which Tom had fallen. Tom's parents took him to many doctors all of whose standard prescriptions proved to be ineffective. The generally accepted view in the village was that Tom's only hope was for his mother to take him to an obeah practitioner who would know how to break the spell that had been cast upon her son.

In retrospect, it is obvious to me that often in Trinidad, what could be generally categorized as psychiatric disorders were seen as unnatural, and therefore the result of obeah. When I started to encounter these same attitudes in Montreal among in-patients and private clients, I decided that I would like to make a systematic inquiry into this subject.

The island societies of the Caribbean in general and the island nation of Trinidad in particular are examples of societies that indeed have their own set of beliefs. What is unique in Trinidad is the heterogeneity of its population, all of whom at one time or another immigrated to the island. Today's Trinidadians are descendants of the Arawaks and Caribs who made

their way to the island's shores from the jungles of South America; of Europeans who hail from many of the countries of that continent; the East Indians who were brought to Trinidad as indentured laborers from the Indian subcontinent; the Chinese who came to work on the railway; and the Africans who were imported as slaves to work on the once-flourishing plantations. These peoples have come together to form Trinidadian culture.

Although Trinidad is considered a Christian society with large populations of Hindus and Muslims, a significant part of its religious imagery is derived from Africa. The traditional healing system known as obeah for example can be best described as a predominantly African system of beliefs and practices. However, obeah is familiar to and used by all Trinidadians regardless of race, level of educational achievement, or socio-economic status. Its roots are in African cultures, specifically in the vast expanses of West and West-Central Africa where the majority of slaves who were brought to Trinidad originated.

To understand obeah, it is necessary to come to terms with the context within which today's Afro-Trinidadians and those influenced by their belief systems conduct their daily lives. These people live in two cultural traditions. They are Christians who understand the restrictions and limitations placed upon them by the teachings of the bible and of Jesus Christ. They go to church on Sundays, sing the European hymns, and generally conform to the expectations of Christian society. However, it is important to understand that the teachings of Christianity is relatively new to Afro-Trinidadians.

For about two hundred years after the beginning of slavery in the British Caribbean the teaching of Christianity to the African slaves was frowned upon and at times even forbidden by law. This persisted until the early eighteen hundreds when Britain grudgingly permitted these teachings to be passed on to the slaves mainly in an effort to counter the non-conformist Christians who were beginning to spread their messages among the slaves. On the other hand, from Monday to Saturday, they lived in their close-knit communities and villages with their African lore, beliefs, and practices. It is from these traditional concepts and not from Christian traditions that their deeper levels of being derive; it is from here that they find definitions for their emotional lives, their mental images, and their fundamental beliefs. It is this heritage that gives rise to the Trinidadian's resistance to Western medicine and their gravitation towards obeah practitioners.

Traditional healers, medicine men, shamans, and practitioners of various other names are not medical neophytes. They are in fact members of healing fraternities that go back to the Africa that existed in antiquity. Undoubtedly, some of these knowledgeable people were brought across the Atlantic as slaves, and it was through them that obeah knowledge and traditions came to Trinidad. These African ritual elements merged with the Christian rituals that were learned later, to form the belief systems that now dominate Trinidad's society.

My hope is that this study will add to the developing body of information that is now becoming available to health professionals and other interested parties who wish to become knowledgeable about traditional healing, and to the understanding of obeah as it is used in Trinidad and other Caribbean

islands. In the final analysis of course, it is hoped that these studies will result in improved health care delivery to Canadian immigrant populations.

CHAPTER 1

THE DISCOVERY AND SETTLEMENT OF TRINIDAD

According to Europeans, Christopher Columbus discovered Trinidad on his third voyage to the new world in 1498. On the 31st of July, 1498, Columbus spotted an island that was dominated by three mountain peaks, which he therefore named "La Trinidad". This moment marked the beginning of a long involvement of Europeans with this lush tropical island and the initiation of the developmental process which resulted in the society that Trinidad is today. At the time of the "discovery", Columbus sent messages to the King and Queen of Spain describing his find as a stately grove of palm trees and luxuriant forests which swept down to the sea shore. He also indicated that this tropical paradise with its pure and warm climate and sweet air would indeed be a prize possession for Spain, especially since he was sure that gold would be found there. Spain did claim Trinidad, but gold was not to be found and no permanent European settlement was established on the island for another century.

Of course long before Columbus, Trinidad was home to the Caribs and Arawaks, two Amerindian peoples who had occupied the island for thousands of years. Archeological evidence suggest that the Arawaks originated in Bolivia, Peru and Brazil, while the Caribs apparently had their origins along the coast of Venezuela. These migrations are thought to have occurred some 7000 years ago (Rouse, 1986). Clearly then, the island of Trinidad was first discovered and settled by the Amerindians whom Columbus found there. These peoples were mainly hunters and gatherers who later found it extremely difficult to adapt as laborers to the plantation economy that the

European colonists developed in Trinidad. West Africans proved more adaptive and a century after Columbus, African slaves were being imported (Simpson, 1970).

Approximately one hundred years after Columbus's landing, a permanent settlement was established on Trinidad. However, economic activity was at best marginal, and for nearly two hundred years Trinidad remained underdeveloped and isolated. By 1783, the Spanish government realized that an economically worthwhile Trinidad would require foreign immigration on a large scale. To achieve this objective quickly, the Spanish government needed a special mechanism for attracting French planters along with their slaves, capital and expertise in the cultivation of cocoa, sugar cane and coffee. To this end, the government in Madrid issued a decree (the Credula) which offered generous terms to immigrants who were wealthy and experienced planters, and who were willing to bring their slaves to new opportunities in Trinidad. The Credula's principle incentive was a free grant of land to every settler who came to Trinidad with his slaves. The rapid immigration that followed transformed the size and composition of the population and launched Trinidad as an economically viable colony. The old Spanish and Amerindian population was largely replaced by a new and massive infusion of Africans and French. By 1797 (the year that the British acquired the island),the population had grown to 17,718. French colonists and their slaves from Grenada, St. Vincent, Martinique, Guadeloupe, France and Canada accounted for most of the increase. The racial breakdown of the population was 2,151 whites, 4,476 free coloreds (mixed race), 1,082 Amerindians and 10,000 African slaves (Simpson, 1970).

It is obvious from these figures that African slaves represented a considerable majority among Trinidad's population. What kind of people were these slaves, where did they originate, and what kind of cultural baggage did they bring to Trinidad? Although slaves living in Trinidad in 1797 were brought from neighboring islands by French planters, their story prior to 1797 and that of the thousands who arrived over the following thirty-seven years is inextricably linked to that of their counterparts who labored throughout the West Indies. With the rapid development of sugar cultivation as the region's primary industry, the need for a large unskilled labour force eventually led to the large scale importation of slaves from West Africa and other Caribbean islands to which they had already been transported. These peoples were taken from the densely populated expanses of the West coast of Africa, an area extending from the Senegal River all the way south to the Congo River basin. Although it is impossible to accurately pinpoint their origins, it can be safely concluded that these Africans came from the entire West African region particularly from the Gold, Ivory and Slave Coasts. These peoples were descended from a large number of different ethnic groups, ranging from the Congo tribe of the Congo River Delta to the Jolofs of the Senegal River Delta.

Obviously, as human beings these people did not exist in a cultural vacuum while they were living in their villages in Africa, and the slaves who were brought to Trinidad and other West Indian islands brought along their belief systems and practices. Remnants of these beliefs and practices persisted throughout the period of slavery. Today they form the basis of the world view of their descendants. The practice of obeah is very much a part of this legacy.

By the beginning of the nineteenth century, abolitionist winds of change were starting to blow over the world, including Trinidad. In 1812, a British Order in Council introduced a system of compulsory registration of all slaves in Trinidad. This Order was a victory for the abolitionists who hoped to prevent the illegal importation of slaves by making it dangerous to possess slaves who had not been legally acquired. By 1824, other laws had restricted the owner's right to discipline their slaves, and had given slaves certain legal, religious and human rights. Finally in 1834, slavery was abolished. By August 1st, 1838, all slaves were faced with the challenge of adjusting to full freedom. The planter class was now confronted with the very serious problem of trying to maintain a plantation economy without slave labour. The freed Africans were offered work on these plantations, but to them the land represented subjugation, and the very inhumanity that was so much a part of slavery. They preferred to move to the towns and seek employment as stevedores and other such occupations.

The British solved the problem through the importation of indentured laborers from India. These workers were recruited in India and given immigrant status in the British colonies, including Trinidad, provided they signed a contract (an indenture) binding them to work for periods ranging from four to seven years. Between 1838 and 1917, 145,000 Indians were brought to Trinidad under this system. These indentured labourers represented the final infusion of immigrants into Trinidad and completed its demographic picture.

Today only a few hundred Trinidadians are of Amerindian descent, and most

of these are of mixed blood. Simpson (1970), noted that in 1876, only 4,250 persons of African birth lived on the island. In 1881, the number was 3,035 and finally by 1931, there were only 164. Clearly then, Trinidad was well on its way towards its own demographic identity. Today it supports a heterogeneous population of about 1,200,000 people with more than a third of the population having black African ancestry and about a third having Indian ancestry. People of mixed European and Indian or black African ancestry plus smaller groups of European and Chinese heritage make up the rest of the population. These descendants of Caribs and Arawaks, Africans, Europeans, and East Indians now form the core of a rich and unique culture with its many cultural practices. It is from this perspective that the Trinidadian practice of obeah must be viewed. The rituals and practices associated with this treatment system are dominated by elements deriving from African cultures, particularly from the West African Yoruba. Despite the specific West African origins of the system of beliefs, obeah is known by all other groups and subcultures in Trinidad.

CHAPTER II

WEST INDIANS, TRINIDADIANS AND THE CANADIAN HEALTH SYSTEM

Stephen Glazier (1983), described West Indians in general and Trinidadians in particular as an extremely mobile and nomadic people. In his view, after migration, these people tend to view themselves as citizens of the world. The region has had a long history of out-migration, and West Indians have repeatedly sought out countries which have periodically relaxed their immigration laws. Trinidadians conform to this pattern.

Between 1978 and 1987 emigration brought about a decline in Trinidad's population by 28,266 people. Of these, 20,819 took up permanent residence abroad, mainly in the United States, Canada and the United Kingdom (Annual Statistical Digest). This 2.5% reduction was certainly a substantial proportion of Trinidad's population.

Of course these peoples who have made the voyage to countries such as Canada bring with them their own, often very different cultures, values and belief systems. Health practitioners in host countries such as Canada will be seeing an increasing number of such immigrants. When these "new Canadians" seek medical care, their ideas about illness and treatment will inevitably pose resistances which may not be clearly understood by Canada's health-care system. Wendenoja (1985), has emphasized that every society has its own folk beliefs and traditional healers and that the spread of modern medicine does not seem to have diminished their popularity. Immigration also does not affect the manner in which the individual immigrant has been socialized and there is dire need for the study of the belief systems and

traditional healing practices of many people who have now called Canada their home.

In 1978, a consultative committee of the Ministry of Immigration of Quebec stated that there were 85,000 black people in Quebec (mostly Montreal), with the population growing. The Black Community Council of Quebec estimates the current population at 125,000 with approximately 95,000 English-speaking. Of those that speak English, 80,000 are of West Indian origin. There are some 45,000 French speaking blacks, most coming from the island of Haiti.

The following two cases will serve to illustrate some of the struggles that clinicians and patients encounter in the present psychiatric milieu. It is important to note here that in order to alleviate some of the struggles and conflicts that the patients encounter, and to initiate successful treatment plans, the treating physician or health care giver must be willing to see and understand the dilemmas that patients might be experiencing. Snow (1983), has observed that a large percentage of black Americans view unnatural illnesses, the realm where psychiatric disorders fit, as resulting from witchcraft, a belief that causes conflict in the American social network. It is clear that Western-trained health care givers have difficulty understanding and effectively treating patients who hold such unfamiliar beliefs about their illnesses. Instead a variety of traditional healers offer help to these victims. Indeed if the health system wishes to have more successful outcomes to the treatment of these so-called unnatural illnesses, physicians and other health care givers must be willing to deal with the traditional beliefs of their patients in a manner that is more effective than

the ridicule they have often offered during treatment procedures.

I was fortunate to have had the opportunity to work with West Indian patients in Montreal who held similar beliefs about psychiatric illnesses, and to do follow-up care with two cases who had long and unsuccessful hospitalizations in Montreal. They eventually returned to the familiar surroundings of Trinidad after Canada's medical system's long effort to maintain their mental stability proved to be unsuccessful. They chose to return to their original homeland because they were convinced that they could find a quicker and more effective treatment and cure. These two individuals were convinced that evil spells and witchcraft were the causes of their mental illnesses, and felt that treatment by an obeah practitioner was their best hope.

CASE I:

Mrs. R. is a fifty year old Trinidadian mother of five. The oldest in a low-income family of three brothers and one sister, she began working at an early age. She came to Canada in 1972 "to get away from envious people". She described her ex-husband (who was much younger than herself) as being "a childish person" but "a good man" despite the fact that he carried on relationships with other women some of whom were her best friends. She boasted of being a woman of energy and charity, who worked her way to Canada, where since her arrival she has helped sick and needy people as a nursing assistant. She claimed to be a religious person and identified with her grandparents' association with the Spiritual Baptist faith.

Since her husband left her in 1980, she has been chronically depressed,

unable to work, and has lost contact with most of her friends. She had several hospital admissions between 1981 to 1987, and despite repeated attempts at conventional methods of treatment, she has continued to complain about feeling a burning and "pins and needles" sensation all over her head and body. Mrs. R. refused all pharmacological and psychotherapeutic treatment claiming that someone has "done her bad", and that she must see an obeah man if she is to have a chance of getting better. She did consult an obeah man in New York City in 1986 but the treatment was ineffective. Due to American immigration restrictions, she was unable to pay him more than one visit.

While visiting at the foot of her bed one very stormy evening, Mrs. R., with her head bowed and cupped in her hands, said to me: "This illness is not natural. No one can convince me that this is normal. You are from home, you should know better. Everything happened overnight, all because of one woman who thinks that I am having too much. They were always out to get me because I was prospering. If I had not eaten this one piece of meat, I would have been in a better position today. I know that these doctors cannot cure me so I am not going to waste my time sitting around here".

Mrs. R. was eventually discharged to her home in Montreal where she refused follow-up out-patient treatment. Because of her non-compliance and what others considered her uncooperative attitude, her family stopped visiting and investing in her well being. She finally withdrew into a cocoon from which she was rescued by her sister from out of town who sponsored her trip back to Trinidad to get a cure. During my most recent visit to Trinidad, I discovered that Mrs. R. was living with her nephew and his family. She was

depressed and withdrawn as she had been in Montreal. However, she was able to maintain a job as the caretaker for the Spiritual Baptist chapel in her community. She was not willing to speak about her experiences in Montreal and her present treatments in Trinidad, but she described herself as being "fine" and voiced no somatic complaints.

What has become abundantly clear is that despite all efforts no one could convince Mrs. R. that her illness was not due to "unnatural causes". This case exemplifies Snow's (1983) observation that illnesses regarded as the result of unnatural causes, may be especially frightening because they are viewed as resulting from hexing, magic and witchcraft. She noted that it is not uncommon among American blacks to see victims of this belief deteriorate during conventional medical treatment and as in this case, problems of love and envy were reasons given for most of the reports of hexing behavior involving "supernatural" control of a victim's physical or behavioral changes

CASE II:

Ms. P. is a forty-eight year old single Hindu Trinidadian of East Indian origin. She is the mother of a twelve year old boy, and is the fifth child in a family of twelve children. She claimed to be the second girl in the family who has worked hard from the age of sixteen in an effort to help her sickly and elderly parents support her younger siblings. She described her family as cohesive and "to themselves". Ms. P. came to Montreal in 1982 to join her sister with the hope of improving her economic status and assisting the other family members at home. Since her arrival here she has been unable to find work, and has been maintained on social welfare. During this time she

began to complain of difficulty sleeping, anorexia, dizziness, fear of being with people and feeling that people wanted to harm her so that she would not progress. She also had frequent episodes of skin itch "which could not be explained". She worried that she would never be able to accomplish her goal of supporting her family at home in Trinidad. She also saw herself as being an unfit mother for leaving her son behind with grandparents and not being able to give any financial or psychological support. She blamed herself for having a child before marriage, and felt that she was being punished by her in-laws for having a child out of wedlock. She was convinced that her illness was caused by an evil spirit invoked in her through a letter which she received from her son's paternal grandmother four days prior to its onset.

