POSESSION BELIEF AND POSESSION TRANCE
IN HAITIAN FOLK HEALING

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In the context of the current wide-spread interest in traditional healing methods, vodou, the folk-religion of Haiti, holds a special place. This syncretic religion, which combines African, Catholic and local elements in its beliefs and rituals, has long fascinated observers. As a result, we have many descriptions and discussions of vodou, written from various points of view, some dating back to the colonial period of the 18th century. Although there has been substantial agreement on a core of basic facts, it is interesting to see how the diverse vantage points of the observers have tended to influence their reports. Vodou has often been decried as devil worship, paganism or dangerous African superstitions. In the 1920's, while their country was under U.S. occupation, some Haitian intellectuals began to develop a curiosity about folk traditions and their origins, and even a pride in their African roots. This is most clearly expressed in the writings of the Haitian physician Jean Price-Mars (1928) and in the warm reception to the work of the American anthropologist M. J. Herskovits (1937). Yet, even Price-Mars wrote of vodou as a "very primitive religion". Rémy Bastien (1966:40) has remarked that "attitudes toward Vodun have varied with the political fortunes of Haiti". In the early 1960's, transcultural psychiatrists began to consider vodou cult leaders as traditional healers (Kiev 1961a, 1961b, Wittkower, E.D., L. Douyon and L.Bijou 1964).

This variation in attitudes toward vodou has been paralleled by the diversity of interpretations accorded ritual possession trance, the central and most spectacular feature of vodou religion. There was, first of all, the opinion that such behavior gave evidence of a demonic presence requiring exorcism. This view is still held by fundamentalist Protestants, who
have made great inroads in Haiti during the last quarter century, encouraged to some extent by the Duvalier regimes. Some of the Catholic clergy nowadays may take a more ecumenical view. Secondly, there was the medical opinion, expressed most forcefully by J. C. Dorsainvil (1931), Haitian physician and historian. Influenced by the French psychiatric tradition, he saw possession trance as a sign of the Haitians' hereditary mental instability. His views were countered by those of M. J. Herskovits (1937, 1949) who argued for its cultural normality, considering possession trance in the framework of cultural learning and of the African tradition to which it clearly belongs.

Divergencies in the assessment of possession trance behavior have continued to the present and are based as much or more on differences in theoretical stance as on variations in the details of observation. Thus, Alfred Métraux, in his massive study of Voodoo in Haiti (1959:120), writes:

The symptoms of the opening phase of trance are clearly psychopathological. They conform exactly, in their main features, to the stock clinical conception of hysteria. People possessed start by giving an impression of having lost control of their motor systems.

Métraux saw in this lack of control, together with some other features of the cult, evidence of a degeneration of the African tradition. Serge Larose observed the same behavior but, viewing it from the perspective of British structuralist anthropology, he offers quite a different interpretation:

These hysterical fits, deplored by Métraux as signs of anarchy, are simply traditional means by which the cleavage between the sacred and the profane are expressed. This cleavage has to be overdramatised in the absence of explicit rules by which religious authority is transmitted and religious power controlled: there is a need to convince, to persuade by extravagant gesture, which is not a sign of degeneration but an attribute of the system itself (emphasis added, Larose 1977:86-7).
To make sense of the phenomenon of Haitian possession trance, the role it plays in the folk interpretation of mental illness and in folk methods of healing, we must consider it in a wider frame of reference. That is, we must see Haitian possession trance as only one example of a characteristic feature of African and Afro-American religions. These, in turn, are only one series of religions, in the world as a whole, that make use of the human capacity, or propensity, for possession trance. The Haitian case, then, loses the aura of the bizarre and the aberrant, that it has for so many observers.

In such a comparative perspective, possession trance becomes at once both less odd a phenomenon and, at the same time, requires more complex interpretation than any either/or position would have us believe. Explanations in the literature range from hysteria and epilepsy, to cultural learning, hypnosis and transmarginal inhibition. The behavior is clearly dissociational in nature; quite as clearly it contains a substantial component of learning. In given instances, possession trance may be pathological or therapeutic, prophylactic or theatrical. Personal motivation plays its role, but on any specific occasion, ritual and even entertainment features may predominate over personal ones. Individual needs and collective ritual demands may represent different, sometimes complementary, at times even conflicting requirements. The nature or "value" of a particular instance of possession trance must depend on the individual and the specific situation.

What I am here calling "possession trance" is generally spoken of in the French-language literature as possession "fit" or "attack" (crise de possession), on the analogy of a hysterical or epileptic fit. It consists of an observable alteration of an individual's demeanor, and, inferentially at least, of the person's consciousness as well. It is of variable duration
but generally lasts no more than several hours at a time -- often much less, only rarely much longer. It is this altered state that the words "trance" and "fit" (crise) refer to. On the other hand, in the view of the actors themselves and of others who share their outlook, the changes in behavior and experience are attributed to the presence of a spirit entity who, it is believed, has taken over the individual's ego functions, that is, has taken temporary "possession" of the human being. The altered state of consciousness served to authenticate, for actor and observer alike, the enactment of an alternate personality.

Before dealing with the subject of possession trance in the context of Haitian vodou it will help us to look briefly at the country and its people, at the belief system that forms the background and context of the behavior, and at the relationship between these and the folk classification of illness. My discussion is based on aspects of my own fieldwork and on observations scattered throughout the literature.

