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Understanding Bodies:
*Haitian vodou as a lens for understanding
conceptions and healing practices of the body*

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*What is Voodoo¹? Its devotees have asked
what men have always asked of religion:
remedy for ills, satisfaction of needs and the
hope for survival.
-Alfred Métraux, 1959*

The life of one human being differs from another on scales as vast as the immensity of this world. Therefore, there is little that is common to the experience of being human. Most would agree, however, that there is something we all share – our bodies. The human body is a universal standard; it must be maintained by every person, though in varying ways, throughout a lifetime. While conceptions of what the body is and what it means are constantly changing and differing from each other across and within cultures and over time, they are still an integral part of being human. Because of the critical importance our bodies hold, we put a considerable emphasis on keeping them functional. In the article, “Culture, Critical Theory, and Reproductive Illness Behavior in Haiti,” Merrill Singer, et. al. recognize illness as an “[expression of] an experience over which we exercise little control, but it does so through a language and set of meanings which we either create ourselves or borrow” (1988: 380). So, necessarily, when our bodies have problems, we seek – or do not seek – different methods of healing whether they are created or borrowed. To get a better look at this phenomenon, a case study will help illustrate the circumstances by which people come to

¹There are various ways of spelling *vodou* that I have encountered in my research. The term “voodoo” is the Anglicized spelling which Farmer uses throughout his book. Brodwin prefers the spelling “vodoun” closely related to the original word “vodun.” I have used the term “*vodou*” throughout my paper because it seems to resemble most closely the spelling and pronunciation preferred in Haitian Creole.

value and make decisions about their body. In this paper I will discuss how and why many Haitians use *vodou* to understand and mediate their bodily experiences.

Why Haitian *Vodou*?

While there are many frameworks within which people choose to construct ideas about their body, I chose Haitian *vodou* for a few reasons. First, to understand a universal concept, it is best to look through a lens that is different from your own. The concepts of Western biomedicine are too embedded in the hegemonic discourse of my life to extract myself from their influence. Rather, by looking at something vastly different, though inextricably connected to my own ideas about my body, I am able to take a fresh perspective. While it would be a mistake to say my analysis would be purely objective, I can argue that my thought processes are not as deeply affected by Haitian *vodou* as they are by Western biomedicine.

The two biggest influences on bodily perceptions are science and religion. If I, for the sake of argument (though the issue is much more complex), construct a spectrum with science at one extreme and religion at the other, many medical discourses would fall close to either end. *Vodou*, as it is used for healing, however, would fall away from the extremes. It is an intriguing mix of both science and religion that lends important insight into both systems of belief and how they relate to conceptions of the body.

Vodou has also been well-researched and has a large body of work devoted to its study. In the past, *vodou* practices have been largely misunderstood, particularly by

North Americans. Many anthropologists, among others, have contributed to upsetting these incorrect notions of the practices surrounding *vodou*. This paper will draw largely from two main works, *AIDS and Accusation: Haiti and the Geography of Blame* by Paul Farmer and *Medicine and Morality in Haiti: The contest for healing power* by Paul Brodwin. Both of these individuals, as well as their colleagues, have contributed significantly to modern understandings of Haitian *vodou*. Both their fieldwork and resulting ethnographies have been great resources.

Vodou as Resistance

The history of Haitian *vodou* is a complex set of facts, often in contradiction. The religion itself has no official texts, so, in an effort to understand its origins, one must piece together a fragmented history. In the early 1500s, the Portuguese began selling African slaves to the Spanish. All the way through the 1600s, the slave trade expanded to other European nations. The French were first involved in the 1700s carrying slaves from the Western coast of Africa to start the Caribbean colony of Saint-Domingue. By 1789, the colony of Saint-Domingue had grown to about 500,000 slaves from all of the countries in West Africa. Through the process of “maronnage,” slaves would escape inhumane treatment on the plantations. These “maroons” would gather in groups and begin the process of “re-Africanization.” As Roland Pierre describes in “Caribbean Religion: The Voodoo Case,” the masters forced their slaves to give up their culture and

accept a new one, that of the masters. Therefore, the “maroons” felt compelled to reverse the influence through the use of *vodou*. “This is what gives the Voodoo its aspect of a *religion of deportees* which, therefore, could only be *a religion of protest and social redemption*” (1977: 29). *Vodou* continued to live up to its rebellious reputation as it spread throughout the Caribbean landing in many places, including Haiti.

