
Philip Singer has been active for many years in both visual and medical anthropology, with an emphasis on ritual healing and cross-cultural communication. These interests are clearly shown in the materials to be discussed here. The patients are two Haitians in Lansing, Michigan, for whom Singer arranged (separate) healing rituals, at the request of a social worker of the Lansing Refugee Services (Catholic Social Services). In both cases, the symptoms appeared psychogenic and medical interventions had failed. The first, longer case study, concerns a Haitian woman in her 30s, mother of ten children, the second a young Haitian man. The woman—who had received drug therapy—is shown exhibiting various symptoms (mute, rocking compulsively, trembling, tearful, etc.). The ritual "team" included a translator, a Puerto Rican santera and a Native American healer, as well as the social worker and Singer, who acted as one of two videographers. He is seen as an active participant and, indeed, as "director" of some of the proceedings. The rituals involve "cleansing" of the house by the Native American healer, and lengthy and repeated divination by the santera. Both in this case and in that of the young man, evil magic, due to anger and jealousy, by persons in Haiti, are presented as the causes of the troubles and readily accepted by the patients. Undoing rituals are carried out: e.g., tearing of clothing, tying the aggressors
by knotting the torn cloth; follow up instructions are provided.
Singer's innovations, which have no models in Haitian vodu,
santería or Native American practices are of interest: Making the
patient speak, and as far as she is able, verbalize her problems,
a bread-breaking ritual involving the woman, the children and the
husband, etc. A follow-up some months later shows the patient
verbal and active. She is learning English, works in a factory
and hopes to become a healer herself. The second, shorter case,
involves a young man who cannot walk or stand due to "hot" or
burning feet. This is divined by the santera again as due to
evil from Haiti and he confesses readily to having made promises
to several women, whom he had then left behind. He too is healed,
works at a restaurant and plays soccer.

These documents are rich in content and raise a great
variety of questions, all of which would make excellent subjects
for class discussions. One group of questions concerns the nature
and efficacy of ritual healing; also, the role of the "native" or
"traditional" healer in American society. (Here we refer to their
relevance to various immigrant and ethnic groups, rather than to
"New Agers."). Another set of questions asks about the role(s) of
the anthropologist, and yet another deals with the place of
visual recording in ethnographic research and of visual (or
multi-media) presentation of ethnographic information. Finally,
we must ask: how well prepared must the instructor be to utilize
such materials effectively.

There is much research on ritual healing and its
effectiveness. The follow-up interviews, though limited, are
valuable in this respect. Still, we would like them to be more extended and repeated and the changed situations of the patients described more fully. This could be done by supplementing the video accounts with written reports. Also, we must ask what is culturally specific about these rituals and what is more generally characteristic of ritual (as well as perhaps biomedical) healing. We know nothing of the religious beliefs, practice, knowledge, etc. of the patients. They are Haitians and the assumption is that they have had some contact with vodou, and with more generally widespread Haitian beliefs in the possibility of harmful magical attacks at a distance. Nothing specifically Haitian is utilized or assumed in the rituals nor are the healers expected to be knowledgable about Haitian matters. The Native American healer uses an eagle feather in cleansing the house—both cleansing and eagle feathers are assumed to be effective, regardless of cultural context. The Puerto Rican santera does not invoke spirits—whether Haitian, or more generally Afro-Catholic. The rituals appear to be all purpose, cultural composites, including the anthropologist's innovations.

The efficacy of the rituals then is not tied to specific cultural elements—including the patient's or the healers' knowledge of such elements. Rather, other factors appear to be at work: The proof given to the patient of great and significant social support, the identification and verbalization of the patient's (probable) fears of magic attacks, or more generally, an extra-punitive orientation: "What is happening to you isn't your fault and we can help—take it away." The affirmation, by
multiple authority figures (healers, anthropologist, videographer, translator, etc.) that things will change "if you obey us." (The role of the translator is of particular importance: it seemed to us that translation occurred in a limited, abbreviated manner and that not everything said by healer or anthropologist was likely to be understood by the patient). Overall, many elements of suggestion were used, supported by authority. Questions remain: what kind of further support was available to the patients between the time of the rituals and the follow up interviews?

The anthropologist plays multiple roles: as mediator between the social worker and the healers and as organizer of the healing sessions; as innovator and authority figure in the rituals; as a videographer and editor of the tapes. These roles are available to an anthropologist in his home society, less so in that of the patient. Should the anthropologist be more than an observer, but also an active participant and indeed innovator? How different is this from other forms of applied anthropology?

These videos are effective: witness the questions they have raised for us. They will raise other questions for other viewers. Ideally, the instructor should know something of ritual healing and of Afro-Caribbean religions as well as about the situation of immigrants to U.S. urban centers.

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