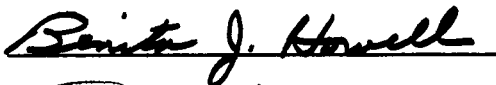


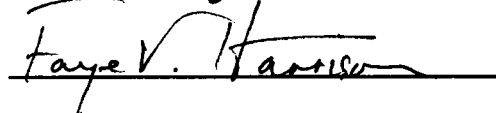
To the Graduate Council:

I am submitting herewith a thesis written by Joseph Cameron Buchanan entitled "A Comparative Assessment of Brazilian Spiritual Healing and Western Psychology." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Anthropology.


Michael Logan, Major Professor

We have read this thesis
and recommend its acceptance:





Accepted for the Council:


Associate Vice Chancellor
and Dean of The Graduate School

STATEMENT OF PERMISSION TO USE

In presenting this thesis in partial fulfillment of the requirements for a Master's degree at The University of Tennessee, Knoxville, I agree that the library shall make it available to borrowers under the rules of the library. Brief quotations from this thesis are permissible without special permission, provided that there is accurate acknowledgement of the source.

Permission for extensive quotation from or reproduction of this thesis may be granted by my major professor, or in his absence, by the Head of Interlibrary Services when, in the opinion of either, the proposed use of the material is for scholarly purposes. Any copying or use of this material for financial gain shall not be allowed without my written permission.

Signature

Joseph Buchanan

Date

April 21st 1993

**A COMPARATIVE ASSESSMENT OF BRAZILIAN SPIRITUAL
HEALING AND WESTERN PSYCHOLOGY**

A Thesis

Presented for the

Master of Arts

Degree

The University of Tennessee, Knoxville

Joseph Cameron Buchanan

May 1993

ACKNOWLEDGEMENTS

This thesis is dedicated to the memory of my mother, Perine M. Buchanan. Without her unconditional love and constant support, I would never have achieved any education. It is also dedicated to my son, Rick. He suggested that I enter graduate school in anthropology. His interest in alternative healing also stimulated my initial interest in the present research.

In the course of my research for this thesis, numerous faculty members, family members, fellow students and friends have provided invaluable assistance and support. I would especially like to thank my committee chairman, Dr. Michael Logan, who suggested the topic and taught me an anthropological perspective of health. His courses provided copious information utilized in this project. I also appreciate the extensive editing done by Dr. Logan.

I would also like to thank Dr. Benita J. Howell. Her knowledge, wisdom and thoughtful guidance proved to be invaluable in keeping this thesis on track. I also want to thank Dr. Faye Harrison. Her knowledge, intelligent expertise, and guidance are appreciated. I also want to thank a colleague, Diana Robinette, M.A. Her sage advice over the years is really appreciated.

I would also like to thank Joann Hipshire. The excellence of her typing speaks for itself.

Special mention should be made of the work of Dr. Sydney M. Greenfield. His work generated a large amount of the data utilized in this thesis.

Finally, I would like to thank Carol, who supported and listened to me during the many months of research necessary for the completion of this thesis.

ABSTRACT

The purpose of this study is to make a comparative assessment of Brazilian spiritual healing and Western psychology. Many researchers feel that new discoveries in neuroendocrinology and other phenomena, such as biofeedback and Eastern meditative techniques, are forcing us to reassess the complex activities of traditional shamanistic healers in order to gain a better understanding of their successes and failures. Some researchers suggest that the exceptional emotional responses associated with faith, suggestion, prayer and the so-called placebo effect, as currently found in traditional healing milieus, may greatly accelerate the speed and concentration of the body's reparative biochemicals in ways that are presently not adequately understood by Western science and medicine. The present research examines many forms of spiritual healing around the world from Africa to Mexico and Brazil, including faith healing in the United States. However, the principal focus is on Brazilian spiritual healers. Their approach is compared to the approach of Western psychology.

The methodology of this study is library based. Consequently, there are some inherent limitations which make the conclusions of this research somewhat preliminary in nature. The absence of firsthand observational data forces this study to rely on the preponderance of consistent evidence from published research. This is not an ideal methodology, but it is responsible research and there are some apparent findings and conclusions from this study that hold potential clinical value. Examination of the comparative research on spiritual healing shows that all forms reviewed are, to some degree, effective. However, in many cases the underlying cause of illness has not been altered. Most researchers agree that success results from the power of suggestion as a placebo. They also agree that the greater the congruency of belief between patient and healer, the better the treatment outcome. An examination of the role of the placebo effect shows clearly that the placebo effect is extremely important in not only traditional healing, but all forms of healing, including modern Western scientific medicine.

In summary, this study concludes that there are more similarities than differences in the techniques of Brazilian and Western health care approaches. It concludes that the apparent success of Brazilian spiritual healers, as well as traditional healers generally, is because of their holistic, integrated world view rather than variations in techniques. Final analysis of the evidence seems to support the fact that Brazilian spiritual healers do actually achieve some degree of success in treating schizophrenic disorders while successful treatment is still problematic in the West. However, the conclusions of this research are at best tentative. This study makes it clear that further firsthand observation is necessary before scientifically valid statements about the efficacy of traditional healing can be advanced. Nonetheless, the apparent success of Brazilian spiritual healers may do much to enhance our knowledge of treating many illnesses which are presently incurable in the West.

TABLE OF CONTENTS

CHAPTER	PAGE
1. Introduction	1
Brazilian Spiritist Healing	2
The Spiritual Psychiatry of Dr. Mendez	3
Western Psychology	3
Statement of the Problem	4
Methodology	5
Discussion	6
Summary and Future Research	8
2. Traditional Healers in Brazil	10
Introduction	10
Brazilian Spiritist Healing	12
Case Study-Mendez	18
Summary and Conclusions	20
3. Comparative Perspective on Spiritualist Healing	22
4. Therapeutic Strategies in Western Psychology	31
Evolution of Western Psychology	31
Major Theoretical Orientations in Western Psychology	34
Western Diagnosis and Treatment of Schizophrenic Disorders	36
Summary	38

5.	Comparison of Brazilian Spiritual and Western Psychiatric Approaches to Healing	40
	Specific Comparisons	40
	 Similarities	40
	 Differences	43
	General Comparisons	46
	Summary	49
	Conclusion	50
6.	Role of the Placebo Effect in Healing	51
	Historical Perspective	51
	Evidence in Traditional Healing	56
	Evidence in Western Healing	57
	A Plausible Explanation	59
7.	Future Research	65
8.	Discussion and Conclusions	74
	Limitations	74
	Review	74
	Current Problems in Western Therapy	76
	Proposed Changes	78
	Conclusions	80
	Further Implications	82
	Bibliography	84
	Vita	93

CHAPTER 1

Introduction

In recent years, interest in traditional healing has increased significantly. Many researchers feel that new discoveries in neuroendocrinology and other phenomena, such as biofeedback and Eastern meditative techniques, are making a reassessment of the traditional healers' work essential, particularly concerning their relative success in treating patients (Dobkin de Rios 1981a, 1981b, 1984, 1989; Ley and Freeman 1984; Tomb 1984). No longer can we label their approaches as "unscientific" and therefore largely ineffective.

A review of the literature on traditional healing shows that some form of spiritual healing has been around for eons. Spiritual healing originated so long ago that there is no way of knowing exactly when or where it began (Eliade 1964; Halifax 1982; Dow 1986; Walsh 1990). Regardless of when or where spiritual healing originated, it spread all over the world (Walsh 1990). Even today, various forms of spiritual healing are practiced in many parts of the world, including "faith healing" in the United States.

The present research will focus on spiritual healing in Brazil, a country that exhibits the complete spectrum of spiritual healing. This thesis will focus specifically on the work of the Brazilian spiritist/Kardecist healers and Dr. Eliezer Mendez, a Brazilian spiritual psychiatrist. In this thesis, the term "Brazilian spiritual healing" will be used as an inclusive term which encompasses both these approaches, as well as other shamanistic and religious spiritual approaches to therapy in Brazil. The term "Brazilian spiritist healing" will refer to a specific group of healers who adhere to the teachings of Allan Kardec. The term "Western psychology" will also be used in this thesis as a general, inclusive term, which encompasses the approach of both Western psychologists and psychiatrists.

Brazilian Spiritist Healing

From the middle of this century, or even earlier, Brazilian spiritual healers have been performing spectacular acts of curing which are not adequately understood by Western science and medicine (Greenfield 1987). For example, the now legendary Jose Pedro Freitas, more commonly known as Ze Arigo, would remove tumors and perform delicate eye operations with a paring knife. He would not use antiseptics nor anesthesia.

Many of the world's philosophers and religious leaders, including Aristotle, have believed in reincarnation, where spirits are believed to return to the material world in order to learn lessons required for their moral advancement. The Brazilian version of reincarnation, although related to the thinking of Swedenburg in the eighteenth century, originated in its modern form in the United States with the Fox sisters in Hydesville, New York in the nineteenth century (Villoldo and Krippner 1986; Greenfield 1987). This belief in the existence of spirits of the dead, and the possibility of communicating with them, spread rapidly to Europe, where by mid-century, it was developed into a religious and philosophical system by a French school teacher (Hippolyte Leon Deinzart Rivail). Under the pseudonym of Allan Kardec, Rivail published *The Book of Spirits* in 1857 which created a sensation in France and later in England. A Brazilian nobleman brought Kardec's book to Brazil where it achieved instant success, especially among the upper classes around the middle of the nineteenth century (Villoldo and Krippner 1986; Greenfield 1987). By the end of the nineteenth century, Kardec's belief system was modified by a Brazilian politician, entrepreneur, and doctor, Adolfo de Bezerra de Menezes. In the early part of this century, when Brazil began to urbanize, the Brazilian version of spiritism/Kardecism became very popular among the expanding middle and lower middle classes. With its new emphasis on healing, Brazilian spiritism no longer belonged to the rich and was on the way to becoming one of the several religious based alternatives to Catholicism in the rapidly expanding Brazilian population (Greenfield 1987).

In the philosophy of Brazilian spiritists, or Kardecists, it is believed that there is a material plane of existence, which is the visible world familiar to us in daily life, and a spiritual plane, which

is invisible and inhabited by spirits who are the vital force in the universe. These spirits are believed to go through a number of incarnations, or lifetimes, in order to develop progressively to a moral state of perfection. Kardec had ten categories of spirits which were ranked according to a set of moral standards based on his interpretation of Judeo-Christian values (Greenfield 1987).

The Spiritual Psychiatry of Dr. Mendez

Dr. Eliezer Mendez was trained in allopathic medicine as a surgeon but has practiced nontraditional healing almost exclusively for the past fifteen years. Operating a clinic outside Sao Paulo, he has treated epilepsy for fifteen years. He also treats multiple personality disorders and in recent years has started treating schizophrenic disorders.

Mendez learned his spiritual healing methods from the Umbanda religious tradition, where an adept enters a trance and claims to have contact with the spirit world. Early in his medical career, while still a surgeon, Mendez became a medium and found he often had epileptic-like seizures or would begin to hear voices and/or see visions and demonstrate symptoms like schizophrenia or multiple personality disorder. He maintains that all of these symptoms stopped when he learned to regulate his "open window" into the spirit world. Although Mendez no longer uses many of the ritual aspects of Umbanda, he still relies on its healing and mediumship techniques (Villoldo and Krippner 1986).

Western Psychology

Western psychology is a relatively new discipline. Largely through the influence of Freud, with his novel approach to the study of behavior, the study of psychology separated from philosophy around the turn of this century (Alexander and Szasz 1952; Chapman 1967; Mora 1967). Although Western psychology became a separate discipline fairly recently, it originated with the ancient Greeks. They were the first people to identify (as well as accurately describe) several mental disorders. The first surviving account of a scientific approach to the study of mental illness (as well as other forms

of illness) is also attributed to the Greeks in the fifth century B.C. Before the Greek civilization, all forms of illness were explained in religio-magical terms. The religio-magical tradition originated before recorded human history, but the scientific approach, which predominates in contemporary Western psychology, originated with the Greeks (Frank 1973).

