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Shamanic Performances

Healing Through Magic and the Supernatural

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It seems that for more than 5,000 years, human beings evolved a set of complex practices that involved religion, magic, and supernatural healing. These practices were to appease the gods and goddesses, who appeared to relieve them of their pain and suffering, and to heal them of their illnesses and diseases. The reverence for and fear of a god or goddess brought health, whereas indifference or hostility brought illness and disease (Weatherhead, 1968). In most societies of the past, religion, magic, and supernatural healing were integral parts of experience, with special ceremonies and events enacted to celebrate the god or goddess. When a state of disequilibrium (illness, disease, or discomfort) was experienced, individually or collectively, help was sought through religion, magic, and supernatural healing. Whereas magic was used to negotiate on behalf of individuals with the supernatural forces, religion attempted to deal with the broader social and cultural issues confronting the community (Rosman & Rubel, 1992). This apparent distinction seems to suggest that religion and magic are separate processes, but although this may be the case in the West, elsewhere, in some other cultures, the two have always been historically connected.

Religion, for thousands of years, was usually understood to be the worship of supernatural beings, and then came Émile Durkheim, who denied that supernatural beings were essential to religion and defined religion as “a unified system of beliefs and practices relative to sacred things,” a definition that had a tremendous impact on modern views on religion (Durkheim, 1912/1995, p. 44; cited in Stark, 2004). Perhaps this view also contributed to the more recent position on the separation of religion and magic, especially in the West. The concept of magic is also bedeviled by numerous definitions. According to Stark, the term *magic* “refers to all efforts to *manipulate or compel* supernatural forces *without reference to a God or Gods* or to *matters of ultimate meaning*. Put another way, magic is *limited to impersonal conceptions of the supernatural*” (Stark, p. 116). On the other hand, Whitmont (1983), a Jungian, suggests that confining the process to the supernatural “limits magic to a manipulation of force, rather than to a particular form of consciousness and dynamics. The magical consciousness historically expressed the dynamic of instinctual and affect energy in the context of a field of unitary reality” (p. 44). Understood in this way, magic suggests a “here-and-now” existence without a differentiation of past, present, and future, leading one to contest the idea that religion and magic could be connected.

In the 19th century, many leading social evolutionists thought that religion originated in magic, an idea that goes back at least to Hegel (1840/1996) and that was embraced by Spencer (1896), Frazer (1922), and others. On the other hand, Durkheim (1912/1995) and others embraced the opposite view. Stark (2004) notes that “both the ethnographic and the historical records suggest that religion and magic developed in tandem and were always recognized as different” (p. 9; see Stark for discussion). Clearly, it seems that the evolution of religion and magic (or magic and religion) and later science was part of an attempt to deal with illness and disease. According to Weatherhead (1968), it was religion that first attempted to deal with the misery of disease and suffering, whereas the science of medicine, it seems, had its roots in religion and magic. But only magic and religion depend upon the supernatural, which could be understood as essences, forces, or entities that are beyond or outside nature that can suspend, alter, or ignore physical forces (Stark).

Many have attempted to define and make sense of religion, magic, and supernatural healing (as noted above), and not least among them are the so-called khaki-clad pocket-notebook diarists, the social and cultural anthropologists (e.g., Crawley, 1902; Malinowski, 1948/1992; Taylor, 1871/1958). But it is to James George Frazer, the Scottish classicist, that I turn now to begin the discussion in this chapter. In his mammoth and extensively documented study of magic and religion, *The Golden Bough* (1922), Frazer, through the lenses of the colonial understanding of cultures and societies outside Europe, inscribes and reinscribes

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narratives of magic, religion, and supernatural healing. In critiquing the work for its particular assumptions and perceptions, it is not Frazer's particular view that is called into question but rather the exotic, erotic, or neurotic projections by the West toward supernatural and shamanic healing of cultures of the diaspora.¹ The second part of the chapter looks at the work of the shaman, such as hakims, *deonras*, *amagqiras*, obeah men and women, and others. And finally, the chapter attempts to contextualize these healers in particular places and spaces, specifically the holy shrines, marabouts, and sacred temples where they practice their particular "brands" of cultural magic, religion, and supernatural healing, sometimes in communion with ancestral spirits. But first, we turn to *The Golden Bough* and its production and textualization of the "Other."