Haiti is the poorest country in the Western Hemisphere and one of the poorest in the world. More than 80% of the people are estimated to live on less than $100 per year. With more than 5 million people, the country is overpopulated. In spite of high fertility, a birthrate of 37 per 1,000 women of childbearing age, the growth rate is slowed to 2.2% by a very high rate of infant mortality: it is variously estimated at from 147 to 180 per 1,000 births. The survival of their children is obviously a constant and very real concern of parents. Various health surveys have shown widespread malnutrition, particularly among children (Jelliffe and Jelliffe 1961) and among lactating mothers (Wiese 1976) and, among other endemic diseases, a high incidence of tuberculosis with inadequate utilization of treatment facilities, even when these
are potentially available (Wiese 1974). With regard to mental health, the first and only modern psychiatric treatment facility was established in 1959 with international assistance. Prior to that time, there was only a single psychiatrist in the country, working in private practice. An abandoned American military camp served as an asylum for a small number of patients.

The majority of the people are peasants, making up some 80-85% of the population. For the most part, this is a class of smallholders. Women play a great role in the market system of local trade, much as they do in West Africa. As a result of their trading activities, women walk enormous distances and spend a great deal of time away from home. Under these circumstances, men are often actively involved in child care. Peasant society is stratified by age as well as by wealth. Parents, old people, ancestors, all demand and receive respect. Old people merge into ancestors, who may become family spirits. Powerful people are given the status of elders. (Note that President Francois Duvalier, a physician, was referred to as "Papa Doc".)

The general language is Creole, although the official language is French. After several attempts there exists no standard orthography of Creole and the vast majority of the population is illiterate. The cultural traditions, as well as the Creole language, represent a remarkable blend of African and European, particularly French, elements. The official majority religion is Catholicism, which, for the peasants and the urban poor, is intimately blended with the Afro-Catholic tradition of vodou.

Vodou is one of a series of Afro-Catholic religions to be found in the region extending from Cuba to southern Brazil. These syncretic religions grew up during the period of slavery wherever Catholicism and African traditions met. They continue to be in a state of flux, growing and changing as conditions demand and opportunities arise. Seen from this
point of view, vodou constitutes an historic psycho-cultural adaptation, utilizing materials from two cultural mainstreams: the European Catholic and the West African. Vodou is not only a religious system involving rituals of worship, but is also, and importantly a system of dealing with practical problems, of which illness, infant mortality and madness, make up a significant part. However, at present vodou is only one of several systems among which people switch in their search for help. These include traditional practices of the herbalist and home remedies, Protestantism, and scientific medicine. For the great majority of the Haitian people, the beliefs, rituals and experiences associated with vodou provide a system of explanation, of defense in a hostile world, and a means of striving for two difficult goals: health and wealth.

Elements of Catholic belief and ritual have been integrated into vodou. The Christian God (Bon Dieu) presides over the world. In more immediate contact with the faithful are three types of spirit entities: the saints (or loa), the dead and the twins. All of these make ritual demands. It is the loa, however, who are believed to participate directly in the ceremonies by "possessing" their servants, or, as the Haitians say, by "mounting" their "horses". In folk belief, the human being consists of a body and two spirit entities, a "big good angel" and a "little good angel". The terminology, patterned after the idea of a guardian angel, appears French and Catholic, but the concept of multiple souls is, in fact, of African origin. The big good angel, Haitians say, is displaced by the loa who "mounts" the human being. This soul stuff may be withdrawn from the body at other occasions as well -- placed into a pot for protection by the vodou priest during cult initiation, but also stolen and bottled by a sorcerer. It is this portion of the personality that is believed a sorcerer may capture immediately after
death to make a *zombi*, a soulless slave.

The cult of the *loa*, the dead, and the twins is presided over by a vodou priest (*houngan*) or priestess (*mambo*). In rural areas the services follow family traditions and individuals acquire their duties to the spirits through inheritance from their parents. Cult practices, in this way, are tied to family lands. In urban areas, and this means primarily the capital city, an individual may join a cult group, or society, headed by a priest or priestess; new quasi-kinship ties are formed under such circumstances.

As already mentioned, the world view of vodou includes many ancestral African elements, such as the concern with the dead and the twins, the inheritance of family spirits, belief in multiple souls, and the practice of ritual possession trance. Even the reference to "mounting" and "horses" in this context is African in origin. There are, however, also clearly Haitian contributions to the system: for example, the practice of inheriting spirits from both sides of the family, as land and other property is inherited under Haitian law. Also, there are many spirits of local origin and, indeed, new spirits are continuously added to the pantheons of specific individuals. (It must be remembered that not all families, or even individuals, serve the same spirits.) Moreover, the spirit world reflects Haitian social structure, with its hierarchical arrangements of classes and color distinctions. These are evidenced in the ways in which the spirits are visualized and their roles acted out, including their physical and cultural attributes: clothes, tastes in food and drink, personal preferences and habits, language used, and so on. The spirits, it should be stressed, are highly individualized in their characteristics and in their typical behaviors.

The religious system is an open one into which new ideas and practices are constantly introduced. The great local and personal diversity
of hostile and envious people, who do not show their true faces. Aggression by means of magic is covert. Overt expressions of aggression are carefully channeled to those lower on the status hierarchy: children and animals are beaten in rage. In the context of vodou, women are often possessed by powerful, aggressive male spirits.