Even a preliminary examination of the specific techniques employed in Western psychology and Brazilian spiritual healing shows they are very comparable. Both approaches treat similar disorders. Specific techniques (such as the use of altered states of consciousness, hypnotic regression, and behavior modification techniques) are also very similar. However, there are differences in these two approaches to therapy. The differences seem to be related more to differences in the world view of Western and traditional people rather than to differences in specific techniques.

Statement of the Problem

Are the techniques employed by traditional healers more therapeutically effective than those techniques utilized in the approaches of Western psychology? The present research will examine this question.

In view of the many recent discoveries related to healing, and the fact that many illnesses (such as severe mental disorders) are mostly incurable in the West, many researchers feel that it is imperative to reconsider the claims of success in treating such disorders by traditional healers like Brazilian spiritualists (Dobkin de Rios 1981a, 1981b, 1984, 1989; Ley and Freeman 1984; Tomb 1984). Another reason a reassessment is essential is because some researchers think that the most important aspect of traditional healing is that powerful emotional responses associated with faith, suggestion, prayer, and (the so-called) placebo effect may greatly accelerate the speed and concentration of the body's reparative biochemicals in ways that are as yet not fully known (Kurland 1957; Shapiro 1960; Rossi 1986; Greenfield 1987; Rossi and Cheek 1988; Dobkin de Rios 1989).

As noted earlier, this thesis will focus on Brazilian spiritual healing. For a comparative perspective some other research on spiritual psychotherapy will be described. These traditional

spiritual approaches will be compared with approaches employed in Western psychology in the hope of improving our understanding of the treatment of illness. The role of the placebo effect in both Western and traditional approaches will also be discussed, as will the prospects for future research in this area of inquiry.

Methodology

The present research will be library based, which presents certain limitations. In the absence of observational data, the author must rely on the conclusions of previous researchers who have explored Brazilian spiritual healing (Villoldo and Krippner 1986; Greenfield 1987). Unable to observe patients before therapy, or to do any follow-up study, support for any conclusions will be obtained by "a preponderance of consistent evidence" from other researchers. Another difficulty in assessing the relative success of therapeutic outcomes is that many diseases are self-limiting (Finkler 1983). In this respect, the body heals itself with or without therapeutic intervention. This makes it difficult to determine if the "cure" is achieved naturally or by therapeutic intervention.

Recently, the author concluded a comparative study of Western and traditional approaches to the treatment of severe mental disorders, focusing on schizophrenic disorders. Specifically, this study compared the approach of Dr. Eliezer Mendez, a Brazilian spiritual psychiatrist, with approaches found in Western psychology. This initial study was library based and limited in scope. For understanding the approach of Dr. Mendez, this study relied primarily on the work of Villoldo and Krippner (1986), who are both distinguished researchers in parapsychology. The conclusions revealed by this initial study are that there are more similarities than differences between the spiritual approach of Dr. Mendez and approaches of Western psychology and that the placebo effect is paramount in both Western and traditional approaches. Based on the findings of this initial study, and motivated by the continuing research of Dr. Sidney Greenfield (1987) on Brazilian spiritist healing, the author feels there is sufficient need for further exploratory research in this area. The present research will

be expanded to include not only Brazilian spiritual healing, but spiritual psychotherapy in other parts of the world.

Discussion

Many explanations have been offered to account for the apparent success, or at least the persistence, of traditional healing. For example, Greenfield (1987) maintains that Brazilian spiritist healers are reconstructing networks of dependency and patronage that provide security and meaning for ill people who face disruptive urbanization and modernization.

As previously stated, many researchers think that the most important reason for the persistence of traditional healing is the placebo effect. In order to elucidate the relative importance of various aspects of traditional healing, some previous research will be summarized.

Kurland (1957) reviewed the literature on the placebo effect and found that there was little or no information to account for the underlying physiological and psychological variables involved. He concluded that the relationship between these underlying physiological and psychological variables and the degree of placebo reactivity was a clouded issue. In recent years many scientists are examining those variables underlying the placebo effect and studying aspects of the actual healing process associated with what is called the immunocompetence of the individual. Research shows that the immunological system is the key to understanding how humans respond to illness and that immunological competency of an individual can be influenced, conditioned, and manipulated by folk healers using symbols and/or emotional states. For example, Moerman (1983) examines the effectiveness of non-Western medical treatment. This examination is an effort to understand how the manipulations of the shaman or healer actually influence the physiological state of the patient. He states that few researchers have attempted to understand the healing quality of the symbolic dimensions of treatment. He concludes that in both traditional healing and Western biomedical practice the form of medical treatment, as well as its content, can be effective medical treatment. He feels this biomodality in treatment is probably universal. Many studies are also appearing recently

in a context that has been titled the "biology of hope," a phrase coined by Stanford Cohen at the National Institute on Mental health. Research questions here focus primarily on how affective states, such as helplessness, hopelessness, and despair, are seen as risks for individuals in contracting psychosomatic disorders. These affective states may respond to socio-cultural stress factors and cause clinical depression and even death. The interest in this type research owes not to metaphors of illness used by healer and patient in a particular cultural context, but to the biological phenomenon of transduction, which is often referred to as somatization. Researchers are now asking how the social, cognitive, or affective experiences of an individual can affect the cellular events linked to illness (Dobkin de Rios 1989).

In a recent study on the phenomenon of transduction, Rossi (1986) maintains that if we take recent views of psychobiological research to their logical conclusion, we have a resolution of the Cartesian dualism of mind and body, which has separated Western medicine from all other approaches to healing. Rossi states further that medical science has focused almost exclusively on the "body side" of the mind-body equation, but he contends that he has developed an experimentally based rationale to explain how psychological factors can also facilitate healing. The major thrust of his hypothesis is that life is an information system and biology is a process of information transduction, where the mind and body are two facets of a singular information system. The two fundamental processes of mind-body communication are mind-body information transduction and state-dependent memory, learning, and behavior, which are mediated by the limbic-hypothalamic system. Rossi feels that state-dependent memory, learning, and behavior provide the "missing link" between traditional and Western medicine and bridge the gap between mind and body. He contends that this is accomplished because state-dependent encoding of mind-body symptoms is accessed by both physiological approaches, by the use of drugs, and psychological approaches. He maintains that the placebo response is a synergistic interaction of both.

Summary and Future Research

In summary, this introductory chapter first discussed the origin and distribution of spiritual healing. In short, it originated before recorded human history and spread worldwide. In contrast, Western psychology originated with the ancient Greeks. The contrasting origins of these two approaches were introduced because differences in the world view between traditional and Western people proved to be the most important reason for differences in their approaches to therapy. The Greeks introduced the concept of mind-body dualism into Western philosophy. This evolved into the mind-body dichotomy prevalent in approaches to knowledge employed in Western natural science. This separates Western therapeutic strategies from all others. There have been many new discoveries recently that possibly shed new light on traditional healing. These new discoveries and our present knowledge of the power of the placebo effect in healing makes it necessary to reassess the claims of successful therapy by traditional healers. The relevance of this research is the hope of improving our understanding of the treatment of many illnesses (such as severe mental disorders) which are still largely incurable in the West. The methodology of this research was discussed. Some possible explanations for the apparent success of traditional healing were also introduced.

In regard to future research, a review of the literature reveals ample rationale for investigating traditional healing systems. Widespread attention has been given to illness etiology, illness management, therapeutic choice, and the role of cultural symbols in restoring patients to health. Because of the numerous difficulties in establishing efficacy, only a few attempts have been made to evaluate nonmedical treatment outcomes (e.g. Garrison 1977; Kleinman 1980; Finkler 1983). In spite of methodological difficulties and theoretical reservations, empirical investigation of treatment outcomes is essential because it exposes cognitive requisites for the healing process. This necessarily leads to the question of whether all individuals in a given culture respond equally to the same set of symbols (Finkler 1983).

Other studies have postulated that illnesses amenable to speedy recovery are managed biomedically but prolonged illness requires symbolic management of a type not furnished by

biomedicine (Fernandez 1965). Rappaport (1979) even suggests that the environment may foster a perpetual state of illness in many people, illness which is largely untreatable by modern medical practice. He further maintains that current scientific medical practice may actually promote prolonged illness. He thinks we need to improve our understanding of nonmedical therapeutic practices, which rely on symbolic removal of the affliction.

In summary, then, the relevance of the present research is that it will improve our understanding of the apparent success Brazilian spiritual healers have achieved in treating all forms of illness, including severe psychiatric disorders, many of which are presently incurable in the West.

In future research, additional systematic study of culturally perceived treatment outcomes is needed to examine the ways symbols work and how they elicit responses in a given cultural group. More research is also needed to explore whether all members of a culture share the same symbolic requirements, but the most important area for future research is medical evaluation of whether changes have occurred in patients' biological or biochemical state as a result of either traditional spiritual therapy or Western psychotherapy. In order to accomplish this objective, medical observation will be necessary prior to therapy. Extensive follow-up study will also be required. Only then can we make a scientifically valid comparative assessment of these two approaches to healing.

CHAPTER 2

Traditional Healers in Brazil

Introduction

The magnitude of literature on the origin of spiritual/shamanistic healing makes even a preliminary review impossible in a single chapter. However, some historical knowledge of shamanism is essential to understanding traditional healing in Brazil. This chapter will briefly mention some previous research on shamanism and focus primarily on Brazilian spiritual healing, which exemplifies clearly the evolution of spiritual/shamanistic healing.

A review of the literature on the origin of spiritual healing reveals that shamanism is one of the world's most ancient religious traditions, and spiritual healing is one important aspect of shamanism. In short, the history of the origin and distribution of spiritual healing spans millennia. Emerging during the paleolithic period, it may even date back to Neanderthal times. Archaeologists have found evidence of shamanism that spans tens of thousands of years and there is no way of knowing how remote its origin may be. Some researchers maintain that shamanism is nearly as old as human consciousness itself, and surely predates the earliest civilization by thousands of years (Eliade 1964; Halifax 1982; Dow 1986; Walsh 1990).

As Walsh (1990) theorizes, no matter when or where it originated, spiritual healing spread all over the world. Today it persists among hunter-gathering societies, as well as in huge agricultural and/or industrial societies. As previously stated, this chapter will focus on spiritual healing in Brazil, a country that exhibits the complete spectrum of spiritual healing, as defined by Walsh.

Various researchers have found characteristics in spiritual/shamanistic healing in Brazil ranging from extremely archaic ones to the more contemporary forms where the role of the shaman is performed by various specialists. For example, Eliade (1964), in summing up South American

shamanism, maintains that it still displays extremely archaic characteristics such as initiation by ritual death and resurrection of the candidate, insertion of magical substances into his body, celestial ascent to come before the Supreme God, healing by suction or search for the patient's soul, and the shaman's ecstatic journey. He maintains that the morphology of the shamanic/spiritual cure is the same almost throughout South America. Some other common archaic characteristics he mentions are fumigations with tobacco, songs, massage of the affected part of the body, identifying the cause by using helping spirits, and the use of the shaman's "trance." Eliade (1964) states that it would serve no purpose to draw up a comparative table of all cases where the shamanic complex is found, but he does refer to resemblances between Australian medicine men and the South American shamans when discussing the antiquity of certain beliefs and techniques linked to healing.