❖ THE GOLDEN BOUGH: COLONIAL PERCEPTIONS OF MAGIC AND RELIGION

Frazer's (1922) extensive research on religion, magic, and healing of communities and societies around the world, with examples dating back historically, clearly illustrates that people from these ancient societies felt that illnesses of the body were related to the mind and the soul (see Weatherhead, 1968). Frazer's research indicated that the principles of magic were the foundations of many of the early methods used, especially homeopathic or imitative magic.² Through the use of positive and negative charms and the ritual of piercing needles into personal artifacts or images of the enemy (e.g., voodoo dolls), people were able to work through much of their stress and aggression.

Homeopathic or imitative magic is not practiced for spiteful purposes only but can have benevolent uses as well. An example, noted by Frazer (1922), of the Dyaks of Borneo illustrates this type of use. When a woman is experiencing difficulties in labor, a "wizard" is called in to facilitate the delivery by manipulating the body of the woman. At the same time, immediately outside the room another wizard expresses the anguish and pain of labor by imitating the woman in the room. This is achieved by means of a large stone, representing the fetus, which is wrapped around the stomach of the wizard. Although the process is perceived in terms of the reality of homeopathic or imitative magic, the wizard, paradoxically, has to experience the process in physical terms.³

The essential requirement for empathy in all healing processes centers on the idea of feeling with the client. The wizard, by experiencing the pain for him- or herself, makes the empathic process more concrete and emotionally possible both for him- or herself and for the patient, but operating under the guise of the metaphysical. For the patient, a fusion of both the physical and the spiritual

worlds creates a unity that brings relief from pain and suffering. This kind of treatment by the wizards continues until the infant is born.⁴ Crawley (1902) notes that a similar kind of process happened in the Aru Islands, but for different reasons. His research, conducted with similar lenses and much earlier than that of Frazer (1922), seems to focus simplistically on only one aspect of healing in these communities.

Frazer's (1922) research, treatment, and analysis of many of the examples, like much of the colonial writings of the time, reflect the misinformed and biased views on the social, cultural, and religious processes of people from Africa, Asia, South and Central America, and the Caribbean. This encounter with the other culture contributed not only to a particular, singular perspective that these ethnologists constructed, but to a great extent altered the historical and psychological perspectives of those communities' understanding of themselves through these researchers' chosen examples and their recording of them.

Both Frazer's (1922) and Crawley's (1902) responses to traditional healing in these societies show a strong bias toward the theory that "third-world" cultures were uncivilized and primitive. They, like the other colonial commentators of the time, appeared to offer their observations through an essentializing and Eurocentric lens that presented healing and cultural practices either as exotic or "primitive." This in effect led them to ascribe all sorts of interpretations to these people and their experiences. For these writers, the people were ignorant, naive, and superstitious and had primitive thoughts concerning these normal experiences. What seems so obvious now—but was not then to these observers of the Other cultures—was the subtle and sophisticated way in which such complicated medical matters were resolved. This invalidates the simplistic analysis of complex practices (Moodley, 1998). For example, in the case of mothers in difficult labor, Western observers concluded that the people ascribed the cause to be evil spirits and the work of the devil. Although this may be correct in terms of how the people interpreted their experiences, it has to be seen in the context of the socio-cultural and religious construct that existed at the time. This is no different from many of the experiences in Europe in a much earlier period. For example,

In Medieval Europe, women who were suffering from a difficult delivery were prescribed words inscribed on communion wafers. This was the general practice where charm formula types were limited to powerful words, names and commands. Powerful names or texts were written on parchment and tied to the body as an amulet. (Olsan, 2003, p. 358)

In some cultures, the banging of drums was used to ward off the "evil spirit" that was said to be the cause of the difficult labor. It seems that externalizing

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the actual problem to a source that is not human but supernatural offers the possibility for intervention by the known methods and remedies of the time, that is, prayers, magical charms, and amulets.