Ms. P. was admitted for five months and was treated with various neuroleptics and antidepressants. She often attempted to sabotage her treatment by not attending ward activities and by hiding her medications. She would pray loudly each day and ask Jesus Christ for forgiveness. Quite often her prayers were described by staff members as incoherent or bizarre, and she wanted to run away from the hospital almost daily. She requested visits from the priest, but they were often denied for fear of "feeding into her delusions". Finally Ms. P. refused all treatment and threatened to sign herself out of the hospital against medical advice. She then confided in me that she had to see an <u>obeah</u> man. "I have to continue living for my son. This devil inside of me is too powerful. It is taking charge and making me crazy. I cannot take this hospital's mumbo jumbo anymore". With great effort from the treating team, Ms. P. was brought to a safe level of functioning and was discharged to the Out-Patient service. She never appreciated or accepted

this service and of course she never turned up. She contacted me a few weeks later requesting therapeutic support. She stipulated that these meetings were to discuss her own interpretation of the origin and nature of her illness. With clear understanding from the service, I began to offer supportive therapy to Ms. P. On her initial visit, Ms. P. reminded me that she was only seeing me because she thought that I could understand. She had eight individual sessions during which she discussed her feelings of hopelessness and helplessness, the feeling of being trapped by an inner force and the feeling of no longer knowing who she was. She was considering the idea of going back to Trinidad to seek obeah treatment as the cure to her illness. She spoke about seeing a pundit and if that did not help she would go to Papa Alexander, who is a Baptist healer in Moruga, South Trinidad. A few months after her release from hospital in Montreal she returned to Trinidad to find a cure.

Since Ms. P.'s return to Trinidad, I have received occasional reports from her sister that Ms. P. was doing well. I visited Ms. P. in Trinidad and found that she was functioning normally. She is living with her children and current boyfriend in the lower level of her parents' home and maintains a full time job as a cleaner in a government building. She claimed that she goes to prayer meetings in the Hindu temple on a regular basis, and she felt that returning to Trinidad was therapeutic. She does visit a pundit regularly but would not discuss specific treatment programs.

These two cases are quite similar. They both strongly believed that their illnesses were due to unnatural causes and that they would not therefore respond to western treatment. Even though they differed in racial and

religious orientation, they both ventured off to find a healing practice that was familiar to them. This faith in a healing system was obviously based upon their perceived understanding of their illnesses.

Chrisman and Kleinman (1980) pointed out that Black Americans who came into contact with orthodox medicine that differs significantly from their traditional healing practices will often react by ignoring the treatment prescribed, by misusing it, or by complaining about the quality of care that they are getting.

The type of reactions which was exhibited by the patients cited above, can lead to poor outcomes. These two cases exemplify some of the difficulties that a health team or practitioner can encounter when treating patients from a different culture. The cases also exhibit the dilemmas that patients may have to endure when faced with a lack of knowledge on the part of treating medical professionals. These patients hold alien systems of beliefs concerning the cause and appropriate treatment of their illnesses. It is obvious that these varied outlooks could be interpreted as resistance to the Canadian medical system.

With Canada's population becoming increasingly multicultural, and with the Federal government committed to a policy of multiculturalism, the health-care issues raised for Canada and for Quebec's medical system by the two cases discussed will undoubtedly become more prevalent. If these dilemmas are to be successfully resolved and all of Canada and Quebec's patients adequately cared for, it is essential that knowledge of these numerically increasing "strangers" and their belief systems be made

available to treating practitioners and the health system as a whole.

CHAPTER III

LITERATURE REVIEW: CULTURE, HEALING AND OBEAH

While this study endeavours to provide insights into the beliefs and healing practices of West Indians in general, and Trinidadians in particular, it is important to look at the nature of psychotherapists and psychotherapy, the general framework within which obeah fits. Torrey (1986) provides an analysis of the four tenets that are the basis of all forms of psychotherapy. According to him, therapists from all parts of the world operate from the basis of the expectations of the client, a shared world view, the personal qualities of the therapist, and an emerging sense of mastery.

Communication is the most critical variable in psychotherapy, and as Torrey contends, "real communication presupposes not only a shared language but a shared world view as well"(p.17). It is only when this condition exists, that the "principle of Rumpelstiltskin" becomes possible. Essentially, this principle refers to the therapist's ability to name the illness that afflicts his client. The name Rumpelstiltskin is taken from the Brothers Grimm's fairy tale about an evil magician who wants to take the queen's baby. In this tale, the queen can only save the baby if she is able to correctly name the evil magician. Her desperate search finally ends with her last minute utterance of the right name - Rumpelstilskin - resulting in the baby being saved and everyone living happily ever after. Similarly, in therapy, when the illness is given a name, the client's anxiety is diminished.

> The identification of the offending agent (childhood experience, violation of a taboo) may also activate a series of associated ideas in the client's mind producing confusion, abreaction, and a general catharsis.(p.18)

What this naming process does is implicitly say to the client that someone cares, understands, and is willing to be a companion in the client's time of need. For the client, this process also implies that indeed, there is a way to get well. Torrey goes on to explain that an "underlying principle" of this naming process is that the therapist can put the correct name on the disorder. For this to occur, both the client and the therapist must have the same worldview, particularly that part which relates to the disorder. It is this that makes the naming most relevant and effective. The principle of Rumpelstiltskin is therefore a universal component of psychotherapy. However, the content - the actual name given to the disorder - is intricately linked to the culture of the therapist and the client.

"Medicinal Mensch", the personal characteristics of the therapist, is the second of Torrey's basic components of psychotherapy. In all of the world's cultures, therapy is a relationship between two people - the client and the therapist. Because of this, Torrey contends that along with the personal qualities of the therapist are those qualities projected unto the therapist by the client. This process is called transference. In Torrey's view, too much analytical attention is given to transference while such questions as, how important is it to select the right therapist, and how should a therapist be selected and trained, are lacking in analysis. Despite the paucity of research in this area, Torrey does identify some personal qualities of therapists that are important in producing effective therapy. These are, accurate empathy, nonpossessive warmth, and genuineness. Because therapy is so much more than a set of technical procedures, these qualities are very important if effective therapy is to occur. The qualities are not culturally specific and

apply to therapists all over the world.

The expectations of the client is Torrey's third component of psychotherapy. This principle is utilized throughout the world by therapists who all work towards raising clients' expectations and producing hope which in itself has therapeutic benefits.

> The building associated with the healer (the edifice complex), his reputation, and his training are all effective parts of therapy and induce hope that the client will, after all, get well. (p.55)

This hope or "emotional arousal" is extremely important and develops best when the client has trust in the therapist. This trust is largely based on the personal qualities of the therapist but it also very much depends on the setting of the treatment, on the therapist's paraphernalia, belief in himself, and on his training and reputation.

A client leaves her therapist's office, after her last of two hundred visits, with the feeling that "everything is o.k. now" and "I can do it on my own". Another client says goodbye to his therapist for the last time with the feeling that his problems with his wife have gotten better, that he can make it, and that his marriage will be saved. These two people serve to illustrate Torrey's fourth basic component of psychotherapy - the superman syndrome. These patients leave with the conviction

> ...That their therapy has provided them with the knowledge, competence, insight, and understanding necessary to master life's adversities, whether the adversities be in the form of a passive aggressive wife (similar to his mother) or an ancestral spirit (similar to his mother). They each have incorporated the knowledge and made it part of their armamentarium, almost as if they are carrying a small

> piece of their healer with them in their psyches. (p.70)

Essentially then, therapy is successful when the therapist has succeeded in changing the client's self image from a person who sees himself as being totally dominated by the manifestations of his illness to one who can master these symptoms. He feels like a superman who can now go forth, struggle with and conquer all the "psychic dragons in his life".

> The sociocultural system of which the individual is a member provides the stresses that cause the illness; the medium of expression of the illness; a theory of disease (spirit possession, soul loss, witchcraft, or attack of gods, ghosts or germs); the basis for mobilization of help for the patient; a cure; and, in varying degrees, insurance that the cure will be permanent, that is that there will be no relapse (Fox, 1964 p.174).

Western medicine might well ask how an understanding of <u>obeah</u> could be relevant to the treatment of psychiatric disorders, and how traditional beliefs could contribute to an appropriate treatment? Wittkower and Dubreuil (1971) attempted to make sense of concerns of this nature when they defined the differences and the links between psychiatry and anthropology. They defined the two disciplines in a manner that can cause difficulties if attempts are made to treat them as being totally separate, and as if they exist at opposite ends of the spectrum. These theorists feel that the relationship between cultural content and mental disease is the degree of psychological tensions and anxiety which can be created by some cultural elements between individuals and within individuals.

Before drawing such a conclusion, they defined Anthropology as a long range study of mankind and psychiatry as a short range study of an individual. In other words, these researchers appear to be pointing out that in order to

study and understand the individual's behavior and any possible mental disorder, it is crucial that the individual's group and socialization environment be understood. Therefore, to understand the use of obeah in the treatment of mental illness, it is necessary to first understand the importance of the culture of the sick member who adheres to such beliefs, and the impact that it has on his state of being. Based on this outlook, the understanding and description of traditional and non-Western medical systems has become of considerable interest to anthropologists, medical and paramedical professionals. It is known that in Africa and other developing countries such as Trinidad and other West Indian islands, traditional medical practices are still very much a part of the countries' health care system.

At the first Pan-African Psychiatric conference held in Abeokuta, Nigeria in November, 1961, differences of opinions about traditional medicine and treatment surfaced. Dr. M. Majekodunmi, then Federal Minister of Health of Nigeria shared his experiences while cooperating and working with traditional healers. He confessed:

> I very readily agreed to the pleadings of relatives to allow them to be taken to their home surroundings and be given traditional remedies. And I was very frequently rewarded by the fact that many of these patients returned within a few weeks to see me, apparently completely cured and ready to fit themselves into society... I believe that an interplay between the modern and the traditional, particularly in the field of mental health, could be rewarding to both sides (Prince, 1963).

In Trinidad, similar views were voiced during this present study. Dr. H. Maharaj, head of Transcultural Psychiatry at St. Anns Hospital, Trinidad, remarked during an interview in 1988:

> We might be fighting a lost battle to try and treat our people like they do in America. I

> believe that our people are unique in our own way. When they believe that the pundit, priest, or obeah man can help, I allow them to go and sometimes they return feeling more at peace with themselves and in return my task becomes much easier. A lot of my patients see me as being able to treat the biological aspect of the illness and see the healers to treat the spiritual aspect. peace with themselves and in return

Wittkower and Dubreuil (1971), give further credence to Maharaj and Majekodunmi's assertions when they found that procedures and practices adopted by the native healers in the milieu in which the patient lives are often more effective than so-called scientific procedures. This, I hope to further illustrate with the findings of this study.

However, before attempting to understand the concept of obeah and its healing effects, it is important to first look at the origins of obeah and its importance to the group or culture that it represents. As has been noted earlier, during the early years of the development of Trinidad and other West Indian islands, African slaves were brought to the Caribbean along with their cultural baggage, which in part consisted of their traditional beliefs and practices. "Traditional" here refers to the local African practices which were not necessarily recorded in textbooks or even accepted by the ruling classes in the colonies. These slaves brought their religion which was later described by Europeans as a curious mixture of God worship and magic (Campbell, no date).

Much has been written about the supposedly unique qualities of African religions. However, their convictions and practices are essentially similar to the beliefs, rituals and rites of other religions, including Christianity. The African religions include beliefs about various mystical and spiritual forces that are held to exercise power and influence over living beings, including humans. The slaves believed in spirits, and like the Ancient

Greeks, Romans, and North American Indians, they imagined spirits to animate trees, rocks, rivers and animals. Caribbean slaves attempted to congregate to practice their religious rites and rituals as often as possible. These practices included a great deal of chanting, singing, dancing, drumming, and sometimes shouting. Many plantation owners resented these activities which they categorized as "mumbo jumbo". Unable to relate to these rituals or to understand them, they felt that they had to put a stop to them, if they hoped to maintain control and productivity. Trinidadian plantation owners often expressed their frustration with these ceremonies. For example, Charles W. Day complained that:

> The drumming on the abominably monotonous tum-tum, the singing in chorus accompanied by the simultaneous clapping of hands, are all very well for once, but novelty over, they became extremely disagreeable. Every night there was a dance among the negroes on the estate until in the morning causing banishment of peace and quiet on the plantation. The horrible task of drumming and chanting caused the workers to be exhausted and unable to work the land the next day (Simpson, 1970).

Many among the planter classes believed that the slaves had supernatural powers and feared that the blacks could become a threat to their positions. This resulted in strict laws forbidding the slaves from openly practising their religions. The laws in Jamaica in 1787, included the following clause:

> Any slave who shall pretend to any supernatural power in order to affect health or lives of others or promote the purposes of rebellion shall upon conviction, therefore, suffer death or such other punishment as the court shall think proper to direct (Campbell, no date).

Today in Trinidad and Tobago there is a similar clause forbidding the practice of <u>obeah</u>:

> Any person who by the practice of <u>obeah</u> or by any occult means or by any assumption of supernatural power or knowledge, intimidates or attempts to intimidate any person, or to obtain or endeavors to obtain any chattel, money or valuable security from any

> other person, or pretends to discover any treasure or any lost or stolen goods, or the person who stole the same or to inflict any disease, loss, damage or personal injury to or upon the person, or to restore any other person to health, and any person who procures, counsels, induces, or persuades, or endeavors to persuade any other person to commit any such offense is liable to imprisonment for six months (Laws of Trinidad and Tobago, 1980).

It is interesting to note that even though this law exists in Trinidad today, it is totally disregarded. This is clearly exhibited by the response of Dr. Jonathan Bernard, who was Mental Health Coordinator at the Ministry of Health at the time of my research. When asked about the obeah law, he responded:

> Law, what law? You cannot stop people from being themselves. Obeah beliefs and practices are what makes us who we are. Look it, the biggest men (highest ranking) in this country use obeah. How do you think they keep their positions? The men who are writing and setting down the rules are needing obeah to hopefully do it right. Are they going to prosecute themselves? No my dear, there is no law and if there might be a law since early colonization, it is time to revise and maybe erase it. Our people are much closer to the understanding of who they are and what they are all about. You find them expressing their beliefs in themselves and their identity through their traditional practices and obeah is the root of this belief. I believe in myself, I believe in my traditional practices, and without this core belief, I would not be who I am. Listen to the calypsos by Sparrow, Stalin and Chalkdust, and you will understand the importance of obeah in our culture, and why there should not be a law.

Dr. James Millette who is currently a Professor of History at the University of the West Indies, when asked about the obeah law, responded in the following manner:

> There is no law as such, but if there is one, it should be revised as of the present understanding. Obeah has an important contribution to make towards the understanding of the people of this nation and of parapsychological phenomena. There is no doubt that things go on that cannot be explained or understood by normal cognition Not only should these laws be removed, but the practice should be encouraged because all of these practices play out the limits of human power, and the understanding of the environment. Non-traditional medical practices is now an important area of study and obeah is very much a part of that study. It is not only thought of in relationship to drugs, and plant species that are threatened by environmental disasters, but people are now trying to rescue the knowledge which seems to suggest from time to time that ailments that defy medical practices have been controlled and eliminated by other medical systems. Acupuncture, obeah, and other forms of medical practices and beliefs are often thought about. Obeah is a very valuable medical system in our culture,

> therefore it should be encouraged, studied, and made known across the world. There is no law against it and there should not be any law against it.

It is clear then that as the Africans gained their freedom and abandoned the plantations, the practice of their traditions continued to flourish. However, the attempt to stamp out these practices, first by the colonial rulers and later by the ruling classes of the colonized countries, continued for many years. The goal has always been to replace these beliefs and practices with those of Christianity. It has only been with much effort that some Caribbean populations have indeed managed to maintain some of these beliefs and practices. This can be clearly seen among the Orisha, Shango, and Spiritual Baptist groups which contribute a great deal of their time and energy attempting to heal the sick by using their traditional approaches. The Orisha group combines elements of Yoruba (West African) traditional religion, Catholicism, and Spiritual Baptist faith (Simpson, 1970; Mischel, 1957).

Considering some of the concerns of the slave-owners as highlighted by Campbell, it becomes clearer why the Shango group was unable to continue the practices they brought from Nigeria some two hundred years ago. In their practice of their faiths, the Shango and Spiritual Baptist's rituals and theology is similar to those of other Afro-christian cults in other Catholic countries such as Haiti where Voodun is prominent, Cuba where Santaria is known to almost every inhabitant, and in Brazil where Xango shango is a popular practice among various groups. Each of these groups believes in a global magico-religious complex which includes cosmological, theological, ceremonial, magical and medical aspects.

What then is the meaning of obeah and how did its practice of healing and conjuring become such an inseparable part of the practice of these traditional religious groups? The word `obeah' or `obi' was sometimes used in the generic sense to designate all forms of supernatural beliefs and practices among the slaves (Patterson, 1973). Patterson also contends that there is a remarkable uniformity in the supernatural beliefs of all West African blacks, and obeah is one of these beliefs.