The ethos of suspicion and the resulting ambiguity in human relations are nicely illustrated in the following three citations from informants. Note that the ambiguity resides in human interactions and that the medium of these interactions is food. (On occasion, it may also be money.)

The first is a statement by a young peasant woman:

You never know who a person is. Like, a person you don't know asks for charity. A beggar asked a woman for some water and she chased him away. A second woman gave him water in a dirty pot. Another woman gave him water in a clean glass on a clean tray. That poor man really was the Good Lord (Bon Dieu). He told the woman there would be a great disaster and she should go away and not even turn around. Then there was a great disaster. You heard about it? That was in the Dominican Republic. But the woman turned around and turned into a rock.

Here the missionary influence is clear. The injunction to help the least of the poor is combined with the account of Lot’s wife and the report of a real life disaster in a neighboring country. Yet the prefatory statement puts the story in its rightful place: "you never know who a person is."

If it is dangerous to refuse to give charity, it is also dangerous to comply with such a request, as is shown in another example by the same informant:

There is a woman or a man who seems poor, who asks for charity. You give her (him) 5 cents. When you go through the gate, you fall indisposed. You understand that it was not a poor person.
"Falling indisposed" is a subject to which we shall return. The
disguise of beggar, it is to be understood, was assumed by an enemy with
magical powers to cause harm to the victim. Yet, if it is dangerous both
to give and not to give, it is also dangerous to take, as seen in the follow-
ing words by a young man:

If a person gives you something to eat and you get sick,
you tell your parents who did it before you die so they
will know who killed you and get the government to arrest
that person.

Food may be set out at the cross-roads for magical purposes,
for example to send sickness from one person to another. The person who
picks it up, it is believed, takes the sickness and thereby remove it from
the patient. This was done, for example, in the case of a young woman
suffering from tuberculosis. Yet, as her brother explained, she died anyway.
Note that what is carried out as curative magic from the point of view of
the patient, is hostile magic from the perspective of the victim. Clearly,
the implication is, health is a limited good so that if one person is to
be free of illness, another must take it on.

Food may be placed under trees or at shrines as offerings for
spirits. People who take some of it may expect to be punished. Métraux
(1953:31) reports on several cases in which taking food from such offerings
was identified by a vodou priest as the cause of a death: a man who died
after being kicked by his mule, another who died after a short unidentified
illness inspite of making the sacrifices prescribed by the vodou priest.

This last example suggests that the ritual specialist defines
and, where possible, also shapes the situation that is presented to him.
As a diagnostician, he labels and thus identifies the behavior, putting it
within the framework of familiar categories, from which rituals of therapy
flow. The rituals of diagnosis involve consulting the spirits, with whom the priest, or priestess, has special relations. They are made to speak either through the specialist (in possession trance), or called into a jar, there to speak, or through a variety of other divinatory paraphernalia. In any given case, however, the diagnosticians will be influenced by the facts of the case as he knows them: the presenting behavior of the patient or client, the accounts given by relatives or others involved in the incident, the knowledge he has of the people concerned, in particular whether they are members of his family or cult group or are strangers, that is, non-kin or non-members. The priest's therapeutic specialties and, in the city, perhaps the relations he entertains with a physician, may also play a role.

Here are some examples:

A woman in her twenties told me that as a small child she was once frightened by the appearance of a large number of small snakes. The vodou priest who was consulted explained that the snakes were the spirits of the twins come to punish her for having taken some of the food offerings presented to them. She thought the priest, her uncle, had seen the snakes, although her parents had not. She told the story as illustrating her early contacts with spirits, in this case in the form of a visionary experience. She also wanted to explain that the twins can appear in the form of snakes, that it is dangerous to take what belongs to the spirits, and, most importantly, to demonstrate the priest's skill at discovering the source of trouble and setting things right. We cannot tell from this account how old the child was, whether she really remembered taking the food, or what the presenting symptoms were besides fright. It is tempting to think that this may well have been a convulsive episode. In any event, the priest
was able to calm both the child and the parents by his definition of the situation, his admonitions and, we may suppose, the ritual atonement he imposed. The memory, in any event was, a lasting one.

Diagnosis not only serves to identify the illness but utilizes it as a form of supernatural sanction, revealing the patient's infractions and their consequences to all those who learn about the case. Consequently, illness and diagnosis are used as socializing agents, as they are in many other traditional societies. The healer's failure then becomes socially as valuable as his success: it announces the power of the spirits and of human magicians, whose effects are possible only with the support of their spirits, and through the refusal of the patient's spirits to help him. Over and over again one hears of magic so strong that no treatment could be found to combat it.