Many researchers have found societies in contemporary Brazil which manifest the archaic beliefs and techniques of spiritual/shamanic healing (Bartolome 1979; Sharon 1979; Taylor 1979; Joralemon 1985). The present thesis will not elaborate on each of these studies. These studies reveal, however, that the shaman is still in control of spiritual healing, as is the case of the Sanuma of northern Brazil (Taylor 1979). The Sanuma are tropical slash and burn horticulturists who also depend on hunting and gathering. They are still an isolated group with their only regular contact with outsiders being with missionaries. They are one of the four main subgroups of the Yanomamo of northern Brazil and southern Venezuela.

In describing the general character of Sanuma shamanism, Taylor (1979) states that shamanism is used primarily in curing, which involves the destruction of spirits which caused sickness or death. Curing, however, is only one of several types of shamanism found among the Sanuma. The five principal types Taylor lists are these: curing shamanism; protection from evil spirits, etc.; festival hunting shamanism; other hunting shamanism, and shamanism to attack enemies. Taylor maintains the procedure for each type of shamanism is the same, where the shaman calls the *hekura* (assistant spirits) for assistance and turns the matter over to them. This represents a clear example of the typical, ancient shamanic practices found in hunter-gatherer societies, as postulated by Walsh (1990).

In contrast to the many examples of typical, archaic forms of shamanistic/spiritual healing found in Brazil today, there are also many examples of spiritual healing which exemplify the more cosmopolitan form, where the typical shamanic role, as such, disappears and is replaced by a variety of specialists, such as priests or mediums.

As previously mentioned, the socio-cultural milieu in Brazil changed rapidly around the first part of this century. Brazil's population grew dramatically, and the society experienced rapid industrialization, urbanization, and modernization. In 1940 there were only 41 million people, of which two-thirds were rural. In contrast, today there is an estimated 145 million people and more than two-thirds of them are urban, with ten cities having more than a million inhabitants. In the 1950s millions of rural laborers and sharecroppers began relocating in urban centers where they found limited employment and inadequate housing. This led to a deterioration of the general welfare and health of the urban masses seen in Brazil today. In this deteriorating environment, a number of mostly syncretic religious groups have appeared, ones that attract converts by providing for their needs, which frequently include religious-based healing (Greenfield 1987). This chapter will present a description of two of these syncretic, religious-based, spiritual alternatives to Catholicism found in Brazil today. The first one to be described is Brazilian spiritist healing.

Brazilian Spiritist Healing

Brazilian spiritists, or Kardecists, believe there is both a material and spiritual plane of existence, the latter being invisible and inhabited by spirits who are the vital force in the universe. These spirits are believed to go through a number of incarnations, or lifetimes, in order to develop progressively to a moral state of perfection. They also believe that the spirit is enveloped in a semimaterial body of its own called the "perispirit" (Greenfield 1987). After death, this perispirit can either linger on earth, return to the spirit world, or reincarnate. Adherents believe that many diseases result when spirits remain on earth too long and sap the energy of living people. Brazilian spiritists

have developed a number of rituals where mediums can send these spirits on their way and prevent further affliction of the living (Villoldo and Krippner 1986).

Spiritists also believe that communication is possible between the material and spiritual worlds. One way of communication, with incarnate spirits, is through a medium. They believe that when a medium goes into a trance, he or she is able to turn his/her body over to another spirit who is then able to communicate and interact with the living. Many discarnate spirits incarnate with the specific mission of becoming what are called "curing mediums." They believe that "curing mediums" can be assisted by discarnate spirits who were trained in, and successfully practiced, a form of the healing arts in a previous lifetime. Together these "curing mediums" and discarnate spirits, who trained and practiced in the healing arts, can treat the material and spiritual ills of people in need. Once a medium is found, spiritists believe they are able to do anything the medical profession can do, and even more (Greenfield 1987).

A case in point is the legendary Ze Arigo, who, in the early part of this century, would remove tumors and perform delicate eye operations with a paring knife, procedures done without antiseptics and/or anesthesia (Greenfield 1987). According to Brazilian spiritists, Ze Arigo was selected first by the spirit of Dr. Adolph Fritz, who is believed to have last been incarnate in Germany during the First World War. After Ze Arigo died in an automobile crash in 1971, the spirit of Dr. Fritz selected other mediums, notably Edson Queiroz and Carlos Ribeiro.

A description of some spectacular surgical procedures performed by Queiroz and Ribeiro will now be presented. According to Greenfield (in press), adherents of Brazilian spiritism believe that the surgeries described were not done by the healers themselves, but by the spirits of Dr. Adolph Fritz, Dr. Ricardo Stams, and others. The most unusual, and/or spectacular, aspect of these procedures is that, although performed without antiseptics or anesthesia, when the healer cuts into the flesh, the patients feel little or no pain, bleed minimally, and very few, if any, cases of infections or other post-operative complications have been reported following the surgeries. Greenfield (in press) maintains that during the operations the healers are in an altered state of consciousness (ASC),

which is induced during a brief ritual. No one intentionally induces the patients into ASCs, as do therapists who use hypnosis in their practices in the West.

The first healer-medium whose surgeries will be described is Jose Carlos Ribeiro. Observation of this surgery took place in 1982. Dr. Greenfield first learned of Ribeiro's presence in the Brazilian city of Fortaleza from an article in the newspaper. When Dr. Greenfield arrived at the address given for Jose Carlos Ribeiro, he introduced himself, his wife, and his daughter to the healer and asked if he might observe. The reply was that he was not only welcome to observe, but that he would assist the healer. Without another word, the healer-medium placed a tray in Dr. Greenfield's hands containing an assortment of surgical instruments, some cotton, gauze, adhesive tape, and a glass of water. The healer then turned to a poorly dressed, dark-skinned man who had been waiting along with his wife. The woman started to tell the healer about her mate's vision problems. While she did this, Jose Carlos looked away from her towards the ceiling. Then he murmured some words that were not understandable and began shaking. He was entering a self-induced state of trance. The next instant, the healer interrupted the woman to ask a question and issue a command. This was done with an authority that had not been demonstrated previously. The healer also spoke in a sharp accent that contrasted with his usual tone. It sounded like a native speaker of Spanish trying to communicate in Portuguese. Next, the healer asked the couple if they believed in God. Before receiving an answer, the healer picked up a scalpel from the tray in Greenfield's hand. While ordering the couple to think of God, the healer plunged the scalpel into the man's left eye. With a series of twisting, jabbing movements, he slid the scalpel down under the eye. As he did this, he substituted a pair of tweezers for the scalpel taken from the tray. While doing this, the healer eased the eye forward and tilted it out of its socket. Then he scraped the lens of the protruding eye with the scalpel which he still held in his right hand.

Over twenty people had crowded into the small, poorly ventilated, hot room to watch the healer. There were several gasps, and one woman screamed as the scalpel was thrust into the man's eye. Dr. Greenfield's wife, who was standing directly behind the healer, almost fainted. After a few

more scraping motions with the scalpel, he returned the eye to its socket and removed the tweezers, which he placed back onto the tray along with the scalpel. The healer then bandaged the eye with gauze and adhesive tape and asked the man if he had felt any pain. The patient replied that he had felt no pain and had been aware of all that had happened. The whole procedure was estimated to have lasted just over a minute. The healer then wrote a prescription as he looked off into space and dismissed the patient, telling him that he would be well. The man left with complete faith in the healer (Greenfield 1987). Jose Carlos then performed eye surgery on the next patient with the same tweezers and scalpel that had been returned to the tray uncleaned. During the rest of the morning, Jose Carlos alternated between performing other surgery, such as removing cysts and tumors, and writing prescriptions.

Unlike Ze Arigo and Jose Carlos Ribeiro, who were both minimally educated, Edson Queiroz was a trained and licensed physician who graduated from the medical school of the Federal University of Pernambuco. He specialized in gynecology and general medicine and earned his livelihood by providing services for a fee at a private medical clinic. He performed spiritist healing away from the clinic, and, as previously stated, his surgical procedures were almost identical to those of Jose Carlos Ribeiro (Greenfield 1987).

Greenfield (in press) offers a possible explanation of why patients of these Brazilian spiritist healers experience little or no pain, bleed minimally and, apparently, do not become infected or develop other post-surgical complications. He proposes that the answer to this question starts from the assumption that when the surgery is performed, the patients are in an altered state of consciousness. Greenfield (in press) maintains that during the nineteenth century, after the Marquis de Puysegur refined and elaborated on Mesmer's hypnotic therapy, and before chemical anesthesia was introduced, there is documentation, by many researchers, of numerous successful surgeries that share at least some of the features observed in Brazilian spiritist surgery. He maintains further that today there are documented cases of surgeries performed in hospitals on patients under hypnotic trance that show results that are partly comparable.

Rossi (1986) has proposed perhaps the most comprehensive theory of the psychophysiology of the relationship between trance states and healing. He hypothesized that the mind and body are two facets of a singular information system. In this system, information is conveyed to and from the mind to the autonomic nervous system, the immune system, the endocrine system, and the neuropeptide system, with each system encoding what it receives from the others. Information, as Rossi hypothesizes, is transmitted and encoded in each system under specific conditions related to the unique experiences of the individual. Since the mind (and its cultural content) is part of this information system, it can be used by the healer to gain information about illness. The mind can also convey information that can be used to reduce the severity of symptoms. Greenfield (in press) agrees with Rossi (1986) that while under hypnosis, a patient can often access information that can help in treatment, through translations/transductions from bodily systems that are malfunctioning.

Hypnosis has received considerable scientific study. Hypnosis involves two interdependent features: a state of heightened suggestibility, which resembles sleep, and the procedures responsible for its induction. Hypnotic suggestibility then refers to both a trait or capacity and the state where an individual accepts information as true, in varying degrees of receptivity, when presented under particular conditions and in a particular manner. The procedures responsible for an individual entering a hypnotic state center on a special relationship between the hypnotist and a subject/client. There is "hypnotic rapport." Other traits that appear to be critical in hypnosis are fantasy proneness, where the subject believes totally in his/her imagination, and the capacity for total attention or absorption. Greenfield (in press) maintains that hypnotic induction works best when a special relationship is established between the hypnotic subject and the hypnotist, and when the subject is fantasy prone.

Greenfield (in press) suggests that Brazilian culture, in contrast with our own, teaches, reinforces, and even rewards fantasy. People claiming to receive a spirit, whether it be that of a doctor from the past, a deity from Africa (as in Candomble), or the spirit of a former slave (*pretovelho* as in Umbanda), are not only believed, they are treated differentially and respectfully. They are not

taken to a therapist, as would be the case in the United States or Western Europe, but are rewarded and praised. Consequently, participants in the Brazilian spiritist healing tradition, or in any one of several Afro-Brazilian spiritual, religious-based healing traditions, are able to imagine and believe their imagination. Since most Brazilians are exposed and participate to some degree in alternative religious-based spiritual healing traditions, including popular Catholicism, Greenfield (in press) concludes that Brazilians in general are good hypnotic subjects in that they believe totally in what they imagine.