There are some differences of opinion among researchers as to the etymology of the word obeah. Collier (1941) who might be considered as a competent authority, maintains that the term "to make obeah" is idiomatically the same as "Asa Obi" (to make `ob') which was one of the criminal charges that could be brought against an individual in the African Kingdom ruled by King Mannasseh. Another later source is to be found in the Ashanti word `obayifo' which means a witch. This word is derived from `bayi' which means sorcery. "Obia", according to another authority is derived from the tutelary spirit of the river `Bia' which in the Ashanti country, outgrew its local character and came to be the name for a power at once helpful to those it protects and terrifyingly harmful to those who offend it (Collier, 1941). Obeah includes features of magic, witchcraft, religion, sorcery, and medicine. To make sense of this distinctly African practice which is presently so prominent in Trinidad and other Caribbean islands, one has to look at a broad range of writings which relate to African religion, herbal medicines and belief systems. Some are traditional or `tribal', others Christian or Islamic. Each traditional religion is the central component of a particular people's culture, together with its language, sense of history, and traditional political system. Rites and rituals are performed in order to

come into communication with these forces and thereby ensure proper relationships with both these forces and themselves. All African religions believe in a creator-deity. Contact with high gods or deities can be achieved in many ways. These manifestations may be associated with diseases, epidemics, and natural disasters. Spirit possessions are very much a part of their beliefs and are considered as representations of many powers. Spirits may often be regarded are morally neutral and bring both good and evil depending on their motives and caprices and the moral behavior of the living. Prince (1961), when examining the etiological understanding of the the role of spirits in Yoruba (Nigeria) beliefs, suggested that these spirits are regarded as possessing special attributes and work to assist the native doctors in their management of mental illness. Means of communication include prayers, sacrifices, offerings and divination on the part of the living; and the sending of sickness, possession, visions, dreams, and omens on the part of spirits and ancestors. It is important to note that the sacrifices that are made to a specific deity, spirit or ancestor, could include domestic animals, non-animal objects, beer and other drinks, and other items that in some way symbolize the person for whom the sacrifice is made. According to Prince (1961), sacrifice as understood by the Yoruba tribe is another cornerstone to therapy.

To further understand these African traditional practices, which are included under the rubric obeah in Trinidad, a look at some other thoughts on 'bush' or herbal medical treatment is helpful. Frank (1974) stated that Western industrialized societies view illness as essentially a malfunction of the body, and must be corrected by appropriate medical or surgical interventions. He further pointed out that while this belief and approach to

treatment was scoring notable success, Western medical practitioners are ignoring the reality of the fact that a person's illness is a disorder of the total self and should be treated as such. In Africa and many countries that have African influences, mental illness is often viewed as an invocation of a bad or evil spirit. If this is the case then, it would be essential to approach treatment on that premise. It is therefore quite evident that if the care of the mentally ill in Africa and places such as Trinidad, is to be effectively carried out, it is highly recommended that the traditional healer with his understanding of local beliefs and practices be a part of treatment endeavors. Prince (1961), found that the Babalawos (Yoruba native healers) are good intuitive psychologists and have a thorough knowledge of their culture and the stresses of their society.

Wittkower and Dubreuil (1971) placed these healers into two categories. These are herbalist and religious healers. They contend that the treatment procedures carried out by the religious healer is based on animistic beliefs and is symbolic and magical in nature. Other theorists identify the herbalist as the medicine man or the bush doctor who is an expert in The healing powers of herbs (Maclean, 1978). Krippner and Colodzin (1981) felt that shamans, spiritualists, esoterics, and intuitives are all herbalist healers in their own way because of the use of herbs in the practice of healing. Prince (1961) divided the Yoruba native doctors into two categories, the diviners and the herbalists. He describes the diviners as healers who have the ability to carry out divination by communicating with spirits through ritual practices or through experiencing possession states. He described the herbalists who are generally called Nisheguns, as those healers who do not employ divination but rely on the history of the illness and its symptoms.

These illnesses are then treated with herbs, minerals and animal parts. In Trinidad, the obeah practitioner can be seen as having the ability to apply all of these interventions but his work must not be confused with a specific religion. Obeah is neither Orisha nor Baptist, but it can be defined as a practice that can do evil or good. Just as the practice of obeah attempts to bring cures and healing, it can also be used to invoke bad spirits or bring about malady and misfortune.

Abrahams and Szweb (1983) explained the phenomenon of obeah as a general term for a wide variety of individuals and their practices. These practices include curing the sick, helping in financial and love matters, and protecting their clients from being injured by others. These practices are assembled from a variety of African, European, and Amerindian traditions. Although obeah practices resemble the practices carried out by the Orisha, Shango, and Spiritual Baptist cults, one must be careful not to confuse obeah with any specific religion. Obeah is not a religion but it encompasses many of the practices that can be found in most religions. Ritual prayers and supernatural components are essential elements in the practice of obeah. In this study traditional healers will be freely referred to as obeah practitioners when referring to Trinidad. All unnatural events can be easily understood through the work of obeah or a supernatural force. Supernatural forces refer to the internal or external entity, spirit or force that is living at a higher level of existence and is trained differently from the physical self. It is this force, entity, or spirit that has powers that man does not always have access to. It is this force or spirit that is believed to be the cause or cure of illnesses through the manipulation by those equipped to have access to them. Abraham and Szweb (1983), claimed that obeah is

divided into `science' or `book magic' on one hand and a `medicine or bush medicine' (knowledge of herbal and animal remedies and treatment for human illnesses) on the other. Glazier (1983), who studied the Afro-Caribbean religions and their belief systems, views obeah in Trinidad as an option for the treatment of illness. He claimed that people turned to the obeah practitioners as a first resort or as a last resort after they had tried other treatments. These practitioners understand the body mechanisms differently and they feel that the body and the spirit should be subordinate to the mind. The body is trained by exercise and deprivation and the spirit is trained by visions and dreams. Obeah practitioners derive a lot of their powers from visions and dreams.

CHAPTER IV

METHOD, SAMPLES AND FINDINGS

I spent two, three month periods in Trinidad collecting data on the treatment of mental illness by obeah practitioners. During the first period of field work (April to July 1988) I introduced myself and the nature of the research both to the obeah practitioners and to the patients eligible for the study. I also conducted informal interviews and discussions about obeah with village informants, school teachers, health professionals (particularly those in the mental health field), media personnel, politicians, religious leaders and school children. Subsequently, I conducted informal interviews with all 35 patients in the sample and with the 10 obeah practitioners who agreed to be a part of the research.

Initially, forty-five patients were referred to the study by psychiatrists, social workers, nurses, media personnel and occupational therapists. I selected thirty-five patients from this group on the basis of their involvement with obeah practitioners, willingness to be a part of the study and accessibility for interview. All patients in the sample were receiving psychiatric services on an in or out-patient basis. Most of them were being treated concurrently by the obeah practitioner while staying in the hospital. This means that they were either visiting obeah practitioners during weekend passes or had family or friends bring treatments from their obeah practitioners. These treatments included concoctions to drink or rub, prayers to be said or amulets to be worn.

A condition of patient eligibility for the study was that he or she agreed to

my participation as an observer during any obeah therapy in which they were involved during the period of the research. All patients agreed to this condition with the understanding that all information would be kept confidential from their psychiatric treatment teams at the hospital and that the data would only be used for academic purposes.

To identify the obeah practitioners to be included in the study, I began with some 25 names which were provided by study patients (about 13 names), psychiatrists, nurses, media personnel and social workers. All of these practitioners were visited at home and informally interviewed for at least an hour. My final sample of 10 was selected on the basis of: ease of geographic access; my sense of their personal competence; my feeling that they would provide valid information; and their sincerity. All practitioners were enthusiastic about the study and agreed to have me as a participant observer without cost. I rewarded the practitioners with a card of thanks and a promise to write their material in a manner that would be beneficial to society as a whole.

Table 1 provides the Western diagnostic breakdown of the sample group of patients. All diagnoses were made by the treating psychiatrists and these patients were treated in hospital according to their diagnoses by the conventional approach. As the table indicates, about 30% of the sample were diagnosed as having schizophrenic disorders, almost half, 45%, as affective disorders, and some 20% were considered neurotic disorders. Only three patients were diagnosed as somatoform disorders. This infrequency of somatoform disorders was somewhat surprising in that, on the basis of my Montreal experience, I would have expected a much higher proportion of

somatic complaint syndromes among obeah practitioners' clientele. The several Montreal cases who requested obeah treatment all presented many somatic complaints. Instead the large majority were diagnosed as psychotic although they also presented a wealth of somatic complaints.

At the time of first contact, patients in the sample were interviewed in an unstructured fashion at the hospital, to obtain an impression of their illness as well as to begin to develop a trusting relationship. Table 2 records the demographic characteristics of these patients. The obeah practitioners were also interviewed in an informal manner and demographic information was recorded (Table 3).

The second 3-month period of field work (January to April 1989) was conducted five months later. My main goal during this phase was to work intensively with the previously identified thirty-five patients and ten practitioners. No study participant dropped out and those who were in-patients during the first period of the study were now out-patients. Eighty-five percent of the patients stopped attending day clinics on their own initiatives, but were still depending on their home-made obeah concoctions and rituals to keep them well. These included wearing pins, guards, and amulets, sprinkling the four corners of their homes with urine for seven days or rubbing themselves with a special fragrance, such as red lavender, before leaving the house. By and large, during this second period, all the patients in the sample were now discharged from in-patient service.

All patients were interviewed in-depth for the first time during January, 1989. Table 4 outlines all questionnaire headings. The obeah practitioners

were also intensively interviewed. A second extensive interview with the patients was carried out about a month later. Meanwhile I continued to see patients on a bi-weekly basis. A final interview with all patients focussed upon their illness, its treatment and outcome. The obeah practitioners' final interviews included discussions of criteria for diagnosis, appropriate treatment, and follow-up care. By the end of March, all interviews were completed. All patients were seen during the last two weeks of the project and final assessments and analysis were made.

TABLE 1

HOSPITAL DIAGNOSES OF PATIENTS

DIAGNOSTIC CATEGORY	NUMBER	% OF POPULATION
SCHIZOPHRENIC DISORDERS	12	34
1) Paranoid Type	5	
2) Schizoaffective Type	4	
3) Schizopheniform disorder	3	
AFFECTIVE DISORDERS	16	45
1) Major Affective Disorder Manic Episodes	6	
2) Depressive Episodes	7	
3) Atypical Affective Disorder	3	
ANXIETY DISORDERS	4	11
1) Panic Attacks	2	
2) Obsessive Compulsive Disorder	2	
SOMATOFORM DISORDERS	3	8
1) Hypochondriasis	2	
2) Psychogenic Pain	1	

TABLE 2

DEMOGRAPHIC CHARACTERISTICS OF PATIENT

CHARACTERISTIC OF PATIENTS	NUMBER	% OF SAMPLE
RACE		
Black (African Ancestry)	10	28%
Indian (East Indian Ancestry)	12	34%
Mixed (those of mixed races)	13	37%
AGE		
19-30	6	17%
30-45	11	31%
45-60	15	42%
60 or over	3	8%
RELIGION		
Roman Catholic	11	31%
Hindu	7	20%
Spiritual Baptist	4	11%
Anglican	6	17%
Orisha Shango	2	5%
Muslim	5	14%
OCCUPATION		
Civil Servants	7	20%
Private Business Persons	6	17%
Skilled Labourer	1	3%
Students	2	5%
Domestic Home Makers	12	34%
EDUCATION		
No Formal Schooling	0	0%
Elementary	20	57%
Secondary	10	28%
University	5	14%

TABLE 3

SOME DEMOGRAPHIC FEATURES OF OBEAH PRACTITIONERS

CHARACTERISTIC OF PRACTITIONERS	NUMBER	% OF SAMPLE
RACE		
Black (African Ancestry)	8	80%
Indian (East Indian Ancestry)	2	20%
AGE		
19-30	1	10%
30-45	0	0%
45-60	3	30%
60 or over	6	60%
RELIGION		
Roman Catholic	0	0%
Hindu	1	10%
Spiritual Baptist	4	40%
Anglican	0	0%
Orisha Shango	4	40%
Muslim	1	10%
EDUCATION		
No Formal Schooling	2	20%
Elementary	6	60%
Secondary	2	20%
University	0	0%

TABLE 4

RESEARCH QUESTIONNAIRE HEADINGS & AREAS COVERED

Questionnaire 1 - Patient's History

1. Demographic Information
2. Chief complaints
3. History of Present Illness
4. Previous Psychiatric Illness
5. Family History
6. Personal History

Questionnaire 2 - Personal History of Practitioner

1. Demographic Information
2. Family History
3. Personal History
4. Work History

Questionnaire 3 - Patients' Mental Status

1. General Appearance and Behaviour
2. Affect
3. Mood
4. Perception
5. Orientation
6. Thought
7. Memory
8. Intellectual Function
9. Judgement
10. Insight

Questionnaire 4 - Practitioners' Mental Status

1. General Appearance and Behaviour
2. Affect
3. Mood
4. Perception
5. Orientation
6. Thought
7. Memory
8. Intellectual Function
9. Judgement
10. Insight

Questionnaire 5 - Patient Diagnosis and Treatment
(Self report)

1. What are you sick with? (subjective)
2. When did your illness begin?
3. Description of symptoms.
4. Types of therapy used.
5. Expectation of treatment.
6. Obeah Practitioner's Diagnosis.
7. Treatment Plan.
8. Outcomes.

Questionnaire 6 - Obeah Practitioner's Perceptions

1. Can you speak about your experience as a healer?
2. What types of patients do you see and treat?
3. How many treatments do you do per day?
4. How do you come up with a diagnosis?
5. Do you keep patient overnight?
6. What are some of your treatments?
7. How do you get paid for your services?
8. Do you do follow-up care?

CHAPTER V

OBEAH PRACTITIONERS: THEIR LIVES, ILLNESS CONCEPTS AND THERAPEUTIC APPROACHES

In this section I shall describe three obeah practitioners and some of their patients and healing practices. Although they are not necessarily representative, similar concepts and therapeutic practices seem prevalent throughout the island.

Virtually all the healers in my sample were well-known spiritual leaders in their communities. Their healing work may be on a full or part time basis, and unlike Western practitioners, they do not require their patients to make appointments for either diagnosis or treatment. Most of these practitioners have no set fees for their treatments but they often accepted small gifts such as candles, oils, alcoholic beverages, chickens, or sometimes even money.

PRACTITIONER I:

Mother J. is a well-known healer in Trinidad. She is regarded as an obeah practitioner in her community and as a woman with spiritual and magical powers. She uses herbs and makes contact with certain spirits in an attempt to bring about healing. She enters trances and experiences possession states. Having achieved these states, Mother J. is then able to reach and communicate with a variety of spirits who give her recipes for treatment.

Mother J. is a seventy-four year old woman whose great grandparents were

Yoruba slaves brought to the Caribbean from West Africa. Mother J. still actively adheres to Yoruba beliefs and practices. She is the mother of two boys and one girl, and grandmother of seven. She is regarded as the "spiritual mother" of over one hundred children. Mother J. was married for a time but has lived alone since she was twenty-nine. She separated from her husband because he didn't understand her spiritual activities which he felt was the work of the devil. The husband died over twenty years ago and she has never remarried. She boasted of living a clean life (free of sexual relations), and of investing all her time and energies in healing and assisting people in distress. Looking younger than her actual age, Mother J's head was wrapped in a red and yellow African-styled turban. She wore a colourful, ankle-length, cotton dress with long sleeves and claimed that this was the appropriate attire for her work. When asked about the significance of the head wrap, Mother J. exclaimed, "My chapel is a sacred place and I must protect myself from evil spirits. One never knows if there is an evil spirit in the air and it can penetrate the center of my head and then would be transported to my chapel. This I have to be careful about; so my wrap protects my head and prevents evil spirits from entering."

Mother J. reported that she was born by breech presentation, face down and with a "veil covering her face". She had five brothers and three sisters. As a child she was always seen as "weird", and was treated differently from the other children. At times she was picked on by her father and never felt really close to either of her parents. She attended elementary school and completed grade three, but had to leave school because of pressures placed oh her by her peers and the school authorities. She also remembered having a lot of fainting spells as a young girl. According to her, the children at

school would call her "devil", and throw stones at her. She never had a close friend and felt very alone in her world. She was a very nervous child who experienced many emotions that she claimed were difficult to explain. At the age of eight she became aware that she had the power to heal. She was able to relieve physical pain by touching the aching area with the soles of her feet. At this time (about 1922) she was initiated by a prominent spiritual and traditional healer by the name of Papa Neza. She spoke freely of some supernatural experiences that she had had. She placed great emphasis on controlling a fire by staring fixedly at a "haunted house" and containing the blaze without the use of water. She also spoke of being "pelted" with stones when she was young and without being able to see who was throwing them. She claimed that due to her strong powers, she was able to stop the rocks in mid air and avoid being hurt by them. Mother J. had worked as a housekeeper for a short period but had no other experiences with employment apart from that of being an obeah practitioner. She intimated that she was pleased to speak about her work because it is the only thing that she can do and she felt that she was put on this earth by the gods only for the purpose of healing.