The Body Extends into and is Permeated by the Environment

One of the first questions to ask when thinking about the body is: “where are its bounds?” To make sense of something, one must know everything that is included and excluded by the parameters of the object. Using a *vodou* conception of the body complicates an idea of the self being limited to the physical body. Brodwin says that “[people] articulate their experience of social conflict through local medical discourses, and hence open up more room to maneuver in their constricted worlds” (1996: 194). By viewing the body as much larger than just the physical body, some people feel comforted knowing that they have a bigger framework in which to understand themselves.

Deeply embedded within *vodou* discourse about the causes of diseases and how to treat them is the idea that the physical self reproduces imbalances in the environment. Erica James, in her article “Haunting Ghosts: Madness, Gender, and Ensekirite in Haiti in the Democratic Era” from the book *Postcolonial Disorders* writes that in *vodou*, “the relationship between the interior and exterior of the body, the blood, and the emotions is

dynamic. Thus, when one considers the impact of local behavior ecologies on mental health, the bounds of the self must be viewed as extended or permeable” (2008: 146). So, the health of the body is tied to how it is treated as it extends into and is permeated by its environment.

The concept explained by James is echoed in Farmer’s book, as well. In his fieldwork, he chronicles the stories of the three individuals in the central Haitian village of Do Kay who have been struck with *sida* (the Haitian term for HIV/AIDS). The ideas about AIDS and AIDS-causation in Do Kay are somewhat incongruous among the villagers. The general sense is that AIDS can be “caught” in more than one way. Two of Farmer’s ethnographic subjects, Manno and Dieudonné believe that their *sida* was a “sent” sickness, or that it was sent to them by another individual for reasons of jealousy. A third subject of Farmer’s, Anita, believes her *sida* was transmitted physically to her from her husband, who died of *sida*. Anita and her friends and family do believe that her husband was a victim of a “sent” sickness, however. These three individuals represent two ways in which the villagers of Do Kay believe they were sent their illness. The commonality among them, as expressed by Dieudonné, is that “*sida* most made sense as a “jealousy sickness,” a sickness emblematic of a nation of poor people distracted from “the real struggle” by the hurt they inflict on one another” (1992²: 109). Dieudonné, as well as some other villagers who expressed the same point, believes that *sida* and its

² The most recent version of Farmer’s *AIDS and Accusation* was published in 2006. The edition which I read and from which I am quoting was published in 1992.

causation is inextricably tied to their social and geographical location in the world. This environment, he argues, has specific physical repercussions on his body.

Not only does the body extend into the environment, as illustrated earlier, but it is also believed in *vodou* to be open to inhabitation or temporary possession. Brodwin describes the story of Jerline, a young female teacher who had been afflicted with an unknown illness. Jerline believed that the spirit of a dead person had been sent upon her. She lost her ability to be socially engaged, she had a “wild look” in her eyes and she had to be restrained due to occasional violent physical outbursts. Brodwin, as he observed Jerline, was asking himself if Jerline was present or absent from her body. According to Brodwin, her actions contained no recognizable hints of her former self. However, at one point, she communicated by writing a French word; this message was an indication that Jerline, as one of the few people in the village who spoke or understood French, must still be inhabiting her body in some way. Brodwin concluded that “the local phenomenological account of her condition (as well as her own reported experiences) cast her as present in her body but not in control of it; as crowded by this other entity” (1996: 160). The understanding is that an individual in Jerline’s environment sent her, perhaps without physical contact, an invisible entity which entered her body and exerted some form of physical control. In order for Jerline and her fellow villagers to subscribe to this description of the *vodou* concept, *maladi satan*³, they must believe the body is not

³As described by Brodwin, *maladi satan* is “an “illness of satan,” typically sent upon the victim by her/his human enemies out of jealousy or the desire for revenge” (1996: xvi).

only physically influenced indirectly by the extension into the environment but also permeable to objects of intangible nature.