In *Charms and Prayers in Medieval Medical Theory and Practice*, Olsan (2003) discusses the writings of four medical medieval writers; among them is a cleric and physician to King John, Gilbertus Anglicus (writing around 1200–1250). He utilized the work of Hippocrates, Galen, Avicenna, and others to create the *Compendium Medicinæ*, which became a standard reference for physicians for centuries. Cures include dietary regimes, pills, powder, herb waters for baths, and others. Although prayers, charms, and amulets were used at the time, they were not included in his book⁵ because he aimed to indicate a “freedom from superstition.”⁶ Another of these writers was John Gaddesden (ca. 1280–1349), who studied theology and medicine at Oxford and was said to have “cured Edward III of smallpox by wrapping him in a red cloth” (Olsan, 2003, p. 345). If magic, magical charms, prayers, and amulets were accepted by the lawmakers of the day, then it seems that lay members of the society would have had no difficulty in using them. It seemed that for more malignant diseases, discomfort, and distress, people used other ways to exorcise themselves of the assumed cause and origin of the problem. In some cases, it was thought to be an evil force that needed to be literally exorcised.

In this section, I referred to just one example from Frazer’s (1922) colossal work but offered a critique that may appear to be ingenuous. Although criticism of Frazer’s treatment is quite appropriate regarding the “politics of race and culture,” he no doubt made it possible for us to “gaze upon” the complex ways in which traditional healing was experienced. Clearly, to understand the wider relevance of religion, magic, and supernatural healing, one needs a much greater knowledge not of psychology but of the elements of culture. As Steiner (1956) writes, “Frazer . . . found a method and frame of reference almost predestined to lend an air of scientific inquiry to the discussion of homoeopathic or sympathetic magic and the principles of contagion” (p. 94). Much, of course, depended on the shaman and his or her performances and the context (sometimes “played” for the benefit of a particular ethnologist) within which the rituals were conducted. It is to the shaman that we turn next.

❖ SHAMANS AND SUPERNATURAL HEALING

The shaman⁷ or healer (also called in different cultures by other names, such as hakim,⁸ *deonna*,⁹ *amaqira*,¹⁰ and obeah man or woman¹¹), the client, and sometimes both are said to be possessed by a supernatural power during a therapy session. In this trancelike state, the “problem” is “interrogated,” and solutions are

offered by the “spirits” acting on behalf of the gods. Some of the problems that appear in the repertoire of a shaman’s healing process are object intrusion, retrieval of loss of soul (Field, 1990; Majumdar, 1944), sorcery, object intrusion, spirit intrusion, violation of taboo (Majumdar; Tseng & McDermott, 1975), sudden lapses of memory, or peculiar mental symptoms without specific physical ailments (Kuper, 1960). The shaman seemingly informs the patient that the source of the problem could be a god, devil, another soul, or another person.

It seems that the shaman—by concretizing the experience such that the cause of the problem is located in an external object and outside the individual—creates the perception that the problem can be solved. The person, who is assumed to be possessed by an evil spirit, the devil, or an evil curse, is required to undergo a period of preparation and cleansing before the actual ceremony of healing and exorcism. A successful completion of the cleansing period will be followed by the next stage, the performance of specific ceremonial rituals in relation to the perceived problem. This seems to have been the case among the Ancient Greeks in their Aesculapian healing rites. People would enter the temple of healing, lie on a pallet, and sleep. It is said that the god Aesculapius would come into their dreams and perform the healing rites, advise, or heal the illness himself (see Field, 1990; Kirmayer, 2003; Tseng & Hsu, 1979; Weatherhead, 1968).¹²

Among the Indians in Natal (South Africa), in a slightly different ceremony, a similar phenomenon occurs. In this ceremony, which requires immense preparation under the guidance of the Brahman¹³ (priest), the patients go into a trance, and then skewers, needles, hooks, and other instruments are inserted into their skin. In this process, the possessed group of individuals would silently walk or dance rhythmically through the crowd against a background of pipes, drums, and singing of prayer and hymns. At various intervals, attendants would pour rose water on their needled tongues and turmeric water at their feet (Kuper, 1960). Sometimes chariots are dragged by men with chains hooked into the flesh of their backs, as in the Muslim festival of Al Mohurram. A fire pit would be ready for those who needed to walk through the fire. The mantra-chanting crowds participate in this ceremony in both direct and indirect ways (Moodley, 1998). When patients “dance on nailed shoes without pain or have skewers pierced through the flesh without bleeding, or walk through fire without being burnt, or carry unusual and heavy burdens without weariness” (Kuper, 1960, p. 217), the almost-possessed crowd seems to collectively identify with the cathartic experience of the patient. In many cases, where the shaman interprets that the patient is “carrying” or “bearing” the illness for the family or group to which she or he belongs, the patient’s family as part of the crowd actively participates in the ritual. Members of such a family could also receive the trance or spirit and act as interpreters where the “speaking of tongues” is experienced (Moodley, 1998).