The following is part of a verbatim interview with Mother J.:

Q Mother J., could you speak about your experiences as a healer?

A: Yes, I had many experiences from this type of work. Personal experiences which my body goes through and experiences to assist me in my work. For example if I have a sick person who say that he has an evil on him and that he is acting crazy, I first have to make contact with the spirits to tell me if I can heal him or not; this is very hard on my body. These spirits would tell me what is wrong and how to treat it. Sometimes I get the answer through my dreams or sometimes through a vision. I can even hear voices sometimes giving me the recipe for the treatment. When the recipe is given, I have to follow the directions exactly as it is given to me for it to be effective. My history as a healer is so long that it would take months to years to record.

Q How many treatments do you do per day?

A: Well it depends on how many people come and the extent of their illnesses. some people can get the recipe to their treatment as soon as I make contact with them, and for some I have to use my body as a vehicle to make contact with the spirits and to get the answer. Sometimes as I said before I have to wait for a vision or dream.

Q Can you help me understand how you make contact with the spirits?

A: Well it is not so simple to teach. I pray, then I go into a trance. During this trance, I use some special passwords which I cannot reveal. When the contact is made, special communication is done and it is experienced somewhat like a possession and I get the message. It is similar to the experience that one goes through in mourning.

Q Mourning, can you explain the process of mourning?

A: Well mourning is just the experience that a member goes through to make contact with the spirits. The member is cleansed with a bush bath and placed on a clean ground. He is blind-folded and is encouraged to stay in this clean area for about seven days and nights. During this time, he is nursed by another member who will feed him with milk only. He is not allowed to make contact with the outside world or anyone other than the nurse. He does not carry on conversation with anyone. This time is devoted solely to travelling or going through a trance to meet and communicate with the spirits. When he is off mourning, the hope is that he will bring recipes for cures and other messages to help him or someone else to have a better life.

Q What are some of the common illnesses and complaints that you are asked to treat?

A: I treat any kind of illness. Some come to see me after they have seen the doctors and the doctors have failed. Some come before going to the doctors and some come while they are seeing the doctors. I encourage those who come while they are seeing the doctors to finish treatment with the doctors before they come. I try not to mix the two because it is not good to mix the treatments, you do not get good results. It is either one or the other. When they come here and after they tell me what is wrong with them I decide if I can help or not, and most of the times I can help. They might complain about not being able to eat, sleep or sit in one place. Some might complain about the problems they are getting from their husbands which cause them to eventually become confused. Some might feel that there's an evil spirit inside of them that is causing them to be crazy. Some might come with a complaint of sugar (diabetes) that is not getting better. They can come with any kind of complaints that you can think about.

Q What types of treatments do you use?

A: I use prayers, herbs, baths for cleansing, guards, rubs, exorcism, and sacrifices which may be necessary depending on the severity of the illness. Sometimes I have to give a bath to cleanse the person then give special drinks to cleanse the inside, then a rub to protect them. Sometimes I ask the patient to fast to purify their bodies. As I say it depends on the illness and the severity of the illness.

Q How do you make a diagnosis?

A: Most times the patients knows exactly what is going on with him. He has the diagnosis already made. He knows better than you do. I make diagnosis by throwing Obi seed on the ground. Depending on how the seeds position themselves, then I can tell what's wrong and how I should proceed to treat it. As I said earlier, I have to sometimes get the recipe for the drinks, baths and rubs and sometimes I can get the treatment from certain spirit contacts.

Q Do you house patients overnight?

A: Yes sometimes I keep patients as long as they need to stay. If they live very far away or if they would have a problem following their treatment because of family interference and they ask me to stay, I keep them. It is not a common practice but I have a room with three cots where I keep sick people and nurse them to health if they need me.

Q How much do you charge for your services?

A: I don't deal with money; money belongs to the devil and the white man's beliefs. The minute that I touch money, I would lose my powers. If the patients wish to bring some candles, oils or food, I will accept. If they don't offer anything, I do not ask; it is up to them. For example, I give you my time and my teaching and I don't want you to pay me. I am not rich with cash but I am rich with powers.

Q Do you do follow-up care?

A: Well I don't go and visit these patients if that is what you mean, but I leave it up to them to come back and see me if they think they need further help.

Mother J. professes to have the ability to heal people with all types of diseases and complaints. According to her, some of these illnesses are natural and some are supernatural. However, according to her, most of the complaints brought are understood to be of a supernatural nature.

From observing Mother J., she projects the image of a warm, caring and extremely reassuring practitioner. Physical contact through gentle affectionate touching is very much part of her treatment sessions. She never fails to maintain eye contact and is constantly soothing her patients with reassuring words and phrases such as, "everything is going to be o.k., we are going to make it o.k., I will make sure that you get better". This is done while Mother J. is touching and warmly looking into the patient's eyes. She also teaches all of her patients to the point where they fully understand everything that she is going to do in an effort to make them better. Patients who are in the presence of Mother J. seem to totally submit to her treatment plan and seem to have a sincere belief and trust that she will be able to cure

them.

In psychoanalytic terms, these patients seem to regress to an infantile state allowing Mother J. to gain total control over them and giving her their absolute trust. Her treatment plan is usually short term with results expected in about a week. Indeed, the most striking feature of Mother J. and her healing is her extreme warmth and ability to reassure her patients. It is also interesting that she gives such credence to the patients' ability to tell her what is wrong with them.

The following are quotes from three of Mother J.'s patients in response to the question: What do you think is wrong with you?

PATIENT #1:

> My nerves got weak and my head got light. I cannot sleep because whatever my husband send or put on me, I cannot get it out. He wants to kill me so that he can run women. It is nothing else but a devil he put inside of me. I feel as if a thunder is overtaking my body, mind and soul. This sickness is not natural. It must be an unnatural reason for this feeling and it is no one else but that dutty (dirty) man who wants to get me out of his life. Sometimes at nights when I lay on the bed, I can feel a hot, hot vibration and when I try to call for help I feel as if something or someone is choking me. It is the devil in me.

PATIENT #2:

> I moved to a new apartment four months ago and I had an argument with my landlady over the plumbing. That evening, after the argument, I saw a strange woman standing at my door. When I went to the door, she disappeared. Soon after, I began to feel hot, hot, hot. I felt like a burning torch was burning up my entire body. I know that my landlady had sent this woman for me. All night I was awake and when I got up the next morning, my front steps were covered with coins. Since that day I couldn't stop walking and talking. Sometimes I feel as if I have an animal inside of me and I can hear myself growling like an animal. Whatever they send or put on me is in the form of an animal. Girl, these people aren't good, if you mess with them, they put a devil on you and you can run until you dead.

PATIENT #3:

> I cannot get better despite all the medication that I am taking. Medication is not helping me because my illness is not natural. My head is big and full of noises I cannot sleep at nights because whatever is inside of me is bothering me all the time. My father thinks that I am crazy because I have a demon on me. Everything that I eat, I vomit; nothing stays in my belly because the demon lives in my belly then it moves to my head. I am never at ease, I feel weak all over. I believe my stepmother did this to me because she wants to 'get me away from my father'. She wants my father all for herself. The day that I got sick, I had an unexpected visit from my stepmother and a friend. After they left, the house got very hot and I was hearing noises coming out of the phone.

PRACTITIONER II:

Pundit H. is a well-known 51 year old traditional healer and Hindu priest who lives in a two-bedroom house, just off the Churchill-Roosevelt Highway, east of Port of Spain (capital of Trinidad). A frail, dark-skinned, East Indian scarcely over five feet tall, (and weighing not more than 100 pounds), his hair was long and unkempt and he looked emaciated, with veins protruding from hands and neck. He always wore dark glasses, regardless of light conditions. He sat in the yoga position; back straight, legs crossed, hands clasped in front, head fixed. He maintained this impassibility during all interviews.

He described his parents as religious perfectionists who prayed morning, noon, and night; and the children (nine in all) were expected to do the same, to become religious fanatics. He noted that his grandparents migrated from India "at a time when migration was an occurrence because of lack of food in India". They worked in Trinidad for little or nothing, but eventually obtained land to grow food for daily survival.

He felt he was overprotected by his parents, who had wanted a girl rather than a boy. Regarding his religious calling, he spoke about an experience he

had when his pet cat was washed away in a river during a stormy afternoon. He ran along the bank of the river as fast as he could to try to rescue it. He heard "roaring thunderous voices telling him that he was special and that he must not disclose this experience to anyone". At age six, he told his mother that he was hearing things that did not make sense to him. About the same time his parents organized a prayer ceremony to free him from "any ill beings"; during the ceremony he began praying in different languages, which was described as "speaking in tongues". From then on, his parents became very concerned and embarrassed about his behavior and locked him away when company arrived. During his elementary school days, he was a "fragile loner who did not have many friends"; he was frequently warned by the teachers that "strange language and inappropriate behavior was not acceptable". Pundit H. claimed that speaking in tongues was involuntary, and to this day the experience descends upon him whenever he attends a Hindu ceremony.

After completing elementary school at age 13, Pundit H. ran away from home. He described stowing away on a boat to the neighboring island of Grenada, where he wandered about for many days with no place to stay. He finally met a spiritual healer who took him on as an apprentice. During his two year training period, Pundit H. learned that he had "powers which were supernatural", he said that he had dreams and had visions that came to pass the next day. For example, he dreamed that an old woman in a small village nearby was struck by lightning and killed. The next day during the storm, his 80 year old neighbor was struck by lightning and killed. At the age of 15, while sitting at the window one morning, he saw his father dressed in white and riding a white horse coming in search of him. At dusk that same day, his

father arrived and tried to coerce him to return to Trinidad. That night, Pundit H. left for the island of St. Vincent, where he practiced his healing trade. Before returning to Trinidad at the age of 36, he also practiced for a time in Guyana.

During these travels, he remembered being very "sensitive and caring to white animals". Whenever he would encounter a black animal, he had bad experiences. For example when visiting friends one day a large black crow flew over the house and he "caught on fire". He also partially lost his vision after a black cat jumped out of a garbage can in front of him on the day he turned 30 years old. On returning to Trinidad, he continued to work as a healer and care for his animals. At the time of my visit, he was looking after some 250 mostly white creatures in his home. One could mingle with swans, ducks, hens, chickens, dogs, cats, pigs, monkeys, snakes, and alligators. I observed many strange interactions such as pigs playing with pups and rabbits with chickens. Pundit H. felt that his work with people and animals was the reason he was back on earth today. According to his grandmother, his previous incarnation had been as a hunter. During that time he had been cruel to black animals and had to be punished during his present life for these wrongdoings. The grandmother believed that his return was mainly to do god's work and to take care of the sick and needy. Pundit H. alleges that he has relived experiences of former incarnations, however, he declined to describe these, "they were too deep to begin to talk about them. If I do, I would become too emotional and the interview would have to end".

Pundit H. lived alone in his two room house. He had never married or even experienced a relationship; he confessed that he "never felt the way men

felt". He spent most of his time healing, praying and attending to his animals which are free to wander through his house. His house was made of slats of wood; the roof of galvanized iron. The floors were mainly paved with earth, with some areas of wooden flooring lifted off the ground by bricks. His bedroom which he called his temple and in which he saw patients, contained a twin-sized bed with two pieces of randomly placed wooden furniture. Pictures of Hindu deities, spiritual entities and religious rituals covered the walls. During my visits to Pundit H.'s home and temple, I experienced several anxiety provoking episodes.

On one occasion, I reluctantly sat on his wooden chair and was violently bitten by large red ants. During another interview, I felt a rumbling from under the flooring below my feet and after a panicky investigation, I was informed by Pundit H. that "it was only the alligator". On another occasion Pundit H. began convulsing in the fashion of a grand mal seizure during our interview. He thrashed for such a long time at my feet that I became too frightened to move and seek help. After he revived, he repositioned himself in his yoga posture and remained in silence for about 15 minutes. When asked if he was able to talk about the experience, he maintained his position without any response to my questions, but at this point he began speaking about me and spoke of the vibrations and "findings" that he was getting from me. Pundit H. continued with his analysis despite my obvious discomfort. After his enigmatic performance, he stated that he was comfortable and ready to work with me again. The following is part of the verbatim interview with Pundit H. after his seizure or trance which he called his "journey".

Q Could you speak about your life as a healer?

A: My life as a healer is very difficult to express in words. It is easier to experience it in feelings. I can say that I help people understand themselves by looking into their past and their future and changing things which will make them feel better. I use a lot of prayers and meditation and sometimes I use touch. You see this hand, it has a lot of power and when I rest it on a sick of painful area, I can remove all the pain and suffering from that area (the index and small fingers of his right hand are missing). I also help people travel into their subconscious and change things the way they want it to be. Now this is a journey I put them through. It is like a hypnosis and when they return, they usually come back feeling better. Sometimes, if they can't go on the journey because they are not clean enough, I would take the journey for them (like I did this morning with you) and I would come back with an understanding as to how to treat or heal.

Q What type of patients do you see and treat?

A: I see all kinds with all kinds of complaints. I see the Indian, African and the Portuguese, the Chinese, name them, they come. I also see the medical doctors who can't treat themselves and their families. I also see children who aren't doing so well at school because of problems from jealous adults or children who have emotional problems with their heads. I treat headaches, dizziness, fever, or women with aching bellies due to their monthlies. I see women who are having problems with their husbands running around. Women whose horner women (the husbands mistress) are doing them bad so that they can't function and feel that they are going crazy. Sometimes they stop eating, lose a lot of weight, and can't sleep. These are common complaints; they are the most difficult to treat because after I get rid of the problem, they don't continue with the follow-up. You see women like things done quick, quick, quick, and once they o.k. they fall into another trap. They have heads like chickens, they forget the past sufferings easily.

Q How do you come up with a diagnosis?

A: Most times, I let them tell me what they think is wrong with them. Once they make their minds up that this is what's wrong with them, nothing I can do will change it. So when they are fixed with what is wrong, I follow their path and treat along that route. Many times, they ask me what is wrong and after getting all the information, I put it together and understand it from where the person is coming from. I use sacred Tarot cards and Hindu Astrology to help me understand. Sometimes I have to take a journey or have a dream or vision to see what is happening. It depends on the case and how complex it is for the human eyes. Sometimes I have to use every power that I possess to find out what is wrong and how to treat it. Sometimes you have to tell them what they want to hear by telling little white lies. For example, if a patient comes in to me and say, "Pundit, they envy me on the job and they gave me `fixed' meat to eat so that I would not get a promotion". I would agree with the patient if his ideas are fixed. On the next visit, I might tell him that I had a vision where he took a course and he got a promotion, but he must do a ritual of a bath and rub with oils to make it happen and always keep `fixed' to keep those evil people away. After I convinced him and he follows my plan, he realized that things are changing at work and after he takes a course it's quite possible that he'll get the promotion. You see outside of my supernatural powers, I also use psychology on these people. When psychology doesn't work, I have no choice but to turn to stronger force.

Q What are some of your treatments?

A: I use a lot of prayers and meditation. I often use baths and rubs. They go hand in hand. When we cleanse the outside, we have to protect it from all kinds of ills. You know that the human body is protected by an aura and if evil invades that aura, it is very difficult to get that body well again. This is why I fight a lot with my patients who stop or forget to protect their auras with the baths and rubs. I treat also with herbs. Herbs that I mix or I send my patients to a special pharmacy in South where they can find any medication that I prescribe. I also give guards or seals to wear which is another form of protection. At times, I use hypnosis to remove illness from the patient's mind.

Q How many treatments do you do a day?

A: I do as many as I can handle. I never turn people away. If one person comes, I treat that person. If ten people come, I will treat ten. Sometimes, if I have a lot of patients and they have to wait for a long time, well some might leave and give me a time when they will return. I never turn people away, I leave it up to them to make their own decisions about if they want to wait or leave and come back. I let them tell me when they want to come back. Now, I don't work with appointments like the doctors do. I really work on a first come first serve basis. There are times when I work all day and all night. In this job, you have to be available at any time of call. Sometimes while I am asleep, I hear movement in my yard. Sometimes I hear the animals moving around restlessly and when I look out, I can see people lining up to wait for me to get up so they will be first in line. People come here from far and wide. Some of them leave America to come down here just for treatment. But to answer your question, some days I see a lot and some days I don't see anyone, it depends but I rarely have a day when I can rest.