When Jerline's mother and the other members of her therapy managing group came to the agreement that Jerline's condition was a *maladi Satan*, Jerline's mother went straight to a *houngan*⁴ in the village, a local *vodou* healer. Pierre Morin, the *houngan*, had many sessions with Jerline described by Brodwin as "time-consuming affairs." Brodwin noticed that Morin's sessions did not seem to have any discernible order. Morin would (in a seemingly arbitrary way) sing songs, recite prayers, and administer remedies. He also asked Marie, Jerline's mother, specific tangible treatment. For example, he told Marie to give Jerline small items to wear, paint symbols above her doors and windows, and give her certain herbs to drink. Brodwin writes that "Morin constructs the satan inhabiting [Jerline] as an essentially amoral entity: the lifeless vehicle of a human enemy's murderous designs. Therefore his healing techniques are externally directed: the goal of the treatment is to guard Jerline against the enemy located somewhere in her social world" (1996: 167). In other words, none of Morin's treatments (whether tangible or not) were attending to biological problems within Jerline's physical body; rather they were focused on that which was affecting the extension of Jerline's body into her social world.

In understanding how *vodou* shapes the way that Haitians view their bodies, it

⁴As described by Brodwin, a *houngan* is a male "religious specialist in serving the spirits whose practice includes healing, services for ancestors, and yearly ceremonies for the *lwa* [spirits]." The female counterpart is called a *mambo* (1996: xv).

becomes clear that the environment of the individual is an important factor. It is significant in that the body of the individual interacts with the environment by extending intangibly into it and by being intangibly permeated by it. Both of these interactions may influence the body physically; the impacts are sometimes negative. To mediate the effects of these interactions, *vodou*, as a medical discourse, must address the source of disease causation.

Sorcery⁵ Accusations and Guilt

Because, in *vodou*, it is believed that an external actor may have caused a disease, as opposed to something that necessarily had physical contact with the body at some point, identifying the causative factor becomes more difficult. In the fieldwork of both Farmer and Brodwin, neither Haitian community had a clear process for determining the cause of a disease. As I mentioned earlier, all three cases of *sida* in Farmer's ethnography had some connection to a "sent sickness." However, the determination of a "sent sickness" was not clearly defined and who, why, or how the sickness was sent was often disagreed upon among the villagers. Brodwin also had similar experiences. What is implicit, though, is that an individual's actions may contribute to physical effects on his or someone else's body. In order to use *vodou* to heal a "sent sickness," the identity of

⁵ Farmer devotes some of his book to describing the nuanced differences between sorcery and *vodou*. This discussion is beyond the scope of this paper. For the purposes of my argument, the terms "sorcery" and "*vodou*" can be used interchangeably.

the sender or the reason for sending must be known. This leads to accusation and feelings of guilt.

In Jerline's case, simply naming her disease in the context of *vodou* had serious moral repercussions. It is necessary for the *houngan* to name her sickness, though, if he were to develop a plan for healing. For Jerline, her options were either to remain ill or suffer the social scrutiny of her potential guilt. Brodwin writes that "to say that Jerline's sickness was sent upon her by someone else left unsettled the question of her innocence or guilt. Innocent people, I often heard, are generally less likely to become victims of "sent sickness" (1996: 158). Given the general understanding that someone who has been "sent" a sickness is most likely to be guilty in some way, Jerline's innocence was questioned. Because *vodou* places the body in an inextricably social context, the question of healing is also becomes tied to questions of morality. If Jerline wants the best treatment from her *houngan*, he would need to identify the source of her illness. This may, however, put her in a situation where her morals are questioned. In this way, *vodou* places the fate of the physical body in a subjective framework where an individual may be held morally responsible.