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A similar phenomenon is shared by some Western revivalist Christian denominations. At the end of what seems to be a long and intense supernaturally oriented process, the shaman would offer a solution to the problems diagnosed earlier in the treatment. In some cases, a prescription of a particular diet, a period of rest, or a repetition of the same ritual a year later would be recommended. This prayer and exorcism stage is most complex and elaborate and involves the shaman and the patient at the deepest level of unconscious activity. So it seems that not only is the individual patient's "self" healed, but also the "collective self" of the group undergoes healing. At the physiological level, a change of diet or a period away from the usual ritual of daily life seems to offer time for a readjustment of hormonal and biochemical functions. At the psychological level, the release of tension and stress and the accompanying relief contributes toward an equilibrium of the chaotic and conflicting unconscious states that the individual experiences (Moodley, 1998).

The patient receives the treatment with unquestioning faith in the power of the shaman's divine intervention. The addition of herbal medicine as an ingredient in the solution, although it could be the basis of the actual healing, is accepted in a minor way as the method in which magic, religion, and divination work. It seems that the effectiveness depends to some degree on the "experience and other qualities of the interpreter" (Tseng & McDermott, 1975, p. 379), the strength of the belief in the method, and the compliance with the treatment procedure. Successful treatment reinforces the concept and encourages further consultation and increased participation by the individual, the family, and the group. Although failures in such treatment do not discredit the process or bring it into disrepute, because it is believed that the supernatural has the power to decide whether to heal or not, failures contribute to the search for alternatives within the same method of healing or a transfer to another healer or another god with the same interlocutor. Sometimes the patient is required to go to another sacred or holy location with the same healer. This is explored next.

❖ HOLY SHRINES, SACRED RITUALS, AND ANCESTRAL SPIRITS

The method, nature, and location of the delivery of healing can vary depending on the type and intensity of the problem, as well as the circumstances that prevail within that particular family or community and also the quality of rapport among the healer, the patient, and the healing model used. Healing can also be conducted in the client's home by the visiting healer with the active participation of the client's family, as in the case of the practice of *hooponopono*.¹⁴ In some cases, especially in the North African countries, therapy is conducted in special shrines,

which sometimes become therapeutic villages where patients may stay for many weeks (Nemec, 1980, as cited in Moodley, 1998). The Zar cult in Ghana, Ethiopia, and Sudan and the Rab cult in Senegal (Asuni, 1986)¹⁵ and the use of marabouts¹⁶ in Algeria are examples of this process. Awanbar (1982) cites the Nigerian Aro village treatment center founded by Lambo¹⁷ as an approach that blends indigenous African psychology and Western psychotherapy. This approach, which apparently is based on the "village system" of cult healing, utilizes the dynamic resources of the community, such as the cult systems mentioned above.

In comparing contemporary Western with African traditional methods, Asuni (1986) suggests that African group ritual healing is more like psychodrama and that patients let loose their feelings in the dances, songs, ceremonies, and rituals. Sometimes the patient's ailment is not removed, but he or she learns to accept it and to come to terms with it by his or her group membership, as in the case of the Zar cult. The objective in traditional healing appears, then, to be to integrate the psychological ailment in the individual and at the same time to include and reinforce his or her membership in the group. Asuni seems to believe that this is the case in African traditional healing, where "the therapist's aim is to unravel social complications while also prescribing a course of treatment" in a public way, engaging all those present (Asuni, p. 315). Ataudo (1985) refers to this approach as the "first contact medicine," which identifies with "cultural fuels" such as belief systems, customs, ancestor consultation, ancestor worship, reincarnation attitudes, behavior, and values of the culture in which it operates.