Q Do you keep patients overnight?

A: No I don't do it regularly. Once or twice I kept people over because it was too late for them to travel far. I wish I could but, as you see, my house is not big enough for my animals and me and I don't have sufficient space. I wish that I had a big house where I can keep the patients who sometimes get problems from their families to carry out the treatment.

Q How do you get paid for your services?

A: My payment is my strong and continuous power to do god's work. I don't get a fee. I never speak about money, that's capitalism, the white man, the devil. Money is not associated with God.

Q Do you do follow-up care?

A: Yes, it depends on the patient and his problems. If the patient ask me to follow-up and it's possible, then I will. If it is not possible, then I make other arrangements.

Pundit H. saw himself as a man of many powers. He seemed to employ many causal concepts and techniques which he selectively chose when working with his broad spectrum of patients. When in his presence, one feels many, sometimes confusing emotions (if I can judge by my own experience). He

seemed to have a way of creating anxieties; yet he was able to draw patients closer and foster trust. He spoke of his ability to heal all kinds of illness and of his positive working relationships with five medical doctors and their patients. On one day in my presence, Pundit H. saw sixteen patients at his temple. (This may be compared to a Port-of-Spain psychiatrist who saw twelve at his outpatient clinic the previous day.) Pundit H. has a style of working that is unique to him. In his calm, seductive fashion, he managed to project a caring quality that drew people to him and assured that they kept coming back. He emphasized consistent follow-up before promising care. He required to see them at least once per week after the initial treatment. He played the role of a counsellor or therapist as he tried to involve them in personal decision making which left them in charge of their own destiny. As he explained, "They are the ones who will make it happen. I can only guide them as the super force guides me. Without their willingness to want to get well, and to make it well, I will fail". Pundit H. sought to promote a healing partnership with his clients. He encouraged them to take charge of what was going on around them. He taught them that with the achievement of this control, they would be able to develop a sense of confidence, self esteem, and finally, a mastery of their own well being. He contended that he was a scientist who has the knowledge to heal patients with physical ills, and a spiritualist who had the power to cure spiritual and psychological ills. He believed that for a person to achieve a state of well being, a balance between the physical, spiritual and psychological aspects was essential. If one aspect was in conflict with another, the body experienced madness and the patient becomes ill. He taught that all God's creations were created healthy, but the devil was responsible for the conflicts. The following are comments about their illnesses from three of

Pundit H.'s patients whom he treated while I observed:

PATIENT #I:

"My mind is not working well. People think that I am crazy but I know I am not. I don't want to see any psychiatrist because they will make me crazy. All I need is a good dose of some bush from the Pundit and some god prayers and I will be O.K. I need to cleanse my inside and to get some good rest, and I promise you that the next time you see me, I will be as good as gold. Don't worry, I will be all right."

PATIENT #2:

"I have bad blood in my body. My mother-in-law put me so. They want to keep all my husband cattle and land. You see, they want to make me crazy so that I will look like an incompetent wife and they will take me to court, and I will lose everything. Never mind, I will not let them make me crazy if I have to turn every rock for help, I will do it. I began treatment with Pundit last month, and I now began to see my way and I intend to continue because I don't intend to lose everything that I work for. Never mind, the wickedness they work up and send to me will return right back and haunt them for the rest of their lives."

PATIENT #3:

"I have a nervous problem which causes sores to break out on my legs and sometimes, I go blind. Pundit H. says that he can heal me but this is going on for too long. After my mother died, my sisters gave me food with grave dirt in it and it set me off. You see they wanted the house to run like a whore house so they tried to run me out. I don't know what will happen if Pundit H. cannot heal me. You see my case is not a case for doctors because I am not sick with a medical problem. I am suffering from an 'obeah', you know what that is? I am suffering from a problem from the evil supernatural and I need a good bush doctor to treat me. The doctors in the hospital don't know anything about this type of illness."

PRACTITIONER III:

Papa A. is a Spiritual Baptist who lives in the village of Moruga in Southern Trinidad. A slim Black man who stands six feet four inches tall, he is always well-dressed and immaculately clean. He has high cheek bones and short matted hair like a Rastafarian. His clean-shaven face seems somewhat strange when compared to this hair style.

Papa A. is the middle child of ten children having five brothers and four sisters. His mother died when he was forty, and his father died of heart problems when he was eighteen. He remembered his parents to be strict Roman Catholics, and he was himself baptized as a child. He converted to the Baptist religion when he was fifteen years old. Papa A. recalls that as a child he was tutored to be a devout Catholic and attended mass twice per week and made confession every Saturday. He jokingly reminisces about making little "white lies" so that he could have something to say to the priest during the confession sessions. Papa A. claims that even at a tender age he resented doing so, but felt that he had no control because his parents believed very strongly in the Catholic faith and its practices. As a child, Papa A. had "many, many friends" and was often seen as the village comedian because of his sense of humor. He claimed to have been an obedient youngster who was loved by all around him.

Tall and lanky, he was often teased about his appearance; even today he is called "stringbean". Because Papa A. showed good judgement, and was witty and humble, he was given a lot of responsibility in the community. He graduated from elementary school at the age of eleven, and received

government support to attend secondary school. According to Papa A., in those days going to high school was not the "in thing", but he was given the opportunity to attend because he

was "quite intelligent". He was often referred to as the village genius. During the first two years in high school, he wished to be a minister because of a deep desire to help people spiritually, but he did nothing about these urges. At this time, Papa A. dated many girls and was worried about this hindering his future acceptance as a religious leader.

Also during this period, he remembered having many restless nights and at times walked in his sleep. This strange behavior alarmed his parents and they took him to see a Catholic priest because they thought he had a "jumbie" or a bad spirit placed on him by envious neighbors. Papa A. became very distant from his girlfriends and peer groups and began spending long hours alone. He withdrew from school which disappointed his friends and family. To avoid the pressures and disappointments he moved to Tobago to live with distant relatives. He continued to sleepwalk and experienced dreams that told him he had to do spiritual work. When he was about fourteen years old, he dreamt that a man dressed in white approached him on a mountain top and told him that if he didn't convert to the Baptist faith and return to Trinidad as a healer, he would be paralyzed in two to three days. Two days later he began to feel numbness in his limbs and tongue. He also started experiencing blurred vision. This continued until his speech became too slurred to be coherent. He was then admitted to the Tobago hospital where despite all the doctor's treatment efforts, his condition deteriorated. Within two weeks he was completely paralyzed even though he was aware of

everything that was going on around him. His

condition baffled his family and friends as well as the hospital staff. Catholic masses were held for him both in Moruga and in Tobago. The priest visited him often in his hospital bed and blessed the bed with holy water and burned incense in an effort to chase away evil spirits. This practice went on for two months until one day his aunt with whom he lived, revealed a dream that she had had about him. It was similar to the dream that Papa A. had before the onset of his illness. The difference was that the aunt saw the man in white sitting on the mountain top with Papa A. instructing him to change his lifestyle and take up the work of a healer. After this dream, in spite of the resistance of Papa A.'s parents and friends, he was brought back to Trinidad and baptized in the Spiritual Baptist faith. .

For Papa A., this was a conversion that no one ever anticipated. He clearly recalled his feelings when he entered the Baptist ceremony. (He began to chant and shout as he described the experience to me; he tapped his feet, clapped his hands and rocked side to side in a merry fashion.) He said that he was taken to the river bank where the Baptism Ceremony took place. He began to feel alive when he heard the drumming, chanting and the ringing of bells all around him. He felt tingling sensations in his tongue and limbs. His spiritual brothers and sisters began to call the spirits for help to heal him. He remembered a feeling that he could only describe as "having a tiger inside of him". Papa A. was very much frightened as they lowered his body into the water. His body became motionless, but he felt a great deal of energy and inner control. It was "as if

his inner self took a journey to the outside world and the outer spirit entered his body". Papa A. believed that this was a trance possession state; from that moment on his body became new and he began his life as an obeah practitioner, traditional healer, "seerman", or spiritual healer.

Papa A. who is regarded by his community as unique, astute, eccentric and knowledgeable was then accepted by the spiritual healing groups as the most promising and important healer of their time. He married a Baptist sister four years later and became completely involved in his life as a healer. He pointed out that he had no natural children because he had never had sexual intercourse with his wife. When asked why, he blushingly responded, "The feeling never came upon me. It was like since my death in Tobago, that part of me never resurrected. I felt that I was a new man with a different and new mission, and that mission was to do god's work, heal people and figure out how to get rid of the devil's work". Papa A. believed that sexual activities would contaminate his sacred body and thus his supernatural powers would diminish. Perhaps this is all academic because Papa A.'s wife died fifteen years ago while "mourning on the mourning ground". He has not remarried and claims that he has no intentions of doing so. "My daily life is filled with my spiritual work and the teaching of my spiritual children." His spiritual children consist of some fifty men, women and children who continuously seek him out for advice, teaching, moral support, blessings, and guidance.

Papa A. lives in a three-bedroom, concrete and brick house just off a busy street in Moruga, surrounded by a small vegetable garden. The well-kept house serves also as a temple; it is immaculately maintained. Here Papa A. does all his spiritual work. Directly in front of the house are bamboo poles

with colored flags of red, white and lilac swaying to and fro in the strong breeze. A feeling of freshness and cleanliness is readily felt on entrance to Papa A.'s yard. The windows of his fenced-in cream-coloured house were covered with white lace curtains. At the sound of a visitor, his four ferocious watch-dogs rush to the gate. Upon entrance to his temple, one is asked to remove all shoes and cover one's head. When asked about the rationale for such action, Papa A. explained that the need for the head protection and the need to leave behind possible evil that one has picked up on the way there is expected to be met by all who intend to enter his sacred place. His temple is set up similar to a Catholic church with wooden chairs and a wide aisle in the centre. The head of the temple where Papa A. works, resembled an alter. At the entrance to the temple he has clay pottery filled with water and grain. When asked about his preparation, Papa A. talked about the importance of feeding the good spirits which visit his temple frequently. He claims that these are the very same spirits that he often calls upon when a prayer, healing or spiritual ritual is being performed. This healer keeps prayer meetings three to four times per week but never holds a gathering on Sunday. He insisted that Sundays are set aside for him to rest from all work because the work of a spiritual healer is very demanding spiritually and physically. Papa A. used his title and

role of obeahman and spiritual healer interchangeably. When asked if he can explain the difference, he quickly looked up, smiled in a cunning fashion and remarked, "What's the difference?"

The following is a verbatim interview with Papa A:

Q Papa A., would you be able to talk about your life as an obeahman or spiritual healer?

A: Well, my life has been a full one. As I said before, if I hadn't chosen this route, I would have been dead today. I truly enjoy this life and I don't want to do anything else. In this

community everybody is a healer, but most of them are a bunch of quacks. A lot are afraid to be called obeahmen so they call themselves healers. An obeahman, a healer, it's all the same. We all use prayers, rituals and most of the time if we have powers, we make contact with spirits. If you can reach those spirits you can heal everything and everyone. I am blessed with a special power, so I live with and have access to these spirits day-by-day. I cannot attempt to heal if I don't communicate with my favorite spirits which give me a diagnosis. Well, I have to get all my knowledge from a spirit. My body is just the vehicle between the sick person and the spirits. That's why you see that I always leave food for them in my temple. I have to take good care of them. These days I have been tired because I healed six people in three days. That's hard on me because I have to go into trance and possession each time that I have to communicate with the spirits. That's getting hard on my body and soon I might have to give up the job. I think that when my job is over that my life will be over, I will die.

Q What type of patients do you see and treat?

A: Well, I see all types, but I'm not always able to help. I help those who believe that I can do something for them despite the problems. Those who don't believe in me never get well. You see, the patient has to believe that my medicine and treatment will work. If they have doubts, then there is nothing that I can do. Often, I pick up their disbeliefs and I will immediately point that out to them.

Q How do you come up with a diagnosis?

A: All my diagnoses, findings and ways of treatment are done through work with the spirits. I never attempt treatment without the help of the spirits. This is why I told you that my body goes through a lot to do this work. To reach a spirit, I have to pray hard, go into a trance and have the spirits enter my body and leave it. It's a very difficult process and I have to be strong enough to endure it. Each time I treat someone, I involve my body and soul. Even when I have visions and dreams which help me with the diagnosis and treatment, my body goes through a stressful process.

Q What are some of the diagnosis that you often treat?

A: They come with all types of complaints, but often they come with problems that the doctors cannot treat. Sometimes they come after seeing the doctor and sometimes they come before. Those who believe in me would come before seeing the doctor. Those who have some doubt will come after the doctors have failed. In this country, my kind of work is very hush-hush. People don't speak about it openly because they are afraid that other people would see them as primitive and uneducated. Now that is not to say that those who are educated don't come.

They come at night, hide their cars and disguise themselves so that no one would recognize them. Take you for example, what do you think would happen if you tell those big shot doctors in Canada that you are coming here to see with a burning sensation in your head or with frequent headaches? They will laugh at you; they might also team up to push you out of your profession saying that you are practicing "witchcraft". Well we have the same problem with acceptance going on here in this country. A lot of people in Trinidad are brainwashed by the white man and forget who they are and where they came from. They are still fighting for acceptance and this acceptance starts with giving up their beliefs and picking up someone else's. But to answer your question, I see any and every body with all types of complaints ranging from their heads to their toes.

Q Can you talk about some of the treatments that you use?

A: My treatment is made up of a combination of bodily and spiritual treatments. I offer prayers, baths, drinks, rubs, and more prayers. If these fail, which is rare, then I would have to work much harder to find out what to do next. Again, I say that in order to give the right treatment to the patient, the patient must believe in the procedures. They don't have to be Baptist or baptized in the religion, but they must come with an open mind that is free of doubt.

Q How many treatments do you do per day?

A: It depends on my physical, spiritual and emotional strengths that day. Some days, if eight people come, I can do them all, and some days I can only do one or two. If ten people turn up and I can't do them all, some might have to come another time. By the way, I have no fixed hours during the day, I work whenever someone comes and knock on my door. It doesn't matter if it's one in the morning or nine at night, I will work. All the patients who come here know my schedule before coming. Everyone knows that I never work on Sundays. Sundays are the only days that I pray and reenergize my body for the next six working days.

Q Do you house or keep patients overnight?

A: My house is open for people. Anyone who wants to stay for good reasons can. If you look around, you see some of my spiritual children. Some came for help and stayed. I always have people with and around me. Sometimes I would keep a patient for two to three days, or sometimes for two to three weeks. Again, it all depends on their situation at home and the distance that they have to travel, or how serious the illness is. As I said, my home is open and ready for anyone.

Q Papa A., you seem to be doing great work, how do you get paid for your services?

A: I don't know if you should call it pay because pay seems to be closely associated with money. I do, however, get rewarded for my services. For example, when people come, they bring vegetables, oils, candles, drinks, sometimes a piece of meat, a chicken, flowers, bread, whatever they have. During prayer services, money is dropped in the bin and that helps with whatever bills that I have to pay. I am getting a little government assistance and that's more than sufficient. We don't deal much with money because it is dirty and tends to create too much corruption. Look at the rich people in this country. You think that most of them work for all of their riches? No'! Most of them are corrupted and when they get in trouble, they run to me to help them get off in court.

Q Do you do follow-up care?

A: If the patient is very sick I will follow-up until he comes back to good functioning. I can't follow every one that I see even though that is the thing that I want to do. If I had a team then it might be possible.

Papa A. is certainly well-versed in life and all its social, religious and political issues. At times, he spoke of world issues as they relate to Trinidad and insisted that problems can be resolved if more appreciation was given to the land's cultural heritage. He mourned the loss of cultural practices which, according to him, are being replaced by the "white man's way of doing things". He's a spiritual man who prays endlessly and never seems to be tired doing so. He is never afraid to be frank, confronting, and is sometimes quite disagreeable. He appears to be well-respected by members of his religious group and by others in the community. However, some fear him and at times he is criticized for dealing with bad spirits and being able to send a hex. While speaking with village informants about Papa A.'s work, they readily describe him as powerful, dangerous and controlling. I was also warned to tread very carefully around him and to be careful not to make him mad. What makes Papa A. mad or angry? Well, I witnessed an interaction with Papa A. and a neighbor. Papa A. scolded this middle-aged man for not handling his taxes effectively. When the neighbor claimed that he had simply forgotten to include some claims, Papa A. picked up a wooden

staff and shouted at the neighbor, "You fool, I feel like hitting you on the head with this, why did you let those opportunists get away with that?" After the incident, Papa A. apologized to me and explained how much it troubled him to see people being taken advantage of.