According to Haitian traditional theory, illness, including madness, may be due either to acts of God (maladie Bon Dieu), to punishment by the spirits or to magic attacks by humans. In the first case nothing can be done, except perhaps to consult a physician or to convert to Protestantism. In the case of spirit anger or human malevolence, however, the vodou priest can help. There is a great reluctance to define disorders as due to acts of God in regard to which the vodou practitioner is powerless. Even in cases of tuberculosis, as we have seen, an attempt may be made to approach the disease through magical means. Over and over again, people speak of someone who "died without being sick", that is, suddenly by magic, although, in point of fact, many types of treatment had been tried, including conversion to Protestantism both by the patient and by other family members, and even surgical operations in the government hospital.
In speaking about mental illness in theory, peasants say that madness is sent as punishment by the spirits. However, when specific cases are discussed, magic is mentioned more frequently. The discovery of the cause, or causes, of the illness is linked directly to the curative process. In the case of magic, however, revenge often appears to be as important as the cure. Here are some examples:

1. A young peasant woman was pointed out as an example of one who was mad. She had been beautiful and had had many suitors. When she chose one, others made magic against her, and that is how she came to be mad. She is less mad now, her head has cooled. She had a child but does not know who its father is. When a woman died of tuberculosis, she went to the wake and said she was glad because now she would get some old clothes. People know she is mad so they did not take offense. She talks to herself but what she says makes no sense.

Comment: There is no mention here of any attempt at a cure. The condition is chronic, has apparently lasted for several years, but had a sudden onset. Magic is said to "heat" the victim's blood, which rushes to the head. When the head cools, the patient becomes calm. The magic is attributed to jealousy.

The community forms a consensus concerning the cause and condition of the victim. There is a high degree of tolerance of chronic mental illness in rural Haiti, as long as the patients can meet their own minimal needs and do not interfere with others.

2. A man is in treatment by a vodou priest, but has not been cured. He explained that he had attempted to join a society of witches in another community in an attempt to make money. He was accepted and sworn to secrecy, and to seal the bargain he was served a dish of food. In it, he found human remains. Frightened, he returned home and told what he had found. The witches then knew that he had revealed their secret, came to beat him and drove him mad. Informant added: "If he had kept the secret, they would not have driven him crazy. When you see a person at night [and]
he asks you if you recognize him, you say 'no'. If you say 'yes', you might lose your life." (Bourguignon 1959:38).

Comment: This is a cautionary tale, whose moral is: don't trust strangers. Be discreet. There is no criticism of the man who wanted to join witches, who are motivated by the desire for gain. Food is the medium of human relations, even with witches. Vodou priests provide treatment, but the witches are so powerful that their victims may not be able to find a cure. This does not discount the ability of the priest and of the spirits he works with. Rather, it emphasizes the great and dangerous power of the witches. Also, it is probably a realistic assessment of the limited success rate of vodou priests. It is therefore in their interest to stress the power of the forces they are asked to overcome. If the cure is successful, the reputation of the healer can only be enhanced.

Note that in this example, the attempt to seek out the witches, the cannibal feast, the witches' knowledge of events at a distance, that is, the revelation of their secret, and their revenge, are not treated as delusional.

3. L. Mars (1947:105-7) reports his observation of a patient at the Beudet asylum. The patient, a 66 year old peasant, is an alcoholic suffering from persecutory delirium. He claims to have fought for several years against a society of werewolves, headed by one of his uncles. He knows the identity of other members of the society. They seek to harm him in many ways, but, he claims to be invulnerable because he wears protective amulets. He has suffered at various times from terrible dreams of persecution by his enemies. Also, they cause the ground to tremble under his feet to make him
fall so they can eat him. The werewolves know his thoughts when he thinks about his affairs and repeat them out loud.

Comment: It is not known how the patient came to be committed to the asylum. It is interesting to see how much cultural material is integrated into his delusions. The existence of werewolves and amulets are part of the cultural repertory. In his home community he might well have been thought to have been driven mad by the werewolves.

A powerful and widely feared form of magical attack, causing deadly illness or madness is described by an informant in the following discussion of a hypothetical case:

4. Two people might have a quarrel, like Louis and Paul. Well, Paul would go to a sorcerer and would explain [the situation] to him, and the sorcerer would send a dead person against Louis. Then Louis would fall ill, and thrash about and tear his clothes. If Louis' mother were then to go to a sorcerer, he would find out for her that it was a dead person [who caused this illness]. And then they would take Louis to the sorcerer and the dead person would come into him and tell who had sent him and what he had been given to eat and all that. Then they would feed him. Louis would eat but actually it would be the dead person eating, and then they would send him away. Then Louis would be all right. In Jerémie [informant's home town] they don't know how to do that, so that if someone on whom a dead person had been sent were to go to Jerémie, he would have to die because they don't know how to send him away.

Comment: Quarreling here is seen as leading to covert, magical attack, rather than to physical violence. Untreated madness must necessarily, in this view, lead to death. The symptoms appear to be those of great psycho-motor agitation. Sorcerers act as agents to send harm, also as diviners and healers by exorcizing the spirit of the dead person. The identity of the sender is sought, rather than that of the dead person,
who is merely a tool, and is not seen as having a will of his own. Food is the means of attack and of removal of the harming spirit. For a young man (both Louis and Paul were teenagers), it is expected that his mother will take care of him, and this includes seeking help in a case of serious illness. To question the spirit of the dead person who is believed to have taken over the body of the patient, the sorcerer (probably a vodou priest) induces possession trance in the patient. This is necessary in order to discover the sender and the medium, that is, the specific food required.