Brazilian culture not only creates a society with large numbers of fantasy-prone individuals, but also patterns social relationships in ways that are similar to the special relationship between a hypnotist and subject/client. Many researchers have documented social relationships of patronage and clientage as being characteristic of Brazilian society (Greenfield 1968, 1972, 1979; Roniger 1981, 1987; Brown 1986). In this patron relationship to their client followers, many of the new urban religious leaders fill a social and economic void and provide needed services as the society has modernized and urbanized. Today, desperate urban clients place their trust totally in these new religious leaders. They obey every suggestion, not to mention command, of healer-patrons such as Jose Carlos Ribeiro, Edson Queiroz, or other healers who are known to be mediums for spirits, who are believed to be able to heal a range of problems that otherwise cannot be resolved. Greenfield (in press) proposes that without realizing what is happening, large numbers of fantasy-prone clients of Brazilian religious leaders and/or healers are induced into trance by the mere presence of a powerful patron who is also a medium. Once in trance, these client/patients respond to suggestions in the same way as subjects under hypnosis. The difference between hypnotic subjects in the United States and subject/clients in Brazil is that in Brazil the cultural assumptions and socialization processes make a formal hypnotic induction procedure unnecessary. Relating to a patron in certain contexts induces the dependent/client into a trance state where he accepts the suggestions of a patron as real, and acts upon them. Greenfield (in press) concludes that when the patron is a healer, and a successful hypnotic induction takes place, the patient demonstrates extreme behavioral responses that we are just

beginning to understand. He concludes further that Brazilians enter trance easily, without formal induction procedures. Although the healer may be unaware of what he/she is doing, it may result in patients becoming more receptive to suggestions that make them able to access bodily systems and processes in ways that could not be done in an ordinary state of consciousness. Like hypnotized subjects in a laboratory or clinic, they demonstrate extreme behavioral responses. They are able to control pain, slow down or stop bleeding, heal wounds faster and, as Rossi (1986) hypothesized, they can probably access state-dependent memories which facilitates the healing process. Greenfield maintains that this probably occurs without the patient's awareness.

Case Study-Mendez

This chapter will close with a brief discussion of spiritual-based healing associated with Umbanda religious tradition.

According to Villoldo and Krippner (1986), for the past two hundred years Western medicine has rejected the idea that illness is caused by spirits. However, some so-called "incurable" diseases are apparently being treated successfully by a medical doctor who believes in the power of the spirit world. The doctor in question is Dr. Eliezer Mendez, who was trained in allopathic medicine as a surgeon. Interestingly, Mendez has practiced nontraditional healing for the past fifteen years. Operating a clinic outside Sao Paulo, Mendez claims a 70 percent success rate when treating epilepsy. He also claims a 70 percent success rate when treating multiple personality disorders. In recent years he has started treating schizophrenic disorders, claiming a 30 percent success rate, which is far beyond the achievement rate in Western medicine.

Dr. Mendez draws his spiritual healing methods from the Umbanda religious tradition. Although he has abandoned many of the ritual aspects of Umbanda, he still relies on its healing and mediumship techniques. He maintains that the basis of his technique is hypnotic regression, which can take the patient back to childhood or even to a former life. Mendez prefers a community setting for therapy rather than a private individual setting. He feels that group sessions are more effective.

Visitors and relatives of a patient are included because they are beneficial to the "energy field" that develops during group therapy.

Other mediums are present during group therapy sessions. They are there to handle any crises that occur and to observe alter personalities that are manifested by Mendez. Mendez refers to his approach to healing as *psico-sintese* (psychosynthesis), because he attempts to synthesize various aspects of clients' psyches such as the emotional, intellectual instinctive or spiritual. He wants to eventually integrate these various aspects of the psyche in order to enable the personality or psyche of the patient to function adequately as a completely integrated entity. Clients are told that the rate of integration depends on their own efforts. Mendez claims that alter personalities from former lives typically emphasize one of four styles: emotional, intellectual, instinctive, or spiritual. These four styles roughly correspond to the Jungian typology of feeling, thinking, sensing, and intuition (Krippner 1987).

Villoldo and Krippner (1986) maintain that Western psychotherapists demonstrate that we can find as many "ghosts" and "phantoms" in our own inner world of the unconscious as most spiritists find in the spirit world. They state that Carl Jung described figures from the unconscious as fragmentary personalities, ones capable of pursuing a goal. They can disturb breathing or the heart rate. Villoldo and Krippner state further that Jung even referred to these figures from the unconscious as resembling descriptions of spirits of the departed, which need to be brought into conscious awareness so they will stop harming people. According to Villoldo and Krippner (1986), this technique of bringing spirits of the departed into conscious awareness is similar to a number of Brazilian spiritists rituals where mediums send spirits that have remained on earth too long on their way to prevent further affliction of the living. They maintain that whether one thinks of spirits as discarnate entities or subpersonalities, they are associated with the release of considerable unconscious material, which allows repressed areas of the psyche to find expression.

Villoldo and Krippner (1986) also state that some of the techniques used in Mendez' group therapy are deep breathing, exercise, massage, painting, dance, and dramatizations. They maintain that Jung often used automatic writing, spontaneous painting, and artistic ritual in Western psychotherapy.

Summary and Conclusions

In summary, this chapter first discussed the origin and distribution of spiritual healing. In short, there is no way of knowing how remote its origin may be. However, no matter when or where it originated, spiritual healing spread worldwide. This chapter focused on spiritual healing in Brazil, which exhibits the complete spectrum of spiritual healing. Some studies were discussed which manifested the archaic beliefs and techniques of spiritual healing. These studies reveal that the shaman is still in control of spiritual healing. This chapter presented a description of two religious based, spiritual alternatives to Catholicism seen in spiritual healing, in contemporary Brazil. Brazilian spiritist/Kardecist healing was discussed and descriptions of the surgical procedures by Edson Queiros and Jose Carlos Ribeiro were presented. A brief discussion of spiritual based healing associated with the Umbanda religious tradition was also included. Both these examples of contemporary healing practices show that the role in healing formerly performed by a shaman is performed presently by various specialists (such as priests or mediums).

The spiritual psychiatry of Dr. Mendez was discussed and some possible explanations for the success of Brazilian spiritual healing were considered. Comparisons were also made between these approaches and Western approaches to therapy.

In conclusion, this chapter has presented examples of Brazilian spiritual healing which many researchers feel are similar, in many respects, to Western psychotherapy. The conclusions of this chapter are: First, hypnotic trance induction used by Brazilian spiritist healers is very similar to therapy performed while patients are under hypnosis in the West. Second, the use of hypnotic regression in the spiritual psychiatry of Dr. Mendez is similar to a number of techniques (including hypnosis) used by Western psychoanalysts. Third, the use of behavior modification techniques in the

spiritual psychiatry of Dr. Mendez are similar to many techniques used in the theoretical orientation of behaviorism in Western psychotherapy. Fourth, all three major orientations in Western psychology and the spiritual psychiatry of Dr. Mendez utilize group therapy. After presenting the history and major theoretical orientations of Western psychology, this thesis will elaborate further in comparison of these two approaches to healing.

CHAPTER 3

Comparative Perspective on Spiritualist Healing

Psychic and many other forms of spiritual healing, including faith healing in the United States, are performed around the world. Several researchers have compared traditional spiritual healing with Western psychotherapy (eg. Frank 1973; Lambo 1984; Finkler 1985; Dow 1986; Leff 1988; Goddard 1899). Many feel that much of the healing and persuasive power of psychotherapy depends on shared beliefs between patient and healer. For example, Frank (1973) states that features that combat demoralization and assist helpful changes in attitude and behavior are shared by all forms of secular psychotherapy and religious healing in the West, and by healing methods in other cultures. He feels that demoralization is a common property that therapy attempts to relieve. He says the locus of the major disturbance may vary in different types of illness, but biological, psychological and social components are always involved. The four features that Frank thinks are common to all forms of psychotherapy will now be discussed. The first is a particular type of relationship. The essential ingredient in this relationship is that the patient has confidence in the therapist's competence, and feels that the therapist genuinely cares about his/her welfare. The second feature is that the locales for therapy are designated by society as places of healing. All of these settings themselves arouse the patient's expectation of help because they are sanctioned by the value system of their particular society. The third feature is that all therapy is based on a rationale or myth which includes an explanation of health and illness, deviancy and normality. Within the framework of a broad philosophy of life, the rationale of each form of therapy explains the cause of the patient's distress, specifies desirable goals, and describes procedures for attaining these goals. The fourth and final factor is the task or procedure for relieving the problem. All these procedures share some characteristics (such as they all demand effort and/or sacrifice by the patient). Frank (1973) feels that

the therapeutic efficacy of various rationales and techniques may not result from their specific contents, which are different, but from their functions, which are largely the same. He thinks that the therapeutic relationship, setting, rationale and procedures of therapy work in interrelated ways. He says all these seem necessary to produce therapeutic benefit universally. He maintains that there is a possibility that for some forms of distress, or with certain types of patients, one technique may have more powerful healing effects than another, but except for relatively rare conditions, no compelling evidence of the superiority of one method or form of psychotherapy has yet been produced.

Dow (1986) also tries to build a universal understanding of spiritual healing. He feels that this is possible because of the underlying psychic unity of the human species. He develops a model of symbolic/spiritual healing that not only explains Otomi Indian shamanism but also explains modern psychotherapy, psychoanalysis, and religious healing. Dow feels that the goal of the scientific process should be to develop an understanding of man and his behavior that penetrates the veil of cultural peculiarities.

In view of the vast amount of comparative literature on spiritual healing and Western psychotherapy, this chapter will first identify some common features from representative research in different parts of the world. Then cross-cultural similarities and significant differences will be identified, ones which may underlie differential effectiveness in treatment outcomes.

A review of representative cross-cultural research on treatment outcomes reveals an important common feature that is somewhat surprising. Many researchers have documented that patients of Western psychotherapy, religious healing, and traditional spiritual healing improve in a large number of cases, regardless of the fact that the underlying cause of disease has not been altered. For example, Finkler (1975; 1980b; 1981a; 1983; 1985) has conducted numerous studies in Mexico on treatment outcomes of spiritualist therapy. The results of her research show that in the majority of cases, a patient's functioning is improved by spiritual curing techniques, although the disease itself has not been reduced in severity or eliminated.

Another example is offered by Kleinman and Sung (1979), who interviewed patients who had been treated by a shaman in Taiwan. These were patients with chronic, self-limited, and minor psychological disorders. Interestingly, ten of the twelve subjects rated themselves partially cured in spite of the lack of any significant change in their symptoms.

Frank (1973) also presents a case where patients experience improvement in functioning, yet their underlying organic pathology was unchanged. Frank (1973) states that, from its inception, Christianity has included the notion of healing through divine intervention. Beginning with the healing miracles of Christ, this type of curing has persisted through centuries. Today there are many healing sects, such as Christian Science, and shrines of miraculous healing. Frank states that the rituals of these groups and places parallel the religious healing of primitive societies in many ways. He examines the great modern shrine of Lourdes because the cures of severe illness occurring there are exceptionally well documented and critically scrutinized. In summarizing the results of the tremendous outpouring of emotion and faith at Lourdes, Frank states that the great majority of sick do not experience a cure. However, similar to participation in healing rituals in simple societies, most pilgrims seem to derive some psychological benefit from the experience. Frank (1973) states that the piles of crutches at Lourdes provides evidence that many achieve at least temporary improvement in functioning but he attributes the improvement in many cases to heightened morale rather than a changed organic handicap. He states that fully documented cures of unquestionable and gross organic disease are very rare and probably occur no more frequently than similar ones in secular settings. He feels that probably any stream in Britain could show as high a proportion of cures as the stream at Lourdes if it received the same number of patients who were in the same psychological state of expectant excitement.

Frank (1973) maintains that emotions can have a strong impact on health. He suggests that anxiety and despair can be lethal, but confidence and hope are life-giving. He feels that the current assumptive world of Western society, which includes mind-body dualism, tends to underestimate the importance of emotions to health.

Goddard (1899) investigated several different Western faith healing methods, including Christian Science, Mental Science, and Divine healing. He included patent medicines as well. His investigations were carried out over a two year period. He states that all of these approaches to healing can show results, including patient improvement. He concludes his study with the statement that the fundamental curative principle in every one of these practices arises from the influence of the mind on the patient's body. He concludes that suggestion forms the basis of all mental therapy. The explanation remains the same no matter how different the methods. Goddard rejects all other reasons for patient cures, such as divine intervention or changes in the underlying cause of disease. For Goddard the fundamental truth that underlies all these forms of healing is the law of suggestion. He maintains that faith cures are only a question of how the mind affects the body.