At no time did I feel afraid of or uncomfortable with Papa A. I appreciated his clear contracting with me on our initial visit when he clearly outlined who he was and what he was able to offer me. On initial contact, he said firmly, "Listen lady, I hope that you are not here to exploit my work and walk away with all the benefits. My work is too sacred for me to let you do this. A young doctor from England lived with me for six months, and he's making big gain with what I gave him. So you be up front with me and tell me what you want." With this firm but gentle approach on the first contact, Papa A. and I were able to explore the boundaries of our work and relationship, causing my experience with him to be less anxiety-provoking and more predictable. During his work with new clients, Papa A. seemed to take the same approach which gives the patients an opportunity to set realistic expectations. When Papa A. is asked about his style of work, he responded, "Too often I'm expected to make it all right, make magic and take all the responsibilities. My patients must know that they are also in this because they have chosen to be in it. If they were responsible enough, they would not have gotten sick to begin with." Papa A. gives his patients full responsibility for their healing. During healing sessions, Papa A. indeed controls by taking the journey into trance and possession. After this experience, which he calls the journey, he describes the diagnosis, treatment and possible outcome to the client. He then leaves it up to the patients to take control of their health destiny. He teaches and gives

guidance. He often says to his patients, "now it's up to you to follow the instructions given and to bring out a better and healthier you". This approach seems to be acceptable to all his clientele. Here are responses from three patients when asked what they felt was wrong with them:

PATIENT #1:

I am suffering from an illness that is above the heads of the doctors. I have a problem of "sore foot", and no doctor can cure this. My mother-in-law want her daughter back so she plant a `bad' for me to cripple me, so that her baby would return to her for help. You see this bad that they planted for me would travel from my foot to my head and make me crazy. So before it comes to that, I will have to treat it and stop it from reaching my head and making me crazy. The only person to deal with this type of problem is Papa A. He helped a lot of people like me. People who were not able to walk, walked again after being treated by Papa A.

PATIENT #2:

I don't know what is wrong with me. I got up one morning and I just was not myself. I went to work, I am a civil servant, and I could not concentrate. My head was feeling bigger then my body. I was "taking people for someone else". I thought I was hearing people calling me when no one was there. People in the office said that I was stressed out, others felt that someone put something on me to stop me from moving up in the department. Since then I can't sleep, so my mother decided to bring me here since Papa A. is an expert in helping people with these problems.

PATIENT 3#:

This is my first time coming here and to be honest with you, I don't know that my problem is written in any book. I know that you might call me weird, but recently I began feeling hot all over. My feet began to swell, my hands and tongue began to swell. I was feeling hot all over as if a ball of fire was inside of me. I need a good coolin' and some good bush medicine. I know that Papa A. can make me better.

Clearly, there are similarities and differences in the workstyles and behaviors of these three practitioners who participated in this project. Some of the differences appear to be gender specific because although all of these healers adhered to an approach to treatment that was based on the physical, psychological and spiritual needs of their clients, the female practitioners always included touch and comforting in their treatments. They stroked, caressed, hugged, pampered and anointed most of their clients. On the other hand, the male practitioners lectured, taught, and preached

more frequently to their clients. The female practitioners were also more willing to take control from the client and to make decisions for him. This was not the case for the male practitioners who seemed to emphasize the importance of the clients taking charge of the process and empowering themselves. I heard male practitioners repeatedly instruct and push their clients to be responsible, strong and brave.

Availability, reliability, and consistency were key variables in the client/healer relationship for all of the practitioners. Regardless of racial background or religious affiliation, the practitioners' treatment seemed to be based on the notion of hope, trust, and belief. Without the presence of these important elements, the outcomes are at best uncertain.

CHAPTER VI

PATIENTS AND THEIR ILLNESS PERCEPTIONS

It would appear that Trinidadians attribute illnesses either to natural or unnatural causes, and regardless of the cause, almost all illnesses may be dealt with by obeah practitioners. Treatment may or may not include rituals. The following are examples of some common illnesses and their treatments by obeah:

Illnesses that are associated with temperature elevation such as colds or fevers are considered to be of natural origin. Febrile illnesses are often treated with rubs or herb or bark teas such as: Basil, Bois Laney, Boos Lum, Hibiscus, Ivy, Candle, Hog Plum Bush, St. John bush, Sweet Broom, Tobacco leaves, De-Tay-payee, Cojoroot, Carpenter grass, and Black Sage. A rub made of melted candle mixed with grated nutmeg is also regarded as a good remedy for hot or cold body temperature disorders. Illnesses that affect the blood are also considered to be of natural cause. Often a complaint of fatigue or weakness might be associated with "weak" or "thin" blood and the practitioner would readily recommend a "blood builder". Blood building is often through administration of foods thought to be rich in iron including yolk of egg, prunes, apples, spinach, lettuce, and lentils. It is said that the patient must eat beets to redden and strengthen his blood.

Low blood pressure (hypotension), also regarded as a natural illness, is said to be caused by thinning of the blood. This is attributed to poor nutrition, lack of rest and lack of exercise and is treated by a drink of Royal Extra Stout blended with an egg taken twice a day for six days. High blood

pressure (hypertension), which is believed to be caused by waste matter "retained in the system," faulty diet and over-eating is treated with drinks of cider vinegar mixed with one tablespoon of epsom salts taken twice per day after meals. It is believed that the vinegar thins the blood and the Epsom salts filters out the impurities causing a drop in blood pressure. Garlic boiled with orange peel is also a highly recommended treatment for high blood pressure.

Other natural illnesses are considered to be due to "dirty blood". One who eats a certain food and reacts to it by developing a skin rash is considered to have "dirty blood". This illness is treated by a purgative (usually castor oil) and then a "cooling" to cleanse the blood and bladder. Common coolings are burnt bread soaked in water and strained. This fluid must be taken six to eight times per day. De-Te-payee leaves, day-tee-bobin leaves, candle bush, cassia pods, and coconut water are all used as coolants. Another common result of "dirty blood" is exhibited by women who complain of menstrual troubles. The treatment recommended for this malady is the drink produced from herbe-a-femme leaves mixed with honey and olive oil, Treff leaves and a blend of maromay plant, Mashupon leaves and wild okra roots.

It is commonly felt that most unnatural illnesses are manifested in the form of mental disorders and accidents. Throughout Trinidad, most people regardless of race, colour, creed, economic or educational status, readily associate behavioral disorders with "badness" or the work of an evil spirit. Also any sort of behavior that is felt to be out of the ordinary, ranging from the inability to carry out simple daily tasks to outright mania is often

interpreted by the patients and surrounding community members as the result of hexing. These patients see themselves as victims. Prince (1961) found similar beliefs among the Yorubas of Nigeria. There he discovered that patients suffering psychiatric disturbances frequently considered their symptoms as resulting from witchcraft and seek treatment from the traditional healer. Most other informants including educators, clinicians, media personalities, politicians, students, and religious leaders, agree that there must be a link between mental illness and evil works. In Trinidad, a typical situation is as follows: A person is sick and is diagnosed by a physician as having a bipolar disease in a manic state. This same patient is then seen by the obeah practitioner after the patient has diagnosed himself as having a bad spirit cast upon him by an envious neighbor; he is then considered as being possessed.

The obeah practitioner may proceed by calling on a spirit who specializes in dealing with patients with possession states. The practitioner would then plead with the spirit possessing the patient to tell who sent him to the host and to ask him to come out. The practitioner would then ask the spirit to name his reward for leaving the host and there would be a lot of bargaining because the practitioner would initially deny the evil spirit the requested reward. The practitioner would then force the spirit out of the host's body by setting a trap. For example, one form of trap would be enticement by food; women circled around the sick patient with food on their heads while drumming and chanting continued. The food would then be placed in front of the patient and as he attempted to eat, he would be whipped with a coconut straw broom and the plate in front of him would be ignited. The idea was that the spirit would be driven out by the whipping and attracted to the food

in which it would be burned. If the sick patient falls to the ground the spirit has left him. If he fails to fall the spirit is still with him and another approach must be tried.

After this treatment the patient would be cleansed in a bath with milk, cassava, lemon, and lanebwah leaves and then rubbed with spirits of asefesita and red lavender and aqua divine. Finally he would be given an amulet made of a blue sac and containing a garlic seed and a small cross which must be worn at all times to ward off evil spirits. Patient teaching is often done after treatments with the hope to avoid further illness. Patients might be taught other rituals to ward off spirits. To ward off bad spirits one common practice is to keep a black "fizzle fowl" in the yard at all times. If foreign objects are seen in the yard, they must not be touched and lamp oil or olive oil must be poured over the object which is then shovelled up and thrown in the street or buried. Psalm 23 must then be recited which reads in part: "The evil prepared for you will fall upon the sender". Another common recipe that the obeah practitioner gives to ward off evil spirits and prevent the patient from getting sick again is the mixing and setting for nine days of one pound of salt and a half-a-pound of garlic mixed with two bottles of urine. This mixture is then used to sprinkle the inside of the fence which protects the property. This action is carried out while the patient walks backwards from the gate. The person is also encouraged to wear a "guard" made with blue cloth which contain three seeds of cloves and nine grains of peeled garlic seed. Another defense against evil is the wearing of the undergarments on the wrong side.

These are the accounts of three patients who presented their illnesses as unnatural and sought treatment by obeah practitioners.

PATIENT #1:

Mrs. B. is a thirty-eight year old Trinidadian of African descent. She is married, has two daughters, and is employed as a registered nurse. Her main complaint was severe mood changes which disrupted her daily functioning. This women is well known to the staff at the hospital where she has been an employee for about fifteen years. She has also been an occasional patient since 1980. Her current admission is for recurrent manic episodes. At home, Mrs. B. began experiencing increased agitation with periods in which she would strip herself.

She is the last of four children and grew up in a three-bedroom house with her maternal grandparents, mother, brothers, sister and three cousins. She said that her father managed to start a family with her mother while he was married to another woman. He only visited when he felt the need to discipline. She remembered her father visiting and lecturing her and her sister about the importance of being good women to men when they grow up. This she explained meant learning how to do domestic chores, and how not to respond verbally when spoken to by men. She remembered being whipped by her father for no apparent reason while her mother and the others looked on helplessly. It was believed that if her mother had uttered a word of support she would have met the same fate. Her brothers and sisters experienced similar treatment and at times her brothers would team up and react in a violent fashion. Mrs. B. talked about her nightmares which were centered around memories of the time that one of her brothers struck their father on the head with a hammer in an effort to protect his mother. She said that despite her father's absence, her life as a child was considered "normal". Money was difficult to come by but her mother was able to maintain a job as

a house maid to make ends meet. Memories of times with friends, Sunday school, trips to the beaches, and visits to other relatives in the rural areas provided Mrs. B. with a sense of wellness.

Mrs. B. reported that despite her painful experiences with her father, she and the other siblings were able to successfully finish high school. Her brothers left home soon after graduation and joined the Police Service. Her sister left at the age of eighteen to live as the common-law wife of a school principal.

Mrs. B. got married at age twenty and began training as a nurse. She reported no psychiatric history in her family. However, she recalled that her grandmother used to act in a bizarre fashion by stripping her clothing and running barefooted in the streets. These behaviours were often treated by a Seer Woman who is presently a very old and close family friend. Mrs. B. is convinced that her problems began when she started training as a nurse. She remembered feeling differently and often wanting to be alone. She recalled that she started to be rude and abrupt to her husband. These behaviors signalled to her that she was changing and this brought a lot of concerns and fears. Mrs. B. began attending church regularly where she claims that she experienced a great deal of comfort. During this period she got pregnant and had a spontaneous abortion. After the abortion, she became severely withdrawn and suspicious that everyone knew about her experience. As a means of solving these problems, Mrs. B. got pregnant again and gave birth to a baby girl, who is now twelve years old. She continued to work and attended her church services diligently. Two years after her first child she initiated a staff meeting which she described as stressful. She chaired this

meeting and remembered being extremely anxious and leaving the meeting before it was completed. She also experienced tremors of hands and feet, a dropping of body temperature, and a feeling of `niceness' inside. At that point she left the hospital and recalled exposing herself on her way home. Later, she was admitted to the hospital and placed on Lithium. Three weeks later she was discharged and sent home with a prescription for Lithium and follow-up appointments to the clinic which she diligently kept. With support from her husband and mother, Mrs. B. was able to resume her duties at the hospital four weeks later. Ten months later, Mrs. B. experienced similar feelings of losing control, and was again admitted for a brief period. Mrs. B. confessed to being compliant with her medications and clinic visits and did not understand the cause of the relapse. During this time she converted from Catholicism to Spiritual Baptist and became actively involved in church activities. She later got pregnant with her second daughter who is now eight years old.

In 1988, Mrs. B. was again admitted with a diagnosis of Manic Depressive disease (Bipolar Disease). This time she refused all medications and insisted on help from her church. During my initial interview with her, one day after admission, Mrs. B. was found lying on her bed with a bible opened on her pillow. He head was wrapped with a lilac coloured handkerchief, and her waist tied with a yellow cloth belt which gave her the appearance of a Spiritual Baptist preacher. Speech was soft and slow, eye contact was fixed. She showed fair judgement and insight when she discussed her future plans of returning to work and resuming her role as wife and mother. Recent and remote memories seemed intact with some disorganization of thought processes. She was oriented to time, place and people, although at times

she confused me with a nurse who treated her previously. She denied all hallucinations claiming that she is "not that mad". Her affect appeared

downcast and flat but she brightened up when she spoke of her faith and church.

I visited Mrs. B. three times per week during her three weeks of hospitalization. During this period she refused all oral medications, and group activities, agreeing to speak to staff only about her religious preoccupation. Here she would imitate the role of a teacher. Periodically, she received medication intramuscularly for agitation. This was done without her consent and despite her insistence that she would sue the hospital and the staff. She had standard orders for neuroleptics which she describes as poison to her system. Mrs. B. was discharged against medical advice under the supervision of her husband, mother and church leader. On the day of discharge she agreed to being treated by an obeah practitioner recommended by her church leader.

Based on the diagnosis of an evil evocation by an envious neighbor, Mrs. B. went through an exorcism which she described as a "light experience". She was then bathed in a concoction made from numerous herbs. During this bathing which was witnessed by Mrs. B.'s mother and myself, the patient was encouraged to repeat specific lines of prayer said in a foreign language. When I asked about the language being used, I was informed that the practitioner was `speaking in a Yorubian tongue'. After the bath, Mrs. B. was anointed with red lavender which was rubbed onto her skin in a very brisk fashion. During this treatment, the practitioner lectured to the bad spirit

that were assumed to have left Mrs. B.'s body about the ills that would fall on it should it choose to re-enter it's former host. The singing of religious songs and occasional humming was heard from time to time during the procedures. Mrs. B. was then taught the procedures that had taken place and given some instructions which she was to follow for the next three months. She was then given a drink of gin in which was soaked scorpions, centipedes and some other insects. It was then strongly prescribed that Mrs. B. wear an amulet made up of a tiny blue sac filled with blue and garlic. She was also told to wear her undergarments backwards and on the wrong side. A special bath every six days for three months was also a part of the treatment along with a daily rub of red lavender before leaving the house. Another rub made of raw petroleum mixed with table salt was given to Mrs. B. by her practitioner. This was to be used on the palms of her hands and the soles of her feet. The entire session took over six hours and took place at the home of the practitioner. Mrs. B. was allowed to leave only after she recited her expectations and prescriptions.

After the treatment Mrs. B. complained of fatigue and hunger. She was unable and unwilling at this time to be interviewed and had to be directed to her home for rest. Ten hours later, I interviewed Mrs. B. who willingly spoke about the experience the day before. She emphasized that it was important that I keep the experience and knowledge confidential from the hospital staff and other acquaintances. For three days after the treatment Mrs. B. was kept on bed rest and fed hot chicken broth and hot cereals made from cream of wheat and barley. I saw Mrs. B. each week for four weeks before the end of the project. During this time she was always tranquil and was frequently humming hymns. Her affect seemed appropriate and she denied

anxiety, depression or hallucinations. Her husband reported that she had restful nights with early retirements and early awakenings. She conscientiously followed her prescribed treatment and it is known that to date Mrs. B. is back to work and functioning.

There is no yardstick to measure the efficacy of the treatment just described. However, there is evidence that Mrs. B. showed changes in behaviors after receiving treatment from the practitioner. One can only wonder if her strong sense of want, willingness and hope were main contributors to the resultant feelings of comfort, tranquility and well being. During the traditional treatment the patient received personalized and immediate attention. At no time during the six hours of treatment was the focus placed elsewhere. The time invested in her treatment gave the patient a sense of being cared for, being nurtured, and being made to feel important. This approach seems to have decreased the patient's anxieties and enhanced the feelings of acceptance which might have led to a sense of bonding between patient and therapist. Another important tenet witnessed between the patient and practitioner was the importance of teaching. The time given to inform the patient of all procedures and have the patient be a part of the process seemed to have allowed the patient an equal involvement in the treatment process. since the patient was not exposed to more than three people. This certainly offers more privacy than a ward of patients, staff and visitors. This intimate treatment created an environment of trust, comfort, empowerment and hope. It is therefore safe to conclude that in Mrs. B.'s case, hope, trust and knowledge generated the feeling of comfort and well being which can be seen as the initial mobilizer to the promotion of healing.