Such a possession trance is part of the cure, not part of the illness. That is, the patient's state is one of acute, disordered agitation. The possession trance which is induced imposes some order on the patient's behavior and brings it under control, prior to sending the possessing spirit away. Such a sequence of illness-causing possession and curative possession trance is to be distinguished from possession trance enacting the behavior of the spirits of the vodou cult. Métraux (1959:276-280) describes in considerable detail the spectacular treatment and cure of such a case by the mambo Lorgina. The patient's illness, however, is not identified. Lorgina often explained difficulties in curing by "complications". In the case of another patient whom I saw in her cult house, she diagnosed possession by a dead person complicated by the loa Marinette-bwa-seche (Mariennette-dry-arms), a spirit of
paralysis, causing a twisting of the limbs. Successful priests and priestesses may provide residential care for several patients at a time.

5. L. Mars (1947:107-12) reports the case of an 8 year old girl, a child servant, brought to the hospital by her employer. The child, in a state of high psychomotor agitation, is terrified and claims that a magic attack has been made against her and her soul placed in a bottle in an attempt to kill her. The enemy she accuses is a vodou priest who has quarreled with her employer and had recently drunk coffee at her house. The attack was precipitated by the child's finding, early that morning, the remains of a rooster at the door, clear evidence of magic. At one point, the child speaks of herself in the third person, saying "my horse is strong, my horse won't fall, my horse won't die for a trifle." The physician prescribes a sedative. The next day the child is normal, with no memory of the events.

Comment: The child is thrown into a state of panic by the threat -- real or imagined -- of a magical attack. In cultural terms, this need not be a delusion. The verbal expression of the role of the protecting spirit, who announces that his "horse", that is, his human vehicle, will not be harmed, may be interpreted as a mobilization by the child of her defenses against the danger she perceives. Such possession trance by protecting spirits, outside ritual contexts, precipitated by situations of perceived danger, are not infrequent. However, it seems unusual in one so young, for possession trance in children is rare. Note the high degree of familiarity with magic and ritual in a young child. From the point of view of the psychiatrist, this is a hysterical attack.

So far, we have seen possession trance in three quite different contexts, with different precipitating factors and different cultural
evaluations:

1 - Possession trance by the harmful spirit of a dead person, experienced by the patient and induced for purposes of identification and exorcism.

2 - Possession trance experienced by the vodou priest, whose spirits are called to identify causes of illness.

3 - Spontaneous possession trance by a protecting spirit, induced in a patient by acute fear.

The first of these cases involves a feared situation, possession by a dead person, but the actual possession trance is part of the cure. Possession trance by protecting spirits either in ritual situations, when they are called, as by the priest, or in crisis situations, when they spontaneously come to the rescue, is much desired. Another element that is common to these situations is the displacement of one of the souls, the big good angel, either by the dead, or by the protecting spirit and, finally, in the child patient, the fear of being killed through the theft of the big good angel, placed in a bottle by the enemy. In this instance, there is a combination of an acute fear reaction, and a protective possession trance. Both are considered parts of a hysterical seizure by the psychiatrist.

In the ritual context, the spirits are invited by drum rhythms, songs and dances. Each spirit personality thus has its own particular cues that induce the possession trance. This is part of the worship, the service of the spirits. Their presence is necessary for sacrifices to be effective. Moreover, it is the spirits, it is held, who heal and give advice. Consequently, in a healing ceremony, it is not necessarily the priest, or priestess, who goes into possession trance, but other participants in the ritual,
members of the cult group or the family, may have spirits speak through them. These may make demands and require ritual and secular actions as part of the healing process.

As we saw earlier, in a quotation taken from Metraux, the initial phases of possession trance generally resemble hysterical attacks. The violence of a specific episode depends on a number of factors: the character of the particular spirit, the ritual mastery and esoteric knowledge of the individual, and the circumstances surrounding the particular occasion. It is generally held that each stage in the initiation process and each gain in knowledge provides increased control over the spirits, so that very powerful, elderly priests or priestesses may be seen in possession trance only rarely. On the other hand, an initial possession is expected to be disorderly, violent and incoherent. Such initial, wild possession trances may occur among spectators at a ceremony. The presenting symptoms involve rolling about on the floor— for wild spirits cannot stand or dance—and inability to talk, so that such wild spirits cannot identify themselves. Diagnosis of the seizure as the arrival of a wild spirit will be up to the cult leader, who will be aided in the discovery of the spirit's identity by what was going on at the ceremony, the drum rhythms being played and other circumstantial evidence.

On the other hand, such seizures often occur outside the ceremonial context. Haitians recognize that some people have fits or spells (la crise) which by all appearances resemble "mounting" by the spirits, yet no spirit is present. Philippe and Romain (1979:131) who reviewed Haitian concepts of mental illness, note that la crise refers to a number of psychiatrically distinct states where motor or psychic agitation is the dominant characteristic. It especially denotes convulsions, hysteria and epilepsy. They comment that according to the patient statistics of the Mars and Kline Psychological Clinic, these two disorders are active.
family rituals. Indeed, a person who moves away from the home locality where rituals are performed may never again experience possession trance. It follows that a division of the population into those who are and those who are not possession trancers is likely to refer only to their activities at a given point in time. In this context the success of fundamentalist Protestants in "chasing away the spirits", driving them out through use of the Bible as a ritual instrument, is not a very striking achievement. Moreover, one must hasten to add that pentecostalists practice possession by the Holy Ghost and speaking in tongues. Vodouists generally consider this to be a form of spirit worship analogous to their own practices.