Concepts such as ancestor consultation, ancestor worship, and reincarnation were among some of the processes that evolved to resolve deep inner conflicts experienced by members of those societies. It seems that the magical power of the gods could be carried by the ancestral spirits to their human relatives so that it could heal and transform them. According to Majumdar (1944), in Indian culture, "the soul became the spirit at death and it is the spirit of the dead ancestors that evoked religious rites or propitiation" (p. 398). Buhrmann's (1986) research among the Zulu people of South Africa found that a symbiotic relationship seems to exist between the people and their ancestral spirits. The mutual protection and well-being of both the living and the dead are objectives of the encounter with the ancestors. There are a number of ways in which the ancestors communicate with the living. Buhrmann's research revealed the following ways this happens: (a) through dreams, which are regarded as fragments of reality (advice and instruction given in the dream are usually acted upon); (b) through somatic sensations and symptoms: aches and pains in the neck, shoulder, and back; disturbances in the urogenital and reproductive systems; and (c) through disturbances of procreation such as sterility, miscarriages, stillbirths, and deaths of children during infancy and early childhood.

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Clearly, these signs and symptoms, which can be termed *psychosomatic*, are responses for change. It seems then that the concept of ancestor consultation has a firm base in ascertaining the level of disturbance or disease that is confronting the individual or group in that society. If the ancestors are conceived as living in and out of one's body, then it indicates that solutions to problems that the body is experiencing will be found in the voice or message of the ancestors. If the shaman is the one who experiences the psychosomatic disturbances, then his or her interpretations of the patient's illness and the subsequent "solutions" could well make the whole process magical and supernatural to the patient. So it seems that as far as the Zulu people are concerned, ancestor consultation, dream analysis, and the belief in the supernatural are different ways in which they are able to "interrogate" their illness and conflicts and maintain an equilibrium in their lives and in their society.

❖ CONCLUSION

Any understanding of religion, magic, and supernatural healing requires a creative and imaginative shift, suspending any logical, rational, and objective mode of thinking and going beyond the limits of science and into alchemy. It seems that each concept on its own has a certain appeal, understanding, and acceptance. However, the converging of all three can appear to be problematic, because we lack a set of vocabularies, idioms, and phrases to explain the merging of these divergent practices in modern health care.

But not so in the older societies, as Biswas (2001) notes of South Asian communities during the Vedic (ca. 1500 BC, when ayurvedic healing originated) and the pre-Vedic (Atharvaveda) periods, when people were unable to dissociate magic, medicine, and religion. Whenever they would administer medicine, they would apply it in association with spells, amulets, talismans, and recitation of mantras. In African culture, according to Awanbar (1982), the magicoreligious belief system keeps the importance and position of control in balance with the omnipotent supernatural forces on the one hand and the sociocultural and political environment on the other. This is reflected in many examples in *Black Magic: Religion and the African American Conjuring Tradition* by Yvonne Chireau (2003). She writes about the rich Hoodoo, Conjure, and root-working traditions that the slave communities engaged in. Chireau suggests that "Black Americans utilized conjuring traditions not only because they saw them as valuable resources for resistance, but because they believed that the supernatural realm offered alternative possibilities for empowerment" (p. 18).

So it seems that religion, magic, and supernatural healing not only maintain the continuity of the soul or spirit in a temporal-spatial matrix of human life

form, but also organize, shape, and control the individual's physical body (and mind) so that "things do not fall apart," and the center of society is held.

❖ NOTES

1. The term *diaspora* originates from the Greek and means a scattering or sowing of seeds. Originally, it was used to refer to the dispersal of the Jews and their exile from Judea in 586 BC by the Babylonians and AD 135 by the Romans. Today, the term *diaspora* refers to any population having to leave their original homelands. The term not only refers to the people but has in recent years been used to describe the socioeconomic and cultural implications of such a dispersal (e.g., diasporic culture). In the late 20th century, *diaspora* has been used to refer to various groups who have been displaced from their land as a result of slavery, economic poverty, discrimination, or persecution (African diaspora, Irish diaspora, the Asian diaspora, the Jewish diaspora, etc.).

2. The term *homeopathic* as used by Frazer (1922) differs markedly from its modern use, which refers to the treatment of diseases by use of herbal medicines. Frazer's use concerns the principles of thought on which magic is based. There is a clear suggestion that through magic, injury or destruction can be caused to another. Although the analysis by Frazer is extremely negative, he does indicate its positive uses.