It is sad to report that despite the obeah treatment , Mrs. B committed suicide eighteen months later.

PATIENT #2:

Ms. L. is a nineteen year old Trinidadian of mixed race. Her father is of African descent and her mother was East Indian. She was baptized a Roman Catholic but has not practiced since she was fourteen. Ms. L. is the only child of her fifty-seven year old father with whom she has lived since she was three when her mother committed suicide by drinking cyanide. Ms. L. said that two years prior to her present illness she had been very angered when her father's twenty-five year old girlfriend moved in with them.

During the pre-admission interview Ms. L. complained about feeling nauseous. She salivated excessivly, claimed a general feeling of malaise, and was convinced that she was pregnant. There was no history of hospitalization or illness except for the occasional colds. Recently, she had lost a noticeable amount of weight despite the fact that she was eating "three times as much as usual". Both Ms. L. and her father reported no history of mental illness in the family. They did not consider her mother's suicide an indicator of mental disorder but as a sign of strength and control. Ms. L. felt that her mother was a strong and powerful woman unlike her father who she claims is weak.

Ms. L.'s father described his daughter as a perfect child, "a loner who was extremely particular about who visited the house". She was mature, responsible and overly protective of her father to the extent that she made

all his social decisions. Ms. L.'s father avoided social events until three years ago when he first met his girlfriend at a horse race; he hadn't socialized previously because he "was fearful of entrusting his daughter's care to others". Ms. L. never enjoyed playing with other children; her father was her only friend and they did everything together. She claimed that she had no hobbies except changing her father's bed linen, which she did eight to ten times each day. This behavior had begun a year previously and was interpreted by her father as a sign of caring and cleanliness. Ms. L. and her father had shared the same bedroom since her mother's death and recently, her father's girlfriend began sharing the room also.

During the interview, this petit, frail-looking, five foot three inch female was neatly dressed and sat in a chair leaning on a bedside table. She was pleasant and cooperative and denied any mental disorder. She warned me that information given at the desk was exaggerated. She spoke softly and gently as she reached out to touch me while maintaining good eye contact.

While denying hallucinatory experience, she expressed some delusional material as she attempted to convince me that people were out to get her because she was too close to her father. When asked who these people were, she remarked, "Don't ask me what you already know. All those people! You know them!" She later indicated that her father's girlfriend was the key person behind the conspiracy. She described her disappointment at having to be in the hospital and said that going home would be the best treatment for her. She exhibited a labile mood, giggled, then cried while holding her stomach as if she was comforting a young fetus. At times, she frowned and spoke firmly and loudly as she condemned the public for taking her away

from her father. Ms. L. was oriented as to time and place but often misidentified those who passed by.

In the hospital Ms. L. was diagnosed Schizoaffective Disorder. Initially, she was compliant, cooperative and earned the title of staff pet. Treatment for this disorder did not seem to help; she continued to vomit and believe she was pregnant despite negative test results. (It is worth noting however, that Ms. L. had not menstruated since the onset of her illness). Confronted with this contradiction, she became very argumentative accusing the staff of not knowing what was wrong or how to treat her. She took time daily to point out the futility of attempting to understand and treat an illness that she described as "unique". She professed to being different, special and powerful because she hosted a baby devil. When encouraged to expand upon this remarkable assertion, she would stop talking and apologize for disclosing important information. During the first half of her two month hospitalization, Ms. L. was visited daily by her father. Her father's girlfriend never visited and when called upon to attend a session, she excused herself saying that she was busy. Six weeks after admission, Ms. L.'s father was denied daily visiting rights and was limited to seeing his daughter every third day. The patient and her father were enraged by the treatment team's decision. Ms. L. refused all meals, medication, and contact with staff and patients. For several days, she regressed to a fetal position on her bed. He father then wrote letters to the hospital administration and to the news media expressing concern about the hospital staff's ignorance of his daughter's illness which was leading to inappropriate treatment. He also sought legal assistance in an attempt to retrieve visiting rights. Ms. L. then absconded from the hospital. She returned home to her father and together

they decided to seek help from an obeah practitioner.

I asked to follow Ms. L. while in treatment with the practitioner but this request was denied by her father who claimed that he did not trust anyone who was "working under the white man's beliefs". Two weeks later I was contacted by the father who claimed that he had had a change of heart and would now allow me to work with the family again. Ms. L. was being treated by an obeah practitioner, who she was seeing on a weekly basis. On her second visit, I accompanied Ms. L. and her father to the practitioners treatment center. Describing her present treatment, she said she had been instructed to wear black clothing and repeat special prayers every hour each day for twenty-one days. She also spoke about having been exorcized but claimed that this had not relieved her of the baby devil.

When we arrived at Sister M's treatment center, Ms. L. was sprinkled with holy water. The obeah practitioner, Sister M., said that it was important for Ms. L. and family to believe that her illness was due to the invasion of a devil entity into her body; without this belief it was impossible to work with her method of treatment. Ms. L. was also encouraged to report her activities for the past week and then to join the practitioner in prayer. As they prayed, the practitioner whipped Ms. L. with a broom made from the veins of coconut leaves and shouted that the devil should leave her body. Despite the aggressivity of this treatment both Ms. L. and her father seemed rather comfortable. Ms. L. was then splashed with buckets of water that contained herbs and a variety of oils. Her stomach and head were then anointed and she was wrapped around the abdomen with a broad band. During this action, the practitioner explained that since the devil was now out, all

precautions must be taken to prevent its reentry. (According to Sister M. the devil invaded the body via the umbilical cord and the centre of the head and special precautions were required around these areas). The practitioner also explained that due to Ms. L.'s recent treatment, her body was weak and unprotected; she needed extra guards to protect her. A tiny medal with the picture of a black saint carrying a cross was pinned on her underclothes. She was encouraged to drink a daily nutrient made of a blend of Guinness Stout, milk, eggs and spices. She was then instructed to visit the practitioner in a week to assess her condition. Weekly meetings and follow-up assessments were arranged.

A later interview with the practitioner revealed her approach to Ms. L.'s treatment. The practitioner reinforced the importance of coordinating treatment to include the body, mind and soul. She said that before treatment was initiated, tuning into the client's belief system was imperative; the manipulation of beliefs was the central core of her healing process. The aim of her treatment plan was to free Ms. L. from her physical and psychological mishaps and protect her from further suffering.

Finally, she intended to rebuild her mind, body, and soul, restructure her actions and thoughts to assist her in maintaining a healthier, functional life.

The practitioner's approach and plan of action appeared thorough and integrated all facets of Ms. L.'s being. Despite the practitioners efforts, Ms. L. continued to exhibit most of her pr-treatment behaviors, even though she insisted that she was feeling better. Although, her affect and mood did seem brighter, delusional content had decreased, and she denied

experiencing any hallucinations. She continued to change bed linens, to complain of nausea and vomiting, and periodically questioned whether she was pregnant.

By the end of my study, the patient had not returned to psychiatric treatment but was closely supervised by the obeah practitioner.

PATIENT #3:

Mr. C. is a thirty year old Trinidadian of Spanish and Indian ancestry. He was unemployed and lived with his parents. This client complained of hearing strange noises and seeing strange things just prior to experiencing episodes of "fits" (seizures). He also complained of chronic pain in the back of the head which he believed to be the cause of recurring dizziness and blurred vision. He said that he had become forgetful and was feeling as if he was in a "different world". Mr. C.'s case history showed one previous three-week admission to the neurological unit of the hospital where he was treated with Haldol and Dilantin for Psychotic Depression and Epilepsy.

A Roman Catholic, Mr. C. is the third of four children. His two sisters and brother are all married and live away from home. There is no history of psychiatric illness in the family although the father described his wife as a chronically depressed woman who has a cold personality and thinks only of herself. The patient was described as a normal and socially active child who was well liked by both friends and family. He attended a prestigious boys high school where he scored high grades as well as becoming the school's most valuable player in cricket. These achievements caused a lot

of envy by his brother and sisters. At sixteen he began losing interest in sports and became interested in music. He spent a lot of time learning to play the steel drum and began spending less time on his school work. Eventually he began missing class to play the "pan". His parents and teachers became very strict with him, but he soon dropped out of school. Mr. C. remembered that his headaches and fainting spells began around this period. He recalled going to a river to soak his head with the hope of ridding himself of the pain. He did not complain at this time because he feared that he would be looked upon as a sissy.

After dropping out of school and being resented by his family and friends, Ms. C. began accompanying his father to work. His father was a supervisor of a large cement and brick company and he gave his son a job as a filing clerk. Mr. C. held this position for four months before he began losing interest. Rather than go to work, he would remain in bed for long hours, and would be overheard speaking to himself. His father then registered him for training as an auto mechanic without his consent, but Mr. C. attended only when his father was able to drive him and pick him up. This lasted six weeks, and it was during this time that he began to show signs of phobia to people. He reported that when people were outside the house, he felt pains in his chest pains and perspired profusely. He also started hearing voices and seeing things. This would often lead to fainting spells and seizures.

He was taken to the family doctor who said that there was nothing wrong with Mr. C. and that he was only tricking the family to get out of doing things. This diagnosis created a great deal of rage in Mr. C. who decided that he would never go to a doctor again. Everyone continued to believe that Mr. C. was able to be the successful person that he was earlier in his life but

was not applying himself. His father then sought support from the priests at the Catholic monastery of Mount St. Benedict who encouraged Mr. C. to visit the monastery and light a candle to assist him in his future endeavors. Mr. C. refused to accept this assistance because, according to him, he was still very angry with his parents. He began visiting the corner store where he would drink beers until intoxicated. He would then return home and disrupt the household by accusing his mother of being a prostitute and his father a priest. With help from the neighbors and the community, Mr. C. was constantly supervised and access to alcoholic beverage became almost impossible. He then began leaving his home for days at a time without anyone knowing where to locate him. It was during one of these episodes that his father sought advice from a pundit. After two sessions, the pundit informed him of the area where his son could be found. It was in the east end of the country at the fish market, approximately twelve miles from home. Mr. C. was dishevelled, and "simply looked terrible". He was brought home, bathed, and fed by his father. Mr. C. remembered the distant and cold treatment given by his mother on his return, and he talked about the feeling of being in another planet and the fear of being electrocuted by an electric fan which was used to cool his room. While away from home, Mr. C. claimed that he did not hear the scary voices. He claimed to have been with beautiful people who were very friendly to him. He was threatened that if he left home again, he would be locked away at St. Ann's, a psychiatric hospital. He said that he was extremely afraid of this hospital and told his family that he preferred to be dead than to be "crazy and locked away".

While back at home, Mr. C. continued to have "fits" which got more pronounced and frequent. A friend advised the family that a physician should

pay Mr. C. a home visit. Mr. C. reluctantly consented to having a neurologist visit him at home. He was then admitted to the hospital with the understanding that psychiatry would not be involved. During his brief hospitalization, a consult was sent to psychiatry. When Mr. C. heard about this, he panicked and ran away from the hospital. At home he was told that if he wanted to continue living at home, he had to go out to work. Within days, Mr. C. was working as an apprentice to a mason who was a good friend of his father. Once again, after a few days, he lost interest, became belligerent and began experiencing seizures and hallucinations. He quit his job and began spending entire days in bed, coming out only for meals. This behaviour persisted until his older sisters became intolerant and openly accused him of being "abnormal" and "mad". His older sister convinced the family and Mr. C. that his behavior related to a spell cast on him by neighbors who were envious of his high school success. They quickly accepted this hypothesis claiming that they were "lost" in trying to understand the bizarre behaviors.

The family decided to place Mr. C. in the care of a doctor. This was done with the understanding that if there was no improvement in his condition by a specific date, he would then be transferred to the care of an obeah practitioner. Mr. C. was then admitted to the psychiatric unit.

Three hours after his admission, I visited Mr. C. and found him sitting on the ward surrounded by his father, two sisters, and a nephew. He was dressed in three hospital gowns, a woolen hat, shoes and socks. Initially, his family refused to have him interviewed alone, saying that he was not able to give the information needed. Mr. C. maintained a fixed stare and avoided eye

contact. He appeared completely disconnected from the people around him, and seemed somewhat preoccupied. He refused to acknowledge my presence and was scolded by his family for this behaviour. His affect seemed sad and his voice sounded infantile as he asked his family to go away and leave him alone. As the family packed to leave, he initiated a conversation with me. He seemed oriented as to time and place and spoke of what he thought was wrong with him. In a soft voice, he complained of frequent loss of memory even though his memory seemed intact. His judgement and insight seemed fair as he presented what he thought were his reasons for admission. He claimed that he was willing to give the doctors two to three weeks to come up with a diagnosis and treatment, and if they aren't successful, he was going to seek treatment from a "bush doctor". He claimed that the illness took a toll on his life and handicapped him from being as normal as his sisters and brother. At this point, he stood up, looked at his chest and remarked, "Look at me, I'm six feet tall with a beautiful body, why is it that I can't find myself a woman?" During this interview Mr. C. denied any hallucinations but admitted to have lived all his adult life in the company of his voices and visions. He jokingly stated that maybe the reasons for him never having a female partner was because he cherished the presence of his private friends who were found in his hallucinations and disregarded the beautiful women around him.

While on the ward, Mr. C. reluctantly accepted all treatments. He claimed that they were using him for experiments. After two weeks of treatment, Mr. C. looked better but denied the same when told. His family visited daily and complained of the poor care and meagre facilities. At the end of each visit, the sister would threaten to take Mr. C. out of the hospital, until one

day a nurse gently informed her that the family had the right to do so if they wished. I met with the patient and his family every other day for one to two hours each time. During these meetings, Mr. C.'s mother was always absent. The sister appeared assertive and very concerned about the hospital routines and treatment methods. Mr. C.'s father was always very kind and gentle and expected his son to be disciplined. During each interview the family would indicate that the hospital could do nothing for Mr. C. Finally, the sister convinced the treating psychiatrist to discharge the patient into her care so that he could be taken to an obeah practitioner for treatment. A discharge prescription was given but the sister clearly notified staff that they had no intentions of filling it.

A couple of days after discharge, Mr. C. was taken to an obeah practitioner for treatment. Mr. C.'s sister insisted that he see a female practitioner because she believed them to be more sensitive to people's needs. She revealed that she had been helped by a particular practitioner when she was having marital problems, and that since then her marriage had never been better. Mr. C. willingly accepted this and hastily agreed to the treatment.

On the morning of the visit to the obeah practitioner, Mother N., Mr. C. was reported to have gotten up early and called his sister three times trying to find out what was taking her so long. He was dressed and ready to go a full hour before the appointment time. When I arrived at Mr. C.'s house to join them for the visit, he exhibited some manic features. His speech was rapid as he walked back and forth from the car to the house. His eyes were bright and he made numerous jokes about his neighbor whom he claimed to be in love with. When I asked him how he was feeling, he replied, "I am feeling

high, isn't that a good feeling. Now you can write that I'm better". I then asked him what he thought were the reasons for these good feelings, and he replied, "I'm feeling alive, that's all, all you nice women around me, don't you expect me to feel high?" His family said that the last time they saw him like this was when he was fifteen and doing well at school.

When we arrived at the practitioner's house, Mr. C. asked his sister to be silent so that he could tell what he thought was wrong with him. His sister agreed to this and reminded him not to forget important information such as his life as a student. At first, the practitioner refused to have me as an observer, but with Mr. C.'s insistence, she accepted saying that he had the power to decide what he wanted for himself. We then sat in Mother N.'s treatment centre, a very small room adorned with lighted candles. Mr. C. gave a brief summary of his perception of his illness allowing Mother N. to ask few questions. His sister and I were then asked to leave the room and wait on the front patio. The wait lasted over three hours. When the treatment was over, we were called into the treatment center and given a brief report. Mother N. emphasized the importance of family support in Mr. C.'s treatment, and he was asked to return in seven days bringing along a big white cock. This was to be used for a sacrifice.