In a person who has gone through the head washing ceremony, possession trance may occur in various contexts: in rituals where the spirits are invited and their appearance is appropriate and desired, in rituals at which the person is merely a visitor and where the possession trance by her spirits has the status of "party crashing", which is not quite good form, and finally, outside of ritual contexts, where they may be provoked by acute stress. Lastly, possession by the Holy Ghost among Pentecostalists should also be mentioned as an alternative form of possession trance.

A vodouist may have a variety of spirits, one of which is the "master of the head", the principal protective spirit. The others may come in succession and take over, depending on the ritual occasion. They will vary in behavior, reflecting what are thought to be differences in sex, personality, status and idiosyncratic attributes. As such, they provide the individual with an array of roles outside the range of those available in daily life. Importantly, they provide an opportunity for the expression
of self-assertion and aggression inappropriate to normal interpersonal relations. As I have proposed elsewhere (Bourguignon 1965) there is evidence to suggest a continuity in motivation inspite of a discontinuity in a sense of personal identity. One might speak of a "compliant" unconscious, furthering the aims of the self. Spontaneous possession trance in crisis situations exemplifies this aspect of the phenomenon perhaps most dramatically. In this sense, possession trance is an adaptive aspect of vodou ritual practice and ideology.

The personal and the conventional ritual elements in possession trance occurring in a ceremonial context, however, are not always clearly distinguishable. What appears as a bit of spontaneous personal behavior, reflecting an immediate situation, may turn out to be behavior integrated into a spirit role and repeated annually. For example, both Métraux (1959) and I witnessed the same individual having her dress torn during an altercation between two spirits. Each of us thought this to be a fortuitous event. Yet we saw it happen, in the same family Christmas ritual, on two successive years. As Jean Rouch has suggested in another context, possession trance rituals evolve and are transformed through individual spontaneous innovations built into the structure of the ceremonial event. The implication for research here is that more than a single occurrence of a ritual must be observed. In annual rituals this means long term research is required to separate the personal, spontaneous behavior from that which is ritually patterned. On different occasions, impersonating a variety of spirits in possession trance, a given individual's behavior may range the gamut from totally controlled ritual enactment to highly personal self-expression. Similarly, the duration and the depth of the altered state may vary significantly from one occasion to another, in the same individual,
depending on a variety of personal and interpersonal circumstances. Also, the uses of possession trance for the individual and the group will vary. On the one extreme, there is the spontaneous, protective possession trance, which has a high personal value for the individual. At the other extreme is the playing of a role required for a group ritual where the presence of a particular spirit, enacted by a specific member of a family, is required for the proceedings of a given ritual. The family depends on this individual, who may not be a particularly important member in ordinary life, to accomplish its religious obligations. The range of personal elaboration of the ritual may be minimal in such a case.

In the context of a curing ritual as already noted, several persons may experience possession trance: the patient, the ritual specialist (priest or priestess), or one or more participants, whose spirits make demands or revelations. It should be noted that the ritual specialist may not have control over such utterances and must find a way of integrating them into his own procedures and prescriptions.

As we have seen, from a psychiatric perspective, hysterical attacks in young girls are frequent. Also, first possessions by vodou spirits are generally said to occur in adolescents. Women by far outnumber men as possession trancers. Where a girl with the presenting symptoms of psychomotor agitation is taken, will, as a first step, affect a diagnosis. If she is taken to the vodou priest, rather than to a physician, he must decide whether this is indeed a first possession, an attack by a dead person, or some other magical attack on the big good angel, perhaps causing a fit (la crise). In such a case, the vodou priest has a great opportunity for structuring the incident. If the seizure is defined as due to an untamed spirit, there is no implication of pathology, in 'emic' terms, as long as
the appropriate rituals are performed. The person is then not considered to be a patient but a candidate for ritual integration into a family tradition of worship.

By contrast, anyone, including adults who are cult members, may be a victim of one of the many possible forms of magical attack. A variety of symptoms, which need not be of psychiatric nature, may cause one to seek out a diviner. If a magical attack is diagnosed, the anxiety which may be assumed to be at the basis of the seizure may be relived by the identification of the enemy responsible for the attack, the extraction of the spirit of the dead person, or the retrieval of the abducted soul. Moreover, the repressed rage which explodes in such episodes of loss of control is redirected against an enemy, often in the form of counter-magic. As we saw in the case of the child servant, cited from the work of L. Mars (p. 17 above), a spontaneous possession trance by a protective spirit may occur in acute anxiety states. Such a mobilization of the individual's own defenses in the form of the protective spirit is likely to be encouraged by the healer. So far, then, we have seen that in Haitian experience seizures may occur in various cultural and psychological contexts. A spontaneous attack may be interpreted as first possession trance in a non-initiate, requiring ritual integration into the vodou cult. Alternatively, seizures may be interpreted as magical attacks, either by means of a dead person of through the abduction of the big good angel.