Dunlap, Henderson, and Inch (1952) studied 17,000 medical prescriptions in England and concluded that 30 percent of them were actually placebos in the sense that the drugs did not have any specific physiological effect on the conditions for which they were prescribed. Nevertheless, Rossi (1986) maintains that these drugs evoked a "nonspecific" but very real healing effect that he calls the "placebo response."

Another important element commonly found in psycho-suggestive healing is the ability of people almost everywhere to access altered states of consciousness for healing purposes. This practice is so widespread that Walsh (1990) states that there clearly seems to be some innate tendency in the human mind to settle into certain specific states under the influence of the right conditions or practices. He maintains that Buddhists have described accessing distinct, highly specific states of extreme concentration. Finkler (1985) states that her research necessitated that she participate actively in training to become a spiritualist healer. She entered "development" sessions and attained an altered state of consciousness. She felt that she benefitted personally from the experience and learned a relaxation technique she had not previously encountered.

Sargant (1974) examined the physiology of altered states of consciousness. He studied induced trance states among peoples living in Africa, Haiti, Jamaica, and Brazil. He also examined

induced trance states in religious revivals in the United States. He concludes that the same physiological principles underlie all experiences of altered states of consciousness. He agrees with Goddard (1899), Greenfield (1987), and others who suggest that during trance individuals become much more open to suggestion than during a normal state of mind. They are also less able to respond with caution, criticism, or skepticism. Healing attributed to the spiritual world or divine intervention actually arises from the power of suggestion.

Congruency of belief between patient and healer is also very important to the healing process. Some researchers suggest that the greater the congruency of belief between patient and healer, the more successful the treatment outcome. For example, Frank (1973) maintains that the patterned interactions of patient, healer and group can promote healing in any healing system. Lambo (1984) argues that treatment of all kinds must begin with a people's indigenous beliefs. He states that New Yorkers have faith in their psychoanalysts, pilgrims have faith in their priests, and the Yoruba in Africa have faith in the *uganga*. This faith alone is half the battle toward the cure and demonstrates the power of congruency of belief. Other researchers have documented the importance of congruency of belief between patient and healer (see Finkler 1985; Dow 1986).

According to Foster (1976), disease etiology is the key to cross-cultural comparison of traditional healing systems. He identifies two principal etiologies in non-Western medical systems: personalistic and naturalistic. He states that the believed source of illness strongly influences the mode of diagnosis, selection of healer, and form of treatment. He maintains that although the terms personalistic and naturalistic refer specifically to causality concepts, he believes they can conveniently be used to refer to entire systems. In the personalistic system, all illness, along with other forms of misfortune, is explained in personalistic terms, where disease arises from the purposeful intervention of an agent, who may be either human, such as a witch or sorcerer, or non-human, such as a ghost or evil spirit. In the naturalistic system, disease is explained in impersonal, naturalistic terms. Natural forces or conditions such as cold, heat, dampness, wind, and an imbalance in basic bodily elements, give rise to sickness. In naturalistic systems, health conforms to an equilibrium model. Health results

when the bodily humors are in balance with the natural environment. An upset in this balance triggers illness. Foster (1976) and many other researchers maintain that these two principal explanations of disease causation are extremely important and widespread in traditional healing systems.

Another important similarity seen in traditional/spiritual healing systems is ritual symbolic healing. Manipulation of symbols in healing is universal (Lambo 1984; Joralemon 1985; Dow 1986; Sandstrom 1986; Sandstrom and Sandstrom 1986). For example, Lambo (1984) states that many Africans attribute all forms of disease and illness, accidents, personal and communal catastrophes, and deaths to the intervention of gods and ghosts and/or the magical machinations of their enemies. This results in a deep faith in the power of symbols to produce desired effects. If a person finds a personal object belonging to an enemy, he believes that by using the object ritualistically the enemy's injury or death can be brought about. This belief in the power of symbols and magic is enculcated at an early age and is maintained by the majority of Africans (Lambo 1984).

Sandstrom and Sandstrom (1986) examine ritual symbolic healing in the Hausteca culture area of Mexico. This area straddles the region between highland and Gulf Coast cultures. These authors maintain that there are marked similarities in the religious systems of the Nahuas, Otomis and Tepehaus. The religions in this area share an animistic view of nature and the universe. The most important rituals in all three groups are directed toward ensuring crop fertility. Another important ritual is the curing or cleansing ceremony or *limpia*, which is held to control disease and misfortune. The general purpose of rituals in this culture area is to maintain a balance or harmony between the human and spirit worlds. The basic structure of the rituals is very similar among all three groups. In this common structure the first step is to call in a shaman and make preparations. These preparations often include cutting paper figures, constructing an altar, and assembling offerings. Then a cleansing rite or *limpia* is performed. Making offerings before paper images of various harmful spirits is always involved. The main offering is made on one or more altars. In the main offering, paper cuttings of various spirits are laid out and standard offerings are spread over them. Sandstrom

and Sandstrom (1986) maintain that the religions in this area are syncretic. They state that the participation of shamans and the use of paper figures clearly distinguishes the most traditional rituals from the more Christianized practices.

Dow (1986) is another researcher who carried out an extensive investigation of Otomi Indian symbolic healing in central Mexico. Dow devoted fifteen years to researching the Otomi religion and he examines the cultural environment of the shaman and patient not only from the symbolic point of view, but also from the religious, psychological, and philosophical viewpoint. As previously mentioned, Dow believes that because of the underlying psychic unity of the human species, it is possible to develop a model of symbolic ritual healing that explains Otomi Indian shamanism, modern psychotherapy, psychoanalysis, and religious healing.

In regard to the symbolic rituals of Don Antonio, the Otomi Indian shaman, Dow (1986) agrees with Sandstrom and Sandstrom (1986) that the Otomi have an animistic view of nature and the universe and the general purpose of Otomi rituals is to maintain balance or harmony between the human and spirit worlds. Dow states that the Otomi believe that beings, and even plants, have a living animating force that they call *zaki*. It is the Otomi version of a basic Mezoamerican Indian soul concept. Dow states that the paper figures the shaman uses symbolizes the *zaki* or soul force and when a shaman cuts a figure he gains power over the motivations of the being which the figure represents. He maintains that with his figures the shaman is an orchestrator of soul forces or *zaki*. The principle involved is animistic and is based on the idea that things happen because the world is full of soul forces that make them happen.

In examining Otomi symbolic healing, Dow (1986) compares it to modern clinical psychotherapy and finds a large number of similarities. He mentions transference and suggestion as techniques used in both psychotherapy and shamanism. Another similar technique is catharsis which is observed in many systems of symbolic healing, as well as in psychotherapy. Shamans also deal with family and other social problems. In this regard they are similar to Western social workers. The use of paradox is another similar technique employed by both psychotherapists and shamans. Finally,

Dow finds the authoritative role of the healer to be very important in both shamanic healing and modern psychotherapy. Regardless of these similarities, Dow makes it clear that shamanic therapy and modern psychotherapy are very different. He maintains that shamanism and faith healing are magical and manipulate superhuman forces and call on patients to believe in these forces. He states further that no respected form of modern psychotherapy uses magical rituals or calls upon patients to believe in "mumbo jumbo." According to Dow, this is a very important difference that separates modern psychotherapy from traditional spiritual healing and religious faith healing.

Many researchers feel that the Cartesian dichotomy separating mind and body is the most important distinctive factor separating Western and traditional approaches to healing (Mora 1967; Moerman 1983; Simons and Hughes 1985; Rossi 1986; Barrett 1988; Warner 1988). Moore, Van Arsdale and Aldrich (1980) state that contrasting theories of disease etiology is an important difference separating traditional and Western approaches with the traditional etiology being primarily personalistic and naturalistic in nature, as compared to specific causation in the Western approach. Many researchers also feel that contrasting conceptual assumptions is a major separating factor between Western and traditional healing systems. The Western approach is characterized as strictly biomedical, reductionist, and scientific in contrast to the traditional approach which is more holistic in that it is more integrated and concerned with the whole patient. In the traditional approach, religion and social relations are intricately interwoven (Scrimshaw and Burleigh 1978; Moore Van Arsdale, and Aldrich 1980; Ortiz de Montellano 1982; Lambo 1984; Rossi 1986).

The final and possibly most important difference is the contrasting cost of services. Ortiz de Montellano (1982) states that the extremely high and rapidly escalating cost of Western healing leads to paternalism and the justification of a professional monopoly. He states that the World Health Organization feels that Western healing is so expensive it is not applicable for most of the world.

In summary, this chapter has identified some important common features, and significant differences, in healing systems from different parts of the world. These features were examined to determine the reason for patient improvement and to identify features that might be the reason for

the superiority of any one of these approaches to healing. This examination clearly reveals that patients improve as a result of all forms of healing under review. In a large number of cases, improvement occurs without alterations in the underlying cause of disease. In many cases, patient improvement is largely unrelated to the reasons advanced by the therapists, whether these are divine intervention in traditional spiritual and Western faith healing or synthetic medicines used by Western doctors and/or psychiatrists. Most of the evidence examined in this chapter seems to show that patient improvement is not the result of the superiority of any one form of healing, whether it is traditional spiritualism, religious faith healing, or modern psychotherapy. Results of this examination seem to point to features common to all forms of healing as the most important reason for patient improvement.

Results of many of the studies examined in this chapter also demonstrate that one of the most important aspects of not only traditional healing, but also Western healing, is the powerful emotional responses associated with faith, suggestion, prayer, and the so-called placebo effect, which may affect the body in ways that are not presently understood. Other studies were also mentioned which emphasize the importance of the placebo effect (e.g. Moerman 1983). In chapter six, this thesis will examine the important role of the placebo effect in healing.

CHAPTER 4

Therapeutic Strategies in Western Psychology

Evolution of Western Psychology

A review of the literature on Western psychology reveals that many researchers are in agreement about the origin of Western psychology and psychotherapy (Chapman 1967; Mora 1967; Frank 1973; Moore et al. 1980). A brief description of the historical background of Western psychology was presented earlier. Modern Western psychology is the result of a long evolutionary process that started with the ancient Greeks. They were the first people who recognized that mental illness is caused by physical or emotional disturbances and they accurately described the clinical features of depression and the manic reactions. In the writings of Hippocrates the medical concept of "madness" centered around the interaction of the four bodily humors and personality was thought to be functioning at an optimum level when there was an appropriate balance in the interaction of these humors. Before the Greek civilization, the mentally ill were believed to be infested by evil spirits and treatment largely consisted of religious or magical incantations. The Greeks were also the first (circa 500 B.C.) to divorce the concept of the soul from the body. In writings prior to this time they had no definitions of personality that could be equated with present day concepts. Plato's philosophical emphasis fluctuated between mysticism and rationalism. In adhering to mystical explanations for behavior (as well as illness) Plato's approach was similar to spiritual approaches to therapy. In contrast, Aristotle approached explanations of behavior and illness from an empirical viewpoint which eventually led to dualism of mind and body exemplified in Descartes and is similar to contemporary Western psychology (Chapman 1967; Mora 1967).