An individual's social status, the likelihood that he or she is innocent, and past incidences of a disease are also yardsticks against which symptoms are measured in pursuit of a diagnosis. Initially for Farmer's subject, Anita, a diagnosis of *sida* was rejected. Many of the villagers agreed that Anita was "too innocent." The idea is that "sorcery is never random; it is sent by enemies. Most people make enemies by inspiring

jealousy or by their own malevolent magic” (1992: 87). Anita, however, was too poor to inspire jealousy or afford to pay a *houngan* to perform malevolent magic for her. On top of that, the only previous case of *sida* in the village was Manno, who was believed to have caught his *sida* from sorcery. So, at that point, *sida* was believed to be caused by sorcery and since Anita could not possibly be the victim of sorcery, she could not have *sida*. In Anita’s case, common (though, perhaps, incorrect) understandings about how sorcery works to affect the physical body changed the nature of her diagnosis. Such pervasive notions shape the ways that Haitians view their bodies regularly and, in Anita’s case, under stress.

Despite the moral underpinnings of sorcery accusations, Farmer argues that *vodou* is used, primarily, for the purpose of healing. There must be some question of direct human agency for a *houngan* to be called and the illness must also be feared to be fatal but this is only necessary in the name of treating the physical body. “In short, sorcery accusations, for all their flaws, are often triggered by severe sicknesses because they speak to questions of etiology, pathogenesis, and socially sanctioned therapeutic response” (1992: 247). Farmer’s argument is that other types of accusation, such as AIDS-related discrimination and conspiracy theories, which are not associated with *vodou*, are “macrosociological” models. They not only assign blame but do not answer “the inevitable question of how AIDS comes to be embodied in the afflicted” (1992: 247). Therefore, although *vodou* tends toward the necessity to accuse someone or something of causing illness, the ultimate focus is the healing of the physical body.

In a research report “Arrested Pregnancy Syndrome in Haiti: Findings from a National Survey,” Jeanine Coreil, et. al. examined the “arrested pregnancy syndrome” in connection with infertility. In their interpretation of data, the authors found it useful to look at *vodou* conceptions of the body and how they relate to fertility. They found that in Haitian *vodou* beliefs, fertility cannot be altered but the intrauterine growth of a child could be affected. “Through this diagnostic redefinition of the problem, control of a vital social process within the folk sector of care was maintained” (1996: 427). By looking at particular bodily conceptions in terms of *vodou*, the authors were provided specific insight into their study. The cultural norms of viewing how the body can be altered and by whom had profound implications on the physical bodies of the women in their study. Locating the potential agent behind the “arrested pregnancy” was important to understanding the pathogenesis of the condition.

Once the etiology of a disease has been determined within the *vodou* framework and an agent has been defined (or accused, as Farmer argues), a course of treatment is then determined. This treatment will essentially be aimed at the root of the cause. In *vodou* this “root” is often another human.

***Vodou* and Biomedicine**

The decision to use *vodou* to treat an illness in Haiti is a complicated one that is not always defined by set parameters. While *vodou* is one option, it is heavily steeped in

subjective moral and social discourse. Taking the assumption that individuals always want to choose the best care for themselves that is within their means, Haitians, who place a considerable emphasis on their physical bodies, are careful with this decision. As Brodwin describes it, “people in Jeanty [a rural Haitian village and the site of his fieldwork] predictably seek out a biomedical cure in hopes to avoid the diagnosis of *maladi Satan*” (1996: 190). This shows a particular awareness of the link between the maintenance of the physical body and the maintenance of the social person. Decisions about which medical modality is most appropriate is not just about the physical body but also about the connotations that are associated with each healing method.