In addition to the "fit" (la crise) there are two other locally recognized disorders that are associated with soul loss and that, if they do not respond to home remedies, require more drastic ritual intervention. These disorders are indisposition and sezi, or sudden fright.
Philippe and Romain (1979) have studied *indisposition* which they consider to be a Haitian "ethnic disorder" which is very common among women. Subjects complain of "sensation of emptiness in the chest region, dizziness and extreme weakness" (p. 130), of falling, inability to see, and often also to hear, what goes on about them. Hazel Weidman (1979) has described a similar syndrome among Southern Blacks, Bahamians, and Cubans as well as Haitians in Miami. Among Southern Blacks it is called "falling out" and among Bahamians "blacking-out". Phillipe and Romain (1979:132) note that patients often say: "I feel that my big good angel is leaving". As we saw in one of our earlier examples (p. 9 above) *indisposition* may be thought of as caused by sorcery, in that instance through the medium of giving charity. Furthermore, the state is recurrent, occurs with warning, before witnesses, in crowds; also, it is said to be related to "blood problems": anemia, loss of blood, and as Weidman notes, "high" or "low" blood. "High blood" is defined "as blood which rises and accumulates high in the body, affecting the head and brain." "Low blood" is considered blood so weak in nutritive substances that it fails to supply the head adequately. "High" here is associated with "hot" and "low" with "cold". High and hot blood must be cooled and low and cold blood must be warmed (Weidman 1979:100), by means of oral remedies or appropriate foods.

Underlying such explanations is a humoral view of disease, in which the body must be kept in balance between hot and cold elements. As we saw in an earlier example (p. 13 above) madness of a violent sort is also explained by the blood rising (being high) into the brain and the head heating up, whereas quiet madness results when the head "cools".

Weidman suggests that, in its chronic form, falling out (*indisposition* in the Haitian context) may be a culture-bound reactive syndrome.
(Weidman 1979:102). She also sees it as a dissociative state which is "both psycho-genic in origin and representative of a psychophysiological state of altered consciousness." And she adds: "Although falling-out occurs in both sacred and secular realms.....it becomes an illness only in secular contexts." If this observation is applicable to the Haitian case, it may well be that some states of indisposition are reinterpreted as possession by bosal spirits and so structured into an experience of learning ritually appropriate behavior.

Another eminently recognized disorder is called in Creole sezi (from French saississement), and refers to a state caused by surprise and sudden fear. This, too, involves a temporary soul loss, the departure of the big good angel. According to one description (Comhaire-Sylvain 1959:23), it occurs, for example, in someone who is surprised to learn of an unexpected death. Its symptoms are given as constricted throat, cold extremities, heaviness of the stomach. It requires immediate treatment, such as a special herb tea, or in one region, a spoonful of the milk of a mother nursing a male baby and a spoonful of sugar cane syrup. In another region, Metraux (1953:59) reports, sezi is said to be caused not only by sudden fear and bad news but also by an access of indignation at being victimized. Here there is a similarity to indisposition: sezi is said to be caused by the fact that the blood goes to the head, disturbing the brain, obscuring vision and sometimes causing blindness. (This description, taken together with its stated cause, sounds rather like a violent, though unrecognized, attack of rage). Sezi is particularly dangerous to nursing mothers, among whom it often results from quarrels with their husbands. Under such circumstances, the milk, it is said, "falls into the blood", goes to the head and causes temporary insanity. Sezi may also lead, it is thought, to another condition, that of "spoiled" blood. This in
turn may produce a variety of ailments, including pleuresy and tuberculosis, as well as skin eruptions. Sezi, moreover, may lead to a peculiar disturbance of pregnancy, called *perdition*, in which, it is believed, the fetus does not grow, so that pregnancies of up to 10 years duration are reported! This, however, is a separate and complex subject. (See Murray 1976 for a detailed discussion).

The Haitian conception of the personality and of health are at the basis of these various categories of experience. They involve the head, which is the seat of the souls, the little and the big good angels. This latter entity can be displaced in several contexts: through possession by the spirits of the *vodou* cult, for protection in the course of initiation, and also through magical attack and in states of agitation. All involve, both conceptually, in cultural terms, as well as subjectively, a loss of control. All therefore, leave the individual vulnerable and in need of defense. In the case of possession trance, such defense is established by building strong, positive relations with the spirits. Thereby, the danger of temporary soul loss is turned into a means of acquiring protection and support stronger than that which can be given by one's own big good angel. The dissociability of the personality, which is such an essential element in Haitian (and much African) thinking, is ambiguous in character: it is a potential asset as well as a danger.

The head, the seat of the big good angel, is also the seat of the spirits. It must be washed, and fed and, at death, the spirit, who is the master of the head, must be removed. When an individual is worried, his head is said to "loaded". In excitement, the head heats up; when the head cools, the individual becomes calm, also sad. The medium of heating and cooling is the life substance, blood. Conditions of the blood are involved in a
variety of ailments, and are affected by emotional states, such as sezi and also by foods and tonics. Causing illness and curing illness involves the manipulation of these elements: the hot and cold balance, the state of the blood, and its relation to the head, and most importantly, the personal identity, and its variable forms.

The various elements of this system are linked by one principal medium, and that is food: food as sacrifice to the individual’s own head, and to the protecting spirits and ancestors; food, together with oral medicines and tonics, to heat or cool the blood; food as magic to harm others or to free victims of illness; food to dispatch or exorcise the dead; food to establish a pact among witches; food in the form of cannibalistic attacks of werewolves; food as charity and hospitality, food as poison; food for good and for evil, and often in ways that are ambiguous. Food is offered to others, including aspects of one’s own personality, and is accepted as part of an exchange: to cause others, including various spirit entities, to do one’s bidding, to conciliate the angry, or to cause them to refrain from doing harm. Taking food wrongfully, greedily or foolishly causes harm. The rules of what to offer and when and how, and what to accept and what not to accept are central to ideas of intrapersonal and interpersonal balance, harmony and well-being. Food and eating symbolise security and interpersonal control. Food serves as a weapon and means of aggression, as well as a means of establishing harmony and healing. That these themes take on such major proportions is surely no accident in a society in which the nutritional status of the majority of the population is marginal, and concern over food an ever present reality.