As previously mentioned, many researchers feel that the Cartesian dichotomy separating mind and body, which originated with the Greeks around 500 B.C., proved to be the major distinctive factor

separating Western and traditional approaches to the study of human behavior, as well as healing systems (Mora 1967; Moerman 1983; Simons and Hughes 1985; Rossi 1986; Barrett 1988; Warner 1988). For example, Simons and Hughes (1985) state that the Cartesian dichotomy between matter and mind is a separation that is not present in most traditional cosmological schemes. Instead, traditional peoples see life in terms of unities and complementary systems. However, Simons and Hughes maintain that this mind-body dichotomy is the most fundamental classificatory distinction made in Western psychodiagnostic schemes. Brett (1921) is another researcher who feels that Descartes was extremely important in the history of Western psychology. He states that in spite of the ways it is inadequate, Descartes' treatise on emotions must be regarded as a landmark in the history of Western psychology.

According to Alexander and Szasz (1952), the present psychosomatic approach can be considered a logical outcome of the basic orientation of Freud, whose approach was consistently biological. This was, in his time, in stark contrast to the traditional approach to psychology which had its origins in philosophy, and since the time of Descartes, had placed emphasis on the fact that all knowledge about the surrounding world is based on the psychological process of observing, thinking, and understanding (*cogito ergo sum*). The traditional approach held that psychological phenomena cannot be explained from external facts. Freud thought that psychological processes were functions of entire living organisms in service of survival and propagation. He considered the main function of the mental apparatus to be the preservation of the equilibrium of the organism by satisfying its biological needs and protecting it from external forces. Freud felt that all neurotic symptoms are failures in these mental functions and are substitutes in fantasy, which compensate for the lack of adequate integrated acts in the personality.

Frank (1973) is another researcher who agrees that modern Western psychotherapy had its roots in ancient Greece. He also agrees with Alexander and Szasz (1952) that the historical source of many current Western psychotherapies is found in the trail breaking achievements of Freud. Frank (1973) states that modern psychotherapies are rooted in two historical healing traditions; the religio-

magical and the naturalistic or scientific. He maintains that the religio-magical tradition originated before recorded history. The earliest surviving account of naturalistic/scientific principles dates from writings attributed to the Greek physician Hippocrates in the fifth Century B.C. He states that Hippocrates viewed mental illness, and all other forms of illness, as a phenomenon that could be scientifically studied and treated. Although this view diminished in the middle ages, Frank (1973) thinks it has become increasingly prominent since the early part of the nineteenth century and is presently the dominant view in the Western world. He also states that many of the principles of the religio-magical tradition have been incorporated into naturalistic/scientific forms of psychotherapy and are still influential in Western society. Frank's religio-magical tradition, which emphasizes a supernatural and/or magical theory of disease causation, is almost identical to Foster's (1976) personalistic theory described earlier. This view not only exerts some influence in Western society but it is still a predominant theory of disease etiology in traditional cultures.

Originally both the religio-magical approach and the naturalistic/scientific approach did not distinguish mental illness from other forms of illness and basically treatment was similar. Frank (1973) thinks that psychotherapy probably did not emerge as a distinctive form of healing until the late eighteenth century when Mesmer demonstrated that he could cause symptoms in certain patients to disappear by putting them into a trance. He states that although the theories of Mesmerism were soon discredited it was the precursor of hypnotism which rapidly became recognized as a method of psychotherapy. Frank says that around the end of the nineteenth century that Freud and Breuer discovered, by using hypnosis, that many symptoms of their patients seemed to be symbolic attempts to resolve chronic conflicts that were rooted in upsetting experiences of early life. According to Frank, this discovery led Freud to develop a form of treatment for mental illness known as psychoanalysis. It was based on the emotional reliving of childhood experiences in a treatment setting. Psychoanalysis was a trail breaking achievement by Freud which opened the door for a rich field of innovations. Frank feels that psychoanalysis is the historical source for many current forms of psychotherapy. He maintains that all current forms of psychotherapy show the influence of

psychoanalysis because they rely on repeated, emotionally charged interactions with a therapist that are primarily aimed at increasing a patient's awareness of his own feelings.

Contemporary with Freud, another giant in the history of Western psychology, I.P. Pavlov, initiated monumental research in Russia. He demonstrated that dogs could be made "neurotic" through exposure to insoluble conflicts. In later years Pavlov applied his theory to mental illness and it continues to dominate conceptualizations of psychotherapy in the Soviet Union. Pavlov's ideas were seized on by the psychologist J.B. Watson in the United States. Meanwhile, a third branch of modern American psychotherapy was initiated by E.L. Thorndike. His experiments showed that the behavior of cats could be shaped by the consequences associated with certain actions. He termed this principle the "law of effect" and it became prominent with the research of Skinner on behavior modification. Presently, as a reflection of their training, psychiatrists and social workers prefer Freudian and neo-Freudian methods, while psychologists prefer the techniques of behavior modification. Most of the current scientific theories of psychotherapy are combinations, modifications, and/or extensions of concepts that originated with Freud, Pavlov, and Skinner (Frank 1973).

Major Theoretical Orientations in Western Psychology

According to Weiten (1986), there are three major orientations used presently by Western psychologists to explain personality, behavior, and mental disorders. The first one is the psychoanalytic or Freudian model which emphasizes unconscious determinants of behavior, and its approach to therapy emphasizes the recovery of unconscious conflicts through such techniques as free association, transference, hypnosis, and interpretation of dreams. According to Freudian or psychoanalytic theory, behavior is governed by the interaction of three structural components. The id, which houses the raw biological urges, such as eating, sleeping, defecating and copulating. The ego is the part of the personality that deals with the external world and operates according to the reality principle. The superego is the moral arm of the personality and reflects the internalization of ideas about right and wrong, which are implanted in us by our society and especially by our parents in the

important formative years. Freud also felt that along with these structural components that personality has three different levels of awareness. The conscious includes what we are aware of at a particular point in time. The preconscious contains material just beneath the surface of awareness and can be quickly brought into conscious awareness. The unconscious dwarfs the conscious and preconscious in size and is well below conscious awareness and is very difficult to retrieve, but still influences behavior. Freud maintained that the basic foundation of an individual personality is firmly laid down by the age of five years and he outlined a series of five psychosexual stages. The way certain events are handled during the first five years shapes our later adult personality and the notion of fixation at any one developmental stage plays a very important role in this process.

There have been numerous revised versions of the Freudian psychoanalytic model, such as those of Erikson, who expanded the stage theory to include an individual's whole life. Jung emphasized personal growth as the key to psychological health and encouraged people to get in touch with their "true" selves by exploring their psychic interior through such techniques as dream analysis. Adler and Fromm both emphasized the social dimension in formulating their theories of psychological health (Weiten 1986).

Some important contributions of the Freudian psychoanalytic model or theoretical approach are behavioral determinism or the concept that present behavior is determined by past events. Unconscious determinants of behavior is another concept that has been largely confirmed. Another concept that is still in use today is the view that conflict is a chief contributor to psychopathology and mental disorders.

There are several shortcomings in psychoanalytic theory. It is lacking in testability in some areas, first, because most of the data come from clinical case studies and rely on patients' verbal reports, which can be inaccurate. Second, subjective clinical observation can be biased by the theory of the analyst. Third, many of the constructs, such as instinctual energy or the id are impossible to measure and in many cases psychoanalytic theory is too vague to generate clear predictions about behavior. It is also not based on an impressive empirical base of scientific data.

The second major theoretical orientation employed presently is behaviorism, which argues that observable behavior can be studied scientifically and the study of observable behavior, rather than conscious experience, is its basic premise. One important contribution of behaviorism is that it does a better job of explaining the role of experience than any other orientation because the concepts associated with respondent and operant conditioning and with observational learning permit detailed analysis of personality changes and developments. Another major contribution of behaviorism has been behavior modification which has brought on a revolution in psychotherapy in the last two decades. This innovative approach to the treatment of psychological disorders is presently used, or at least specific techniques are used, by therapists who adhere to other orientations. Many of these behavior modification techniques are so simple they can be used by the lay person without costly help from professionals.

The third and last theoretical orientation presently in use is humanism which emphasizes the unique quality of humans, especially their potential for personal growth and freedom. It emphasizes a holistic, rather than analytic approach to understanding personality. It takes a phenomenological approach that emphasizes the significance of our personal subjective view of events as opposed to objective reality. It is similar in this way to Descartes' concept of (*cogito ergo sum*) or, I think therefore I am. This focus on private inner experience, which cannot be easily or scientifically investigated, creates the problem of testability for this orientation, as well as with other psychoanalytic orientations.

Western Diagnosis and Treatment of Schizophrenic Disorders

According to Weiten (1986), schizophrenic disorders are characterized by a deterioration in behavior, irrational thought processes, poor reality contact, hallucinations, delusions and withdrawal. Types of this disorder are the blended schizo affective disorder and, in addition, there are subtypes such as paranoid, catatonic, disorganized and undifferentiated. Evidence suggests there is a genetic vulnerability to schizophrenia, probably involving biochemical or neurological abnormalities. Other

contributing factors are pathogenic family dynamics, involving a negative emotional climate, distorted role relationships, training in irrationality, and social inadequacies. Precipitating stress may also contribute to the etiology of these disorders.

According to the American Psychiatric Association (1987), the essential features of the schizophrenic disorder are the presence of characteristic psychotic symptoms while the disorder is in the active phase, functioning below the highest level previously achieved, and a duration of at least six months. At some phase the illness always involves hallucinations, delusions, or characteristic disturbances in affect and form of thought. This diagnosis is applied only when an organic factor is not involved and symptoms are not due to a mood disorder. In regard to prognosis, the American Psychiatric Association maintains that numerous studies have shown that a group of factors are involved, but that a return to a full premorbid functioning is uncommon. Although full remissions do occur, their frequency is still a subject of controversy. The American Psychiatric Association also states that some approaches to defining schizophrenia have emphasized the tendency for the illness to have a deteriorating course, but it contends that the latest revision of the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (DSM-III-R) is not limited in this manner.

Weiten (1986) maintains that there are some other Western approaches to treating schizophrenic disorders that are fairly recent. Group therapy and pharmacology came of age in the 1950s. These are general treatments that are used exclusively by physicians. Pharmacology or chemical treatments are firmly entrenched and are the principal therapeutic tool used by psychiatrists. He divides the various drugs into three categories: antianxiety drugs, antidepressants, and antipsychotic drugs which are used mainly with schizophrenic patients and people with severe mood disorders, such as manic depression. The most commonly used drugs in this group are Thorazine, Seroquel, Haldol, and Lithane or (lithium carbonate). These drugs have permitted many people with severe disorders to resume life outside hospitals, but relapse rates are high when the drugs are discontinued. Side effects are also a significant problem.

According to Weiten (1986), there is no single approach to group therapy. All three major orientations in psychology have been adapted to group treatment. One other form of treatment presently in use, one which has been overused at times, is electroconvulsive therapy. Today it is generally used only in cases of severe depression.

The two final approaches mentioned by Weiten (1986) are biofeedback and hypnosis. In biofeedback, electroencephalograph (EEG) is used to monitor electrical activity of the brain. With biofeedback training, people can learn remarkable control over their brain wave patterns which are associated with different states of consciousness. There is suggestive evidence that epilepsy and insomnia may be treatable with EEG biofeedback. As stated earlier, hypnosis is a technique that originated in the 18th century with Mesmer. It has been used considerably by Western physicians, dentists, and psychologists for the last 100 years. Very generally speaking, it is based on the power of suggestion and not everyone is equally susceptible to hypnosis. There are many theories to explain hypnosis, but in reality we do not understand the phenomenon, although in a recent survey it was found that over 40 percent of psychologists had used hypnotic techniques at some point in their career.

Summary

This chapter first presented a description of the evolution of Western psychology, a discipline which began with the Greeks around 500 B.C. They were the first to identify and accurately describe various forms of mental illness. They were also the first to separate the concept of the soul from the body. This separation, along with Aristotle's empirical approach to the study of behavior, led to the Cartesian dichotomy and the separation of matter and mind, which proved to be the major factor separating Western and traditional approaches to healing. Descartes had a profound influence on the development of Western psychology and his philosophical views were dominant in the Western approach to psychology until the time of Freud.