3. Two examples of the use of narrative charms from Olsan (2003) are worth citing, because they demonstrate the possibility for the patient's problems to be carried by the therapist, or in this case by a saint. The first example is the Veronica charm for chronic bleeding, such as menstrual problems. The narrative charm recalls the woman who was healed of "flux of blood" by touching the hem of Christ's garment (Matthew 9:20; Mark 5:25; Luke 8:44). The other narrative charm is the widely known prayer for toothache addressed to St. Apollonia, who was martyred after being tortured by having her teeth pulled out. Olsan suggests that "in these charms the saints' sufferings correspond to those of the patient . . . but the saints successfully overcame the problem with divine help. In each case, the patient's symptom is linked to the motif of the narrative or historiola in the charm" (p. 361).

4. Another method adopted by homeopathic or imitative magic related to the way in which the cure was experienced. The healer imitates the illness of his or her patient and performs a cure on him or herself. The patient becomes the observer of his or her own illness and cure. The observing patient in turn experiences relief by virtue of the healer's experiencing the problem. The patient, through identification with the healer, disassociates from his or her own illness and in this detached state is able to empathize with the seemingly suffering healer. This mirroring of the illness to the patient allows for the projection of the bad internalized object onto the healer, and the subsequent cathartic separating of these disturbing elements of the ego will begin the process of the reintegration of the true self (Moodley, 1998).

5. But this fact is refuted by "the Montpellier surgeon, Guy de Chauliac, [who] claims that empirical remedies and charms (*empericas et incantaciones*) which he himself 'has taken little of,' can be found in abundance (*copia invenitur multa*) in Gilbertus and the *Thesaurus pauperum*" (Olsan, 2003, p. 345).

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6. Gilbertus notes that to ensure the conception of a child a particular ritual was undertaken by “the collection of a herb on the feast of John the Baptist at the third hour, accomplished by three recitations of the Lord’s prayer. The juice is then extracted and words are written with the juice. The charm itself involves writing words, some biblical, on a parchment to be hung around the neck of the man or woman during intercourse. If it was hung around the man’s neck, a son will be conceived, if around the woman’s, a daughter” (Olsan, 2003, p. 352).

7. The word *shaman* comes from a Northern Siberian tribe, the Tungus.

8. Hakims are Muslim healers.

9. This is one of the names given to a shaman in India. The treatments that the *deonra* offers to ward off crises and diseases include *dukidanal* (an examination of the patient’s urine—the changes in the color of the urine aid diagnosis) and two kinds of divination known as *daada nam* and *rum nam*, which involve reciting the names of greater and lesser gods and possession by them. Advice is offered as a process of trial and error. Herbal medicine, dietary restrictions, hygiene, and a general sense of social responsibility are prescribed for mental conflicts that afflict the patient (Majumdar, 1944).

10. *Amagqira* are traditional Xhosa healers.

11. Obeah men and women are healers from the Caribbean.

12. Aesculapius, known as the father of the art of healing (religious and scientific) in Greek mythology, was the god of medicine. The Greek Asklepios was the son of Apollo and the nymph Coronis. He learned the art of healing from Chiron, a mentor or spiritual father, who has both human and animal form (Kirmayer, 2003). The Egyptians claimed that he was apotheosized from the human magician Imhotep (which means “he comes in peace”), who worked in the court of King Zoser of the third Egyptian dynasty in 2900 BC. He was invoked as a god and was believed to visit people in their sleep and heal their pain and disease. Imhotep’s name and fame passed from Egypt to Persia and then to Greece, where temples were erected to honor him. Hygeia, the daughter of Asklepios, was the Greek goddess of health and was also worshipped in the temples. Patients would sleep all night in the precincts of the temple to receive healing from either the god or the goddess via priests who were acting for them. The cult of Asklepios was introduced into Rome through the Sibylline books (293 BC) to avert a pestilence (see Weatherhead, 1968).

13. Also meaning “magical phrases” (Edwardes, 1969, p. 6).

14. The term *hooponopono* literally means “to make things right,” a method practiced by Hawaiian people in dealing with conflict. After a ritual prayer to the gods, the assembled family members discuss and confront each other and resolve the problem, which is then symbolically taken and given to the sea. The therapy culminates in a banquet (Tseng & McDermott, 1975).