Haitian peasants use a variety of healing systems: folk remedies, herb doctors, vodou practitioners, Protestants, and scientific medicine.
Several of these may be used simultaneously. Their practices are often reinterpreted to fit into a worldview based on a limited number of fundamental concepts. Possession belief and possession trance are to be seen as elements within a larger and more complex scheme, where ambiguity and opportunity, interpersonal suspicion and desperate need, all play their parts.

NOTES

1. Rouget in his important new book (1980) provides a detailed review of the uses of these and related terms in the relevant anthropological literature, both in French and in English.

   The most comprehensive study of Haiti's peasant economy is by Mats Lundahl (1979). Of particular interest is his chapter on Malnutrition and Disease. He reports, for 1971, for example, 52 physicians per 100,000 population for the capital and 5 per 100,000 for the rest of the country, a total of 522. In 1965-68, 68% of physicians graduated in Haiti were practicing abroad. His carefully stated warning should be noted: "Application of public health measures or medical care without a simultaneous attack on the nutrition problem may quite conceivably have a negative impact on rural per capita incomes."

3. D. Zahan (1979:8) writes:
   According to African thought, the human being does not possess the unity which we attribute to him; the individual psyche is not felt to be an undivided whole. Among its component principles there exists an element which allows man to "double" himself at certain moments in his life....The self normally and naturally possess a point of fission...
   To cite only one example: Adler and Zempleni (1972) speak of the big soul and the little soul of the Moudang of Tchad. The little soul is displaced in possession trance by the souls of possessing, generally harmful, entities.

4. See for example Jane C. Beck's (1979) account of the life of an obeah man from St. Lucia. Here a witch (a "duppy woman") causes the man's wife to "come crazy", and he himself claims to have killed the witch by magical means. And the very Haitian-sounding statement: "When you see a person pass in the night never call to him. You don't know what it is." (p. 196).
The vodou priest then, to whom a patient is brought, must make a differential diagnosis between three possible cases: a wild spirit who wants to be established, an attack by a dead person, and, finally, a "fit" (la crise).

A wild spirit is called bosal, a term that was applied in colonial times to recently arrived slaves, who had not yet been baptized. A bosal spirit must be identified, and since he or she cannot speak, this identification is up to the vodou priest. A first stage of initiation involves announcing the name of the spirit and his special requirements, and then a "washing of the head" or "baptismal" ceremony. The spirit is established in the head, which is its permanent location, by feeding the head. In the process, the initiate comes to acquire some knowledge about the spirit, and gradually gains a degree of control, dancing and talking during possession trance at ritual occasions. Note that though it is the human subject who is untrained at the time of a first possession, it is the spirit who is considered untamed and requires control through baptism. Other spirits who may appear later are not treated in this manner and will not behave wildly. The protective spirit, the first to come, stays with the person for life, and at death must be ritually removed from the person's head.

In spite of the fact that such a relationship is, in theory, life long, a person having undergone this first stage of initiation may not experience possession trance, if he, or more frequently she, does not attend
5. Larose (1977) discusses this point and gives in some detail information on a specific case.

6. G. M. Foster (1967) has suggested the "image of limited good" as a model describing the cognitive orientation of many peasant societies. In the view of these people, the good things in life are in limited supply, and there is no way of increasing their quantity. Hence, there must necessarily be conflict over their possession.

7. Prince (1964:102) describes the discharge ceremony of a mental patient among the Yoruba. Materials used in the ceremony are thrown into the river and carried off by the waters. Anyone picking them up, he notes, "will contract the illness".

8. See A. I. Hallowell (1976:391-448) for a discussion of disease and healing among the Ojibwa, where he stresses the social role of the discovery of the causes of disease.

9. Prince (1964:90-91) quotes a passage from Morton-Williams (1956) citing the confession of a member of a witchcraft society among the South-Western Yoruba: "Once they asked me to come and take soup with them. I ate it before I knew it was human flesh... Until I took the soup, they said I was the sort of person likely to give away their secrets".

10. These cues are psychological in nature. No claim is here made for physiological modes of induction. See Rouget (1980) for a severe critique of claims that music has a physiological action on the inducional trance states.

11. For a similar observation, see Jean Rouch's outstanding film on possession trance behavior among the Zerma of Accra, Les Maîtres Fous.

12. Ch. Douyon (1966:26-33) describes hysterical attacks in female adolescents, in urban Haiti. He notes the occurrence of a somnambulistic state during which the patient engages in a dialogue with an imaginary presence, usually a girl friend, thus giving spontaneous expression to her thoughts and feelings. Douyon also describes, in general terms, the treatment of hysterical seizures by a vodou priest, who speaks first to a hostile spirit and then to a protective spirit, both impersonated by the patient during possession trance.

13. Wiese (1976) discusses the effect of food taboos derived from humoral medicine on the diet of lactating mothers.
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