In contrast to the earlier approach to psychology, Freud's approach was consistently biological. The present psychosomatic approach originated in the basic biological orientation of Freud. His trail breaking achievement in the development of psychoanalysis is also considered to be the historical source for many current forms of Western psychotherapy.

Pavlov was another researcher whose research was extremely influential in the development of Western psychotherapy. His ideas continue to dominate psychotherapy in the Soviet Union. They were transmitted to the United States by the psychologist, J.B. Watson, where they are still quite influential. Another branch of modern Western psychotherapy was initiated by Thorndike and became prominent through Skinner's research on behavior modification. Today, most psychiatrists and social workers prefer Freudian and neo-Freudian methods, while psychologists generally prefer the techniques of behavior modification. Most of the current scientific theories of psychotherapy are, in one way or another, modifications of concepts originating with Freud, Pavlov, and Skinner.

CHAPTER 5

Comparison of Brazilian Spiritual and Western Psychiatric Approaches to Healing

Specific Comparisons

In chapter two, this thesis presented the therapeutic approaches utilized in Brazilian spiritual healing. Chapter four examined the major theoretical orientations employed in Western psychology. The first part of the present chapter will compare the specific techniques of these two approaches. First, the similarities will be identified and some possible explanations will be considered. Second, some differences will be mentioned and some possible reasons for these differences will be examined. Third, the success rate of these two approaches will be compared. Fourth, discussion will be presented on the reasons for any differential success between these two approaches to therapy.

Similarities

Some similarities and possible explanations are presented below. The most apparent of these is that both approaches treat similar disorders. Although Brazilian spiritist surgery treats a broader range of illnesses, both the Brazilian spiritual psychiatrist, Dr. Mendez, and Western psychiatrists treat schizophrenic and many other mental disorders.

Dr. Mendez operates a clinic outside Sao Paulo, Brazil. He has treated epilepsy and multiple personality disorders for the past fifteen years. He claims a 70 percent success rate with these disorders. He has only started treating schizophrenic disorders in recent years. He claims only a 30 percent success rate with these disorders (Villoldo and Krippner 1986).

The second similarity between these approaches is the use of altered states of consciousness as a tool of therapy. Greenfield (in press) states that a possible explanation for the successful surgeries performed by Brazilian spiritist healers is that when surgery is performed, the patients are

in an altered state of consciousness. He maintains that in Brazil the cultural assumptions and socialization processes make formal hypnotic induction procedures unnecessary, unlike the United States where formal induction is necessary. In Brazil, relating to a patron in certain contexts induces the dependent client into a trance state relatively easily. The patient accepts the suggestions of a patron as real and acts accordingly. Greenfield (in press) concludes that when a patron is a healer (as is the case with Brazilian spiritists), the process is very similar to a successful hypnotic induction, where the patient demonstrates extreme behavioral responses that are not presently understood. Since many Brazilians enter trances so easily, the healer may be unaware of this. Trance may result in patients becoming more receptive to suggestions that make them access bodily systems in ways that could not be done in an ordinary state of consciousness. He concludes that patients of Brazilian spiritist healers are similar to hypnotized subjects in laboratories or clinics in the West. They exhibit extreme behavioral responses during trance. They are able to control pain, alter bleeding, heal wounds faster and, as Rossi (1986) hypothesizes, they can probably access state-dependent memories that result in healing a variety of conditions.

Greenfield (in press) also states that in the West during the nineteenth century, after Mesmer's hypnotic therapy had been refined and before chemical anesthesia was introduced, many researchers documented numerous successful surgeries that share some features observed in Brazilian spiritist surgery. He states further that, today, there are many documented cases of surgeries performed on patients under hypnotic trance in Western hospitals that show results that are partly comparable to Brazilian spiritist surgery. It seems reasonable that the same technique of performing surgery under hypnosis in the West is the probable explanation of the successful surgeries performed by the Brazilian spiritists.

The third similarity is the use of hypnotic regression in both Western psychiatry and the spiritual psychiatry of Dr. Mendez. According to Villoldo and Krippner (1986), Dr. Mendez states that the basis of his technique is hypnotic regression which can take the patient back to childhood or even to a former life. This is very similar to the Western psychoanalytic or Freudian orientation,

which, through the use of hypnosis and other techniques, explores the subconscious. Villoldo and Krippner (1986) also state that Western psychotherapists demonstrate that we can find as many "ghosts" and "phantoms" in our inner world of the subconscious as most spiritual healers find in the spirit world. For example, they maintain that the Western psychiatrist Carl Jung described complexes as fragmentary personalities with intentionality, personalities that are capable of pursuing a goal. These fragmentary personalities can disturb breathing or the heart or upset the stomach. Jung even referred to these figures from the subconscious as resembling descriptions of spirits of the departed which need to be brought into conscious awareness so they will stop harming people. According to Villoldo and Krippner (1986), Jung's technique of bringing fragmentary personalities, or complexes, into conscious awareness through psychoanalytic techniques is similar to a number of Brazilian spiritual rituals where mediums drive spirits away that have remained on earth too long. This will prevent further affliction of the living. The approaches of Dr. Mendez and Jung are also similar in that Mendez claims that alter personalities from other lives typically emphasize one of four styles: emotional, intellectual, instinctive, or spiritual. These styles correspond roughly to the Jungian typology of feeling, thinking, sensing, and intuition (Krippner 1987). Mendez also claims that his approach attempts to synthesize various aspects of clients' psyches and to eventually integrate their psyche. Clients are told that the rate of integration depends on their own efforts (Villoldo and Krippner 1986). His approach seems extremely close to the Western psychoanalytic approach which uses various techniques to help patients explore their subconscious and resolve conflicts that are rooted in upsetting experiences of early life. Both Dr. Mendez' spiritual psychotherapy and the Western psychoanalytic or Freudian approach seems to be very similar in that their goal is to eventually integrate their patients' psyches largely through the patient's own efforts.

The fourth, and perhaps the closest, similarity between the spiritual psychiatry of Dr. Mendez and the approach of Western psychiatrists is the use of similar behavior modification techniques. Mendez uses many of the same techniques as Western behaviorists, such as deep breathing, relaxation response techniques, massage, and exercise (Villoldo and Krippner 1986).

The fifth similarity between Dr. Mendez' approach and all three major Western orientations is group therapy. Weiten (1986) states that all three major Western orientations have turned to group therapy. It is also used almost exclusively in Dr. Mendez' therapeutic sessions (Villoldo and Krippner 1986).

The sixth similarity is lack of testability. Weiten (1986) feels that both the psychoanalytic and humanistic Western orientations lack testability. He thinks they are nearly impossible to measure and are not based on an impressive empirical scientific data base. The same could certainly be said for Dr. Mendez' spiritual approach.

The final similarity between Dr. Mendez' healing methods and those of Western psychology is biofeedback. Patients can learn remarkable control over their brain-wave patterns which are associated with different states of consciousness. There is suggested evidence that epilepsy and insomnia can be successfully treated with biofeedback (Weiten 1986). Perhaps the efforts of Dr. Mendez in exploring altered states of consciousness enables him to teach patients to control their brain-wave patterns in a manner similar to biofeedback training.

Differences

In a comparison of these two approaches to healing, one must also consider their differences, which will be examined below.

The first difference between the therapy of Dr. Mendez and the Western psychoanalytic approach is that Mendez places emphasis on spirits. This is in contrast to Freud, Jung and the Western psychoanalytic orientations that maintain problems arise from complexes or fragmentary personalities which are figures from the subconscious that need to be brought into conscious awareness in order to integrate the personality, or psyche, of the patient. It is very difficult for Westerners to relate to believing that spirits from former lives are capable of causing illnesses. However, these two approaches do not seem significantly different. After all, the Western psychiatrist, Carl Jung, even referred to figures from the subconscious as resembling spirits of the departed which

need to be brought into conscious awareness (Villoldo and Krippner 1986). Villoldo and Krippner maintain that whether one thinks of spirits as discarnate entities or fragmentary personalities, they are associated with the release of considerable subconscious material. Both approaches allow repressed areas of the psyche to find expression. This is necessary for the eventual integration of the personality, or psyche, of the patient. This is a common goal of both approaches.

The second difference separating the spiritual therapy of Dr. Mendez from Western psychotherapy is his use of mediums. As Dow (1986) states, it is clear that shamanic therapy and modern psychotherapy are different. This use of mediums to manipulate superhuman forces, and his call on patients to believe in those forces, is probably the most significant difference between the spiritual psychiatry of Dr. Mendez and the Western psychoanalytic approach. However, as Frank (1973) notes, the hypothesis that all mental illnesses are products of damaging experiences of early life underlies almost all Western psychotherapies. Such therapies would certainly be ineffective in cultures that attribute mental illness to spirit possession. Patients of Brazilian spiritual healers believe that problems arise when spirits remain on earth too long. Mediums are needed to send such offending spirits on their way, thus preventing further harm.

The third difference is the monopoly of the medical profession in the Western world. Ortiz de Montellano (1982) says that, historically, the prestige of science has been used in the West to justify increasing the delegation of power to the medical profession. He thinks the power of the medical profession has also been used to eliminate non-scientific alternatives in the West. This is in sharp contrast to the approach in traditional cultures. Among traditional healers, such as Brazilian spiritualists, it is possible for anyone to become a healer.

The fourth major difference is the extremely high and rapidly escalating cost of medical services in the West. According to the World Health Organization, the Western model of health care has become so expensive that it is not applicable for most of the world.

The third objective in the comparison of the specific techniques of these two approaches is to examine the relative success of their respective techniques. The focus of this comparison has been

on the treatment of schizophrenic disorders because this is one common ground where the success of Western psychology and the Brazilian spiritual approach can be profitably compared. As earlier stated, the Brazilian spiritual psychiatrist Dr. Mendez has treated epilepsy and multiple personality disorders for the last fifteen years. He claims a 70 percent success rate with these disorders. He has only started treating schizophrenic disorders in recent years. He claims only a 30 percent success rate with these disorders. In the absence of any firsthand patient observation and/or follow-up studies, it is impossible for this researcher to do anything more than speculate on whether Dr. Mendez' claims are accurate. However, it is not difficult to compare his claims of success in treating schizophrenic disorders to the claims of Western psychiatry where there has not been one confirmed case of completely curing a schizophrenic disorder. Even the full remissions that apparently do occur are still controversial. I have no concrete evidence on which to base an opinion, but I think Dr. Mendez may achieve a reasonable amount of success (possibly even a 30 percent success rate) in comparison to Western therapy.

The fourth objective in comparing the specific techniques of these two therapeutic approaches is to explore potential reasons for any differential success. First, the available evidence does seem to show that Brazilian spiritual healers do indeed achieve a degree of success in treating schizophrenic and other severe mental disorders. In contrast, successful treatment of such disorders is still largely impossible in the West. In speculating on the reasons for this differential success, this researcher feels that the reason for the success of Brazilian spiritual healers is not due to more effective techniques. It is also unrelated to their claims of spiritual intervention. Their success is directly related to the fact that, in traditional settings, the focus is on curability rather than chronicity and control. The greater success rate of traditional healers in general is also related directly to their ideas and world view, where individuals are viewed as complete entities. These are the two important reasons for greater success in Brazilian spiritual therapy. These reasons will be discussed while presenting general comparisons of traditional and Western healing.