15. Zar cults, found in Ethiopia and Sudan, or the Rab cult, found in Senegal, are processes of folk or social therapy (Asuni, 1986). During these group therapy dances, patients tend to be spiritually elevated. The sessions can last for the duration of 3 to 7 days or, in multiples of seven, up to 3 months, depending on the established ritual practices and the severity of the illness (Awanbar, 1982, p. 209).

16. Marabouts are places occupied by a saint (living or dead) where people request help through the process of spiritual meditation. During the process of Islamization, some of these shrines were destroyed.

17. Lambo is regarded as the “father of modern psychotherapy in Africa” (Awanbar, 1982, p. 211).

❖ REFERENCES

- Asuni, T. (1986). African and Western psychiatry: A comparison. In J. L. Cox (Ed.), *Transcultural psychiatry* (pp. 306–321). London: Croom Helm.
- Ataudo, E. S. (1985). Traditional medicine and biopsychosocial fulfillment in African health. *Social Science and Medicine*, 21, 1345–1347.
- Awanbar, D. (1982). The healing process in African psychotherapy. *American Journal of Psychotherapy*, 36, 206–213.
- Biswas, D. (2001). Some aspects of therapeutic science as found in the Artharvaveda. *Journal of the Asiatic Society*, 43(2), 16–23.
- Buhrmann, M. V. (1986). *Living in two worlds: Communication between a white healer and her black counterpart*. Chicago: Chiron.
- Chireau, P. Y. (2003). *Black magic: Religion and the African American conjuring tradition*. Berkeley: University of California Press.
- Crawley, E. (1902). *The mystic rose*. London: Macmillan.
- Durkheim, E. (1995). *The elementary forms of religious life* (K. E. Fields, Trans.). New York: Free Press. (Original work published 1912)
- Edwardes, M. (1969). *Everyday life in early India*. London: Batsford.
- Field, N. (1990). Healing, exorcism and object relations theory. *British Journal of Psychotherapy*, 6, 274–284.
- Frazer, J. G. (1922). *The golden bough: A study in magic and religion*. London: Macmillan.
- Hegel, G. W. F. (1996). *Lectures on the philosophy of religion: Vol. 1. Introduction and the concept of religion*. Berkeley: University of California Press. (Original work published 1840)
- Kirmayer, L. J. (2003). Asklepiian dreams: The ethos of the wounded-healer in the clinical encounter. *Transcultural Psychiatry*, 40, 248–277.
- Kuper, H. (1960). *Indian people in Natal*. Westport, CT: Greenwood.
- Majumdar, D. N. (1944). *Races and cultures of India*. London: Asia Publishing House.
- Malinowski, B. (1992). *Magic, science and religion*. Prospect Heights, IL: Waveland Press. (Original work published 1948)
- Moodley, R. (1998). Cultural returns to the subject: Traditional healing in counselling and therapy. *Changes: An International Journal of Psychology and Psychotherapy*, 16(1), 45–56.
- Olsan, L. T. (2003). Charms and prayers in medieval theory and practice. *Social History of Medicine*, 16, 343–366.

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- Rosman, A., & Rubel, P. G. (1992). *The tapestry of culture: An introduction to cultural anthropology* (4th ed.). New York: McGraw-Hill.
- Spencer, H. (1896). *Principles of sociology* (2nd ed.). New York: D. Appleton.
- Stark, R. (2004). *Exploring the religious life*. Baltimore: Johns Hopkins University Press.
- Steiner, F. (1956). *Taboo*. Middlesex, UK: Penguin Books.
- Taylor, E. (1958). *Religion in primitive culture*. New York: Harper. (Original work published 1871)
- Tseng, W. S., & Hsu, J. (1979). Culture and psychotherapy. In J. A. Marsella, R. G. Tharp, & T. J. Ciborowski (Eds.), *Perspectives on cross-cultural psychology* (pp. 333–345). New York: Academic Press.
- Tseng, W. S., & McDermott, J. F. (1975). Psychotherapy: Historical roots, universal elements, and cultural variations. *American Journal of Psychiatry*, 132, 378–384.
- Weatherhead, L. D. (1968). *Psychology, religion and healing*. London: Hodder & Stoughton.
- Whitmont, E. C. (1983). *Return of the Goddess: Femininity, aggression and the modern grail quest*. London: Routledge & Kegan Paul.