Brodwin describes a situation in which an individual, upon learning the nature of his illness, makes a decision about which medical treatment to proceed with. “Several *houngan* reported that some people who arrive for a consultation are already too sick for them to treat.... [They conclude] that the client has a *maladi dokté*, that is, one which requires a doctor’s care. In these cases, *houngan* may refer their clients to biomedical settings” (1996: 214). This shows that *houngan*, do not view their conceptions of the body as incompatible with biomedicine. In fact, it is evidence that these *houngan* believe biomedicine is a complementary skill set to their own. A view of the body in the context of Haitian *vodou* does not necessitate the treatment of illness in the context of Haitian *vodou*.

Similarly, Farmer describes the moment of decision-making for a person with an illness in Haiti. “More often, [it] is not an either/or decision...in the event of grave

illness, many rural Haitians will faithfully avail themselves of the services of both *houngan* and *dokté*” (1996: 198-9). What Farmer describes is an illustration of the extent to which an individual is willing to go to sustain the physical body. The ability of *vodou* to treat the physical body is satisfying in most cases but, under severe circumstances, an individual will forgo their faithfulness to one practice in the name of saving his or her life.

Brodwin explains why the decision is so difficult. He writes that in Jeanty, the ethnography of illness and healing has shown that it does not adhere to the assumptions made by others who study medically pluralistic situations. These assumptions are that “(1) individuals are rational and voluntaristic actors, and (2) the “health care sectors” of a community form a stable set of discourses and treatments which exist distinct from the subject” (1996: 190). Here Brodwin acknowledges that individuals do not always have agency in their decisions; while it may seem as though there is the freedom of choice, it is actually a mask for larger societal forces that strip the individual of will. He also makes the point that individuals do not always make decisions based on rational thought; in fact, in case of a human making a decision about his or her body, there are other non-logical thought processes at play. The second assumption which is being negated is that the medical discourses that are available to choose from are neatly defined and compartmentalized so that individuals can make completely objective decisions. As long as these assumptions remain false, the decisions will remain difficult.

Healing Power

Over the course of understanding the body through the lens of Haitian *vodou*, the question remains: why does *vodou* work? How come *vodou* can be used to treat illnesses of the physical body? There are several answers to this question. First, those illnesses which *vodou* can successfully treat are constructed, to begin with, in a *vodou* framework. In other words, *vodou* cannot be used to treat an illness that is not first described within the discourse of *vodou*. For example, in order for a *houngan* to treat an individual with AIDS, the biomedical definition which places a “microbe” as the disease-causing agent will not work. The *houngan* must identify the *sida* as a “sent-sickness” and he will then treat it as a “sent-sickness.” That which is healed is not AIDS as it is caused by a “microbe” but the “sent-sickness” which was constructed using the language of *vodou*. Therefore, although some medical modalities can work together (in this case, *vodou* and biomedicine) they must be able to construct the illness in their own frameworks to be successful.

Secondly, the ability of a medical modality to be effective is a conglomeration of social and physical factors that interact with each other. Brodwin explains that “[healing power] connotes clinical effectiveness, moral authority, political coercion and opportunity, and a resource for collective identity” (page 192). The ability of a system of healing to successfully treat an illness is only one piece of reasoning by which an individual chooses that system. Brodwin also mentions the moral, political, and social needs a healing system must fill to be effective. If there is a system which is both

clinically effective and fills the moral, political, and social needs well, it will grow to be a powerful system of healing.

Perhaps the most important and underestimated quality in the effectiveness of a medical modality is belief. An individual who does not subscribe to the methods of his healer has been clinically shown to have less success. In their article, “Belief as Pathogen, Belief as Medicine: “Voodoo Death” and the “Placebo Phenomenon” in Anthropological Perspective,” Robert Hahn and Arthur Kleinman argue that “the physical world within and without us does not affect us directly, uncharted, but is itself vitally affected by the ways in which we construct it” (1983: 19). Our physical bodies do not just exist but are created by us and viewed through whichever lens we choose.

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