On the way home, Mr. C. volunteered to share his experience with his sister and I. He said that he was bathed in water mixed with goat's milk and spiced with olive oil and spirits of asefesita. His head was held under the water three times as the practitioner prayed and sang. After the bath, his head was briskly anointed with a mixture of oils, prayed upon, and wrapped in lilac colored cloth. A clean robe was given to him to wear during this

treatment. He was then asked to repeat certain prayers after the practitioner while they made strong eye contact. A head band was then given to him to be worn until the next visit. He was given a small cross which he was to pin to his underclothing and was taught a special prayer to recite before beginning each day. At the next visit Mr. C. donated the white cock which was sacrificed. After the ceremony, Mr. C. was told that he must no longer experience sickness and that he must return to normal functioning. He was then asked to loudly recite the things he wanted in life and how he planned to go about obtaining them. He was also encouraged to set realistic plans for himself and to see Mother N. every month for the next three months. I continued to visit Mr. C., until the end of my study, and he seemed much better. He no longer experienced hallucinations; however, he was having difficulties getting a job.

What was striking about this case was the extent to which a young man had lost control of his life and the efforts he made to regain that control. His disempowerment had created extreme fears and anxieties which left him vulnerable, angry and helpless The obvious confusion caused by the manifestations ("fits", headaches, blurred vision) only heightened his sense of not being in control. It was only when his sister named his illness and found a cause, that he was able to take control and fully cooperate with treatment. He came to believe that his illness did not have biological origins and was therefore not be treatable by conventional means. In such cases where traditional treatment goes against the patient's belief system, such treatments are almost destined to fail. When the patient believes that the caregiver is incompetent and ignorant of the illness, there is no

willingness on the patient's part for establishing a therapeutic relationship which could lead to successful outcomes.

In my practice, I have encountered situations where at the beginning of treatment, patients would find rationales for non-therapeutic outcomes. These patients would end up leaving treatment feeling the same as when they came in, or at times feeling even worse. Patients who enter treatment feeling positive, willing, hopeful and trusting seemed to be more capable of mobilizing their own well being and striving positively during the treatment. Mr. C.'s relationship with the obeah practitioner allowed him the opportunity to be in charge once again. He proved this when he made decisions for his destiny by assertively fighting to have me present and by maintaining eye contact. To him there was no need to use acting out behaviors to get his message across. He and Mother N. had the same world view. As he named the illness, his symptoms were accepted as real and distressful. At no time were his views discouraged or challenged, allowing Mr. C. to maintain control. This enhanced a trusting relationship and generated hope. It was also apparent that Mr. C. willingly allowed himself to be treated by the practitioner with the preconceived notion that she was capable of making him feel better. He believed in the cause and treatment, he trusted and validated the practitioner, and together they journeyed on a process that was seen as positive to Mr. C.'s well being.

Mr. C. is presently working as an apprentice with an auto mechanic and is currently living with his older sister and her family. He no longer complains of seizures, however, he now complains of periods of restlessness and insomnia.

It is clear from my observations that obeah is magical, religious, medicinal,and complex. Each obeah practitioner comes from a powerful position from his or her religious community, and uses herbs along with religious, spiritual and supernatural beliefs to bring about healing. Patients who seek this type of assistance are not necessarily religious, but are strong believers in the practice of obeah. Faith in the obeah practitioner is a strong variable in the healing process. Those who seek help, expect to be helped, and have profound faith that the obeah practitioner can help. The obeah practitioner seems to mobilize the hope of their clients and foster strong beliefs and expectations of recovery and well being.

DISCUSSION

This study has presented obeah practices and beliefs from a historical, cultural, medical, and sociological perspective. The research illustrates that Trinidadian society has accepted this traditional healing system as an operative part of its health care practice. In this society, obeah is viewed as a very powerful and effective therapeutic system. When Trinidadians feel confident about controlling their daily lives and circumstances by western or scientific means, then without hesitation they put those means into effect. However, when there are circumstances in their lives that are puzzling, and perceived to be beyond the power of science, they will turn to the supernatural. According to their understanding, it is within the latter category that psychiatric disorders fit. They view mental illness as unnatural, and supernatural. For them, the cure must therefore rest within this realm. They might give the scientific way a try, but if results are not immediate and clear, they will revert to the traditional which in this case means obeah.

Clearly, this indigenous healing system has inherent measurement problems and its efficacy cannot be assessed by variables that are exclusively scientific. This is partly due to formidable methodological difficulties and partly due to the fact that obeah practices are based on a religio-magical theory. Unlike most people who adhere to western scientific world view, a large number of Trinidadians and people from other English speaking Caribbean islands, have developed their world view around the supernatural. This study has shown that in Trinidad, with its unique historical and cultural makeup, obeah treatment is often therapeutic in the treatment of

mental illness. However, these Trinidadians along with people from other West Indian Islands have been leaving their lands in large numbers and making countries such as Canada their home. They are bringing their cultural beliefs along with them. Included in this cultural baggage are their beliefs about illness and its treatment. These people are beginning to show up among the Canadian sick population, and at times are causing consternation within Canadian treating teams. This is clearly illustrated by the two Montreal cases (Chapter 2) who were exhibiting resistance to the diagnosis and treatment of Canada's western-trained psychiatrists. There is little doubt that these case types will increase as Canada and Quebec's Multicultural/Multiracial Society expand.

The question that begs an answer is: How will the Quebec and Canadian health system adjust in order to better absorb and serve a population that includes Trinidadians, other West Indians, and many other "new Canadians?" Realistically, it cannot be expected that the Canadian Health System will absorb obeah practitioner, nor can it be expected that obeah men and women will play any significant role in the Canadian treatment system. Also, it cannot be expected that Canada's western-trained health caregivers will begin to practice obeah. However, the findings and interpretations of this study can serve to better understand these people and to equip health caregivers with knowledge and tools to treat Trinidadian, West Indians, and other patients with similar cultural beliefs. A treatment model created out of this study follows. It can serve as guide to treat this population.

TREATMENT MODEL

The key components and outcomes found in the treatment of mental illness by obeah practitioners are outlined in Table 5. As schematized in the model, the belief system seems to be the bedrock to the treatment and it's outcome. The client, family, and practitioner share the same worldview by believing in the cause and means of treating the illness. Based on their beliefs, the client and the family make a diagnosis. The belief system is operative in two ways. Firstly, the client and family believe that the illness is caused by an external, supernatural force. This belief is then shared with the obeah practitioner. secondly, all involved believe that obeah therapy is an appropriate treatment which will result in positive outcomes.

Being able to decide what is wrong and what is needed give the client and the family a strong sense of responsibility. This responsibility enables the client and family to actively participate in all aspects of the treatment. If this role is denied, the client and family will often be resistant to any suggested methods of treatment. Dependant on what the client and family believe to be the experience and the cause, both parties will then venture off to create a change. The client and family collaboratively produce a diagnosis and verify the appropriate approach to treatment. Being able to take this position provides the client with a definite feeling of empowerment and inner willingness to work towards change. He powerfully and willingly impresses upon the practitioner what he believes is the cause of his strange behaviors and feelings; a working relationship is created. During this relationship, the practitioner is entrusted to be ethical. The practitioner then takes the responsibility to provide the client with a

treatment, and the client takes the responsibility to make the treatment work. In an unspoken but clearly understood manner both members agree to play their part in a responsible way.

As both parties work together in partnership, a space is provided for each member to play out his bargaining powers. This allows the client to maintain a continuously powerful position in the relationship. He is able to negotiate with the practitioner as they aim to create a treatment plan tailored to him. With this involvement, his compliance is heightened, and his investment to a positive outcome is enhanced.

As a result of this negotiating process, an individualized treatment plan is produced. The production of such a plan causes the patient's inner feelings of comfort and safety. These feelings allow the client to feel adequately equipped and ready to bring about an overall feeling of wellness. It is due to this general feeling of comfort and safety that the client is then able to actualize the treatment plan. The client works on the principle that the practitioner's treatment is powerful and his inner will is strong enough to create a cure. As the treatment plan is actualized and symptoms are diminished, the client begins to experience a return to his premorbid state. It is at this stage that the client describes the experience as "healing".

Theorists have examined various indigenous medical practices and their value. Torrey (1986) provides a framework for understanding various forms of psychotherapies and postulates that all therapists are basically doing the same things. He goes on to describe the main tenets of psychotherapy which are crucial to the therapeutic process. Obeah practice in fact includes most

of these tenets even though it has its own unique features. In obeah, the shared world view plays a crucial part in establishing a trusting relationship among all involved. The shared world view in the obeah relationship also seem to diminish the element of resistance so readily found in other psychotherapeutic relationships. Because of the understanding, the client is able to name the illness which the obeah practitioner reinforces, and then accept treatment.

A major departure from Torey's premise however, is that the naming is often initially done by the client before seeking help from the obeah practitioner. When help is then sought, the client describes the illness, often through a somatizational process, tests the diagnosis, and then leaves it up to the practitioner to prescribe the appropriate treatment. The client might be experiencing racing thoughts which he will described as a "Burning sensation in my head". He will then make a diagnosis that is appropriate to him by saying that he is suffering from an evil sent to him by an enemy which has entered his brain through the frontal or temporal lobe. In this case, the obeah practitioner will often validate such a diagnosis and initiate a treatment plan. This validation by the obeah practitioner empowers the client, and the sharing of power between the client and the practioner seem to act as motivator for the client's healing.

Torrey also cited the importance of the right fit between client and therapist as an essential variable in psychotherapy. This premise is readily accepted by all involved in a therapeutic relationship. In the practice of obeah however, the question of fit does not seem to be an issue. This can be explained by the means in which the two people are brought together. When

an individual is in need of obeah treatment, he seek out someone in whom he places a great deal of trust for a referral. Most often this person will refer a practitioner with whom he has successfully worked. This contact kept secret and his trust is never betrayed. The client therefore has trusted his ally to refer him to the most competent and most sensitive practitioner. It would appear that indirect bonding is initiated from the moment that the referral is made, and by the time that the practitioner and client get together, the work has already been started. Also because of the supernatural component to obeah, the client seem to accept the relationship as special and predestined. In almost all cases, on first contact, a sort of chemical and spiritual bond is established creating an immediate fit. As both parties develop a personal, and therapeutic working relationship, the practitioner's personal qualities serve a complementary component of this bond. In some cases, and this is seen clearly in the case of Pundit Maharaj, the positive personal qualities were difficult to detect. However, he was able to maintain a healthy working relationship with his clients which lead to very positive outcomes. What was quite evident, is that all female practitioners clearly exhibited personal qualities that were conducive to effective therapy.

The component of hope and trust which Torrey describes as essential elements to a healing process, also seem to be a key element for obeah therapy. Every client who sought treatment from the obeah practitioner did it on the basis of hope and trust. Hope appears to be the basis of the healing, and the trust which is based on the judgement, skill, knowledge, reputation, and ethical practices of the practitioner, seem to be element which breaks client's resistance and allow treatment to proceed smoothly.

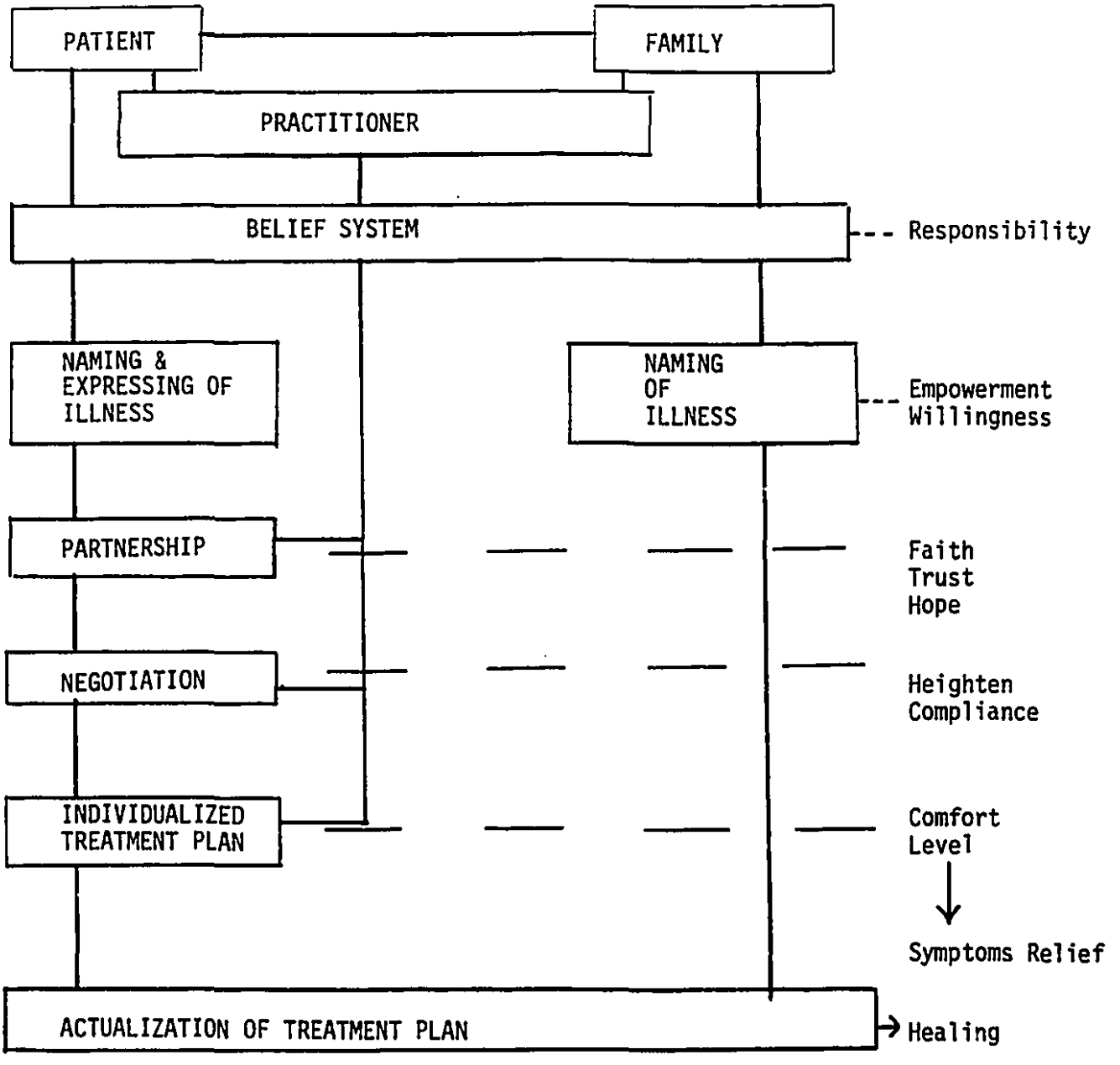
These two components account for the client's high expectations for cure and the practitioners willingness to accept the case regardless of its complexity. Together, these two individuals work diligently towards a cure.

With the client's ability to work effectively with the obeah practitioner to further understand his pain and develop ways of "coping", "fixing", and "protecting" himself, he can then walk away with a feeling of a "new self" which has been brought about by his obeah treatment. This is the Emerging Sense of Mastery which Torrey so aptly describes.

In the final analysis, this project has addressed an indigenous healing system used in Trinidad. This system, obeah, is culturally unique and conceptualized as a cause and cure of `normal' and `abnormal' illnesses. Psychiatric disorders, often characterized as `abnormal', fit precisely in the realm of this system. The study provides information, findings and interpretations that can be useful to health personnel, educators and others. The project may have focussed on a particular cultural group, however, it does not negate other cultural groups which hold similar health beliefs and practices. With this understanding, it is highly recommended that a heightened emphasis be placed on qualitative research in the area of multicultural health care.

TABLE 5

TREATMENT MODEL



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GLOSSARY

Bush Bath	A bath specially prepared with herbs
Calypso	An improvised ballad satirizing current social and political events
Cock	A male chicken
Coolin'	A drink specially prepared to act as a coolant
Dutty	Dirty
Fizzle fowl	A chicken covered with curled feathers
Fixed food	Foods prepared in a special way to make the consumer physically or mentally ill
Guards	An amulet, bracelet, cross or local medicine worn close to the body to act as protection
Horner Women	Husband's mistresses
Jumbie	A wandering spirit believed to have left the body of a child who died before baptism

Mourning	A spiritual ritual where the aspirant is isolated in a small structure near the church for a number of days. During this experience, the aspirant is expected to make contact with spirits through visions or dreams
Obi seed	A nut used by the Orisha Shango group in divination
Orisha Shango	A religious movement with its origins in Nigerian Yoruba religion found in Trinidad. Shango is the Yoruba thunder god.
Rastafarian	A religion developed in Jamaica with origins from the Back-to-Africa movement by Jamaican nationalist Marcus Garvey.
Run women	To have numerous affairs with women
Sacrifice	An offering of animals and food symbolic to the sacrifice of bread and wine at communion in the Roman Catholic practice
Spiritual Baptist	A religious group also known as `Shouters' in Trinidad; developed out of a methodist context by the end of the nineteenth century