General Comparisons

This part of the present chapter will deal with four objectives. First, the origins of traditional and Western approaches to healing will be reviewed. Second, the fundamental distinction between traditional and Western approaches will be emphasized. Further research will be presented to show that mind-body dualism is the fundamental factor responsible for many differences in traditional and Western approaches. Third, the importance of culturally imbedded disease categories, such as "schizophrenia," utilized by Western psychiatrists, will be discussed. Fourth, a comparison of the differences between traditional and Western cultures in labeling disease will be examined.

In a chapter on the comparison of Brazilian spiritual healing and Western psychology, it is essential to emphasize their different origins. The fundamental similarities or differences which underlie any specifics of these two approaches are to be found in their world view. This may appear to be a broad generalization, but this thesis has previously emphasized the fact that many researchers feel the most important fundamental distinction between Western and traditional approaches is that Western approaches employ a separation between matter and mind, but traditional approaches see human life in terms of unities and complementary systems. This difference is of much importance in its influence on their approaches to healing (Simons and Hughes 1985). This fundamental difference between traditional and Western approaches can be traced back to the ancient Greeks. This separation, along with Aristotle's empirical approach to the study of behavior, led to the duality of body and soul so much emphasized by Descartes (Mora 1967).

The empirical approach to the treatment of illness also led to the contemporary scientific approach employed in Western medicine and psychology (Frank 1973). In contrast, the origin of Brazilian spiritual healing is uncertain (Jospe 1978). Prior to the Greeks, illness was explained in supernatural and/or magical terms (Frank 1973; Foster 1986). This belief is still prevalent in contemporary Brazil. Brazilian spiritual healers still use "spirits" as an explanation for illness (Greenfield 1987).

In addition to researchers previously mentioned, Barrett (1988) is another scholar who emphasizes the importance of mind-body dualism. Barrett (1988) sketches a view of the Western approach to the treatment of schizophrenia, which is culturally imbedded disease category laden with symbols of individuality, deterioration, chronicity, and mind-body dualism. He states that to categorize patients as schizophrenic may reinforce certain experiences, such as auditory hallucinations, and even propel the patient towards the chronicity ingrained in the concept of schizophrenia. He thinks that chronicity is a powerful discursive symbol which partly generated the category schizophrenia and structures the very construction of the disease category itself. He says that, unlike melancholia or epilepsy, case descriptions that closely resemble schizophrenia are hard to find in medical treatises before the late eighteenth century. Barrett (1988) maintains further that the relationship between schizophrenia and chronicity still continues in the West. He states that although the American Psychiatric Association (1987) claims to have eliminated the emphasis on a deteriorating, chronic course, the current definition in the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (DSM-III-R) emphasizes the fact that in patients with schizophrenic disorders, functioning in performance of their social roles deteriorates to below the highest level previously achieved before the onset of the disorder. It also emphasizes the fact that schizophrenic disorders have a duration of at least six months. This definition emphasizes both deterioration and chronicity. Barrett states that equating schizophrenia with chronicity in Western diagnostic schemes is demonstrated in this latest manual by the statement that a return to premorbid functioning is uncommon and the full remissions that do occur are still controversial. In other words, the American Psychiatric Association maintains that if a person is cured they probably did not have the disorder originally. This is obviously a self-defeating attitude which creates a catch-22 situation where it is close to impossible to recognize any case of this disorder being completely cured in the West. No doubt this negative attitude toward prognosis reflects on the patients of Western psychotherapists and results in their having little faith in ever being helped, which in itself can make a cure almost impossible.

Barrett (1988) also states that ethnographic evidence suggests that the fundamental Cartesian distinction between mental and physical illness so entrenched in the nosological landscape of Western medicine does not have universal cultural salience. The distinction between mind and body so central in Western psychology makes no sense in some cultures. The two major psychoses of Western psychology, schizophrenia (the disorder of perception and cognition) and manic depression (the disorder of emotions), might be irrelevant in some cultural settings. Barrett maintains that in some cultures, especially ones that do not employ a concept of mind so opposed to body, the closest equivalents to schizophrenia are not connected with mental experiences at all, but use criteria related to social functioning or rule violation. These cultures have sociocentric rather than individualistic concepts of personhood. In regard to chronicity, cultures like the Sinhalese view chronicity different than we do in the West. If similar episodes of schizophrenia appear later in a person's life, they are considered another illness and not simply the same disease appearing after a long remission. Another foundation of the Western concept of schizophrenia is an emphasis on genetic biochemical predispositions and psychological precipitants. However, this is not the case in successful treatment outcomes in traditional settings (Barrett 1988).

In research concerning treatment outcome, Jenkins (1988) suggests that by changing the disease label one can improve treatment outcome. Jenkins study dealt with ethnopsychiatric interpretations of schizophrenic illness or the problem of "nervios" within Mexican-American families. Jenkins maintains that the cultural preference for the term "nervios" is linked to an effort by families to reduce the stigma associated with mental illness while reinforcing the strength of family bonds and solidarity by fostering tolerant inclusion of the family member in the home. Jenkins believes that the concept of "nervios" and its surrounding emotions may mediate the course and outcome of a schizophrenic disorder. The label "nervios," and similar labels in traditional settings, reflects a disease category which fosters toleration and reintegration. These labels are essential to the better treatment outcomes generally seen in traditional settings. They are much preferable to the labels that stigmatize and alienate patients in the West.

Summary

The first part of this chapter identified several similarities and differences between Western and traditional approaches to healing. The similarities are: First, treatment of similar disorders; second, the use of altered states of consciousness; third, the use of hypnotic regression; fourth, the use of behavior modification techniques; fifth, the use of group therapy; sixth, the lack of testability in both approaches. The seventh and final similarity mentioned was the use of biofeedback.

The differences mentioned were: First, the emphasis of Brazilian spiritualists on "spirits." In contrast, Western psychoanalytic orientations emphasize complexes or fragmentary personalities from the subconscious. Second, the use of mediums in Brazilian spiritual therapy. This contrasts with the Western hypothesis that most mental illnesses are products of damaging experiences in early life. Instead of using mediums in therapeutic sessions Western psychiatrists use various psychoanalytic techniques to explore the subconscious. Third, the monopoly of the medical profession in the Western world contrasts with the approach in traditional cultures where it is possible for anyone to become a healer. Fourth, the extremely high cost of medical services in the West contrasts with the relatively minimal cost of traditional therapy.

This chapter compared the success of Brazilian spiritual and Western psychiatry. In short, an examination of the literature suggests that Dr. Mendez does indeed achieve some success in treating schizophrenic disorders. In contrast, successful treatment is still largely impossible in the West. The fourth objective in comparing specific techniques of these two approaches was to explore potential reasons for variance in differential success. In summary, it was concluded that the greater success of Brazilian spiritual psychiatry was not the result of more effective techniques or spiritual intervention. Instead, it resulted from their ideas and world view which enables them to focus on curability rather than chronicity and control.

This chapter also presented some general comparisons of traditional and Western healing. First, the origins were reviewed. Second, the fundamental distinction between these approaches was

emphasized. Third, the importance of culturally imbedded disease categories was discussed. Fourth, differences in labeling disease were examined.

Conclusion

This chapter mentioned seven similarities between these two approaches to therapy. Some possible explanations for these similarities were also considered. In short, research was presented which showed the presence of similar, and, in some cases, the same techniques. Consequently, reasons for the effectiveness of these techniques are the same in both approaches. Perhaps they are effective everywhere because of the psychic unity of humans.

Four differences in these approaches were mentioned. A careful examination of these differences showed that in some cases (such as the use of hypnotic regression), even their differences involved the use of similar specific techniques. Differences of this nature seem to result from differential application of similar techniques. This seems to be caused by differences in the world view between people in traditional and Western cultural settings. Some differences, however, showed extreme contrasts (such as cost of service). However, these differences also seem to result from differences in world view rather than differences in specific techniques.

In conclusion, there are more similarities than differences in these two approaches. Consequently, differences in specific techniques are not the reason for any differential success in therapy. However, Dr. Mendez does achieve a certain degree of success in his spiritual psychotherapy while success remains largely impossible in the West. His success, as well as the greater success of traditional healers generally, is directly related to their ideas and world view, where individuals are viewed as complete entities. Another important reason for the greater success of traditional healers is their focus on curability rather than focusing on chronicity and control as we do in the West. As Warner (1988) maintains, it may well be that in order to render schizophrenia benign we may have to restructure Western therapy.

CHAPTER 6

Role of the Placebo Effect in Healing

Is the placebo effect limited only to traditional spiritual healing, or does it play an important role in all modes of healing, including Western scientific biomedicine? The present chapter will focus on this question. In chapter three research was examined on spiritual healing in several traditional settings around the world. Religious faith healing in the United States was also included. The conclusions drawn from this review is that successful therapy attributed to spiritual healing or divine intervention actually results from the power of suggestion as a placebo. This chapter will examine the role of the placebo effect in a variety of healing strategies.

Historical Perspective

The placebo effect has held a central role in the history of medical treatment (White et al. 1985). There is even evidence from archaeological findings to support claims that some sort of healer-patient relationship existed long before recorded history. For example, Jospe (1978) says that when the first Neanderthal or Cro-Magnon tried to comfort another, the therapist-patient relationship was in itself therapeutic. Shapiro (1960) states that from prehistoric times to the great civilizations of Babylon, Greece, Rome, the Middle Ages and into the 20th century, medical practice rested heavily on the placebo effect. Gallimore and Turner (1977) suggest that much of medical history can be viewed as testimony to the importance of placebo therapy.

The variety of substances and practices used to treat patients is legion. Some were shocking and bizarre, often with dangerous side-effects for the patient (Shapiro 1960; Jospe 1978). Shapiro (1960) provides numerous examples, including powdered mummy, mattiole (which was an antidote containing 230 ingredients), usnea (which was the moss scraped from the head of an executed criminal), fly specs, crocodile dung, and eunuch fat. The efficacy of such medications is certainly doubtful.

Some researchers feel that all medications used until fairly recently worked mostly as placebos. They feel that the great lesson of medical history is that the norm of medical practice has always been the placebo (Houston 1938; Pepper 1945). Houston says that it was only on fairly rare occasions that anything really serviceable, such as curing scurvy by eating fresh fruits, was introduced. He believes that the history of medicine demonstrates the dynamic power of the doctor-patient relationship. He feels that the efficacy of the placebo is due to the faith of the doctor and patient in the medication, the ameliorative effect of action, which the doctor provides in some form, and the faith that the doctor is able to impart to the patient. He states that for centuries doctors were doing more harm than good, yet this dynamic power of the placebo sustained the medical profession. It earned esteem from their fellow citizens and inspired them to give economic support to healers. Findley (1953) states that even today the physician is vastly more important than the pharmacy. He says that in the twentieth century, in spite of all the scientific achievements, the physician is still the most important therapeutic agent. Modell (1955) states that the placebo effect is not only a component of medication, but it occurs in every phase and kind of medical treatment. He says it was certainly present in the past and it is equally active today.

Even after the development of scientific medicine around the turn of this century, the placebo effect was still central to medical treatment (Garrison 1921; Rivers 1927; Haggard 1934; Rapport and Wright 1952; Major 1955; White et al. 1985). For example, Shapiro (1960) makes reference to Oliver Wendell Holmes who stated that nearly all the drugs in use in his day should be thrown into the sea, where they would be the worse for the fishes yet better for humankind. Shapiro states that in spite of prescribing what we now realize were useless and often harmful medications, the physicians still maintained a position of respect and honor. He feels the reason for this is because patients did not respond to specific medications but to something inherent in the doctor-patient relationship.

In view of the extreme antiquity of the placebo effect, and given the fact that until fairly recently, it has played such an important role in the history of medicine, many researchers feel that the virtual silence on this subject is amazing. For example, Houston (1938) compares the pages of

medical history to the log of an old-time ocean voyage, where it was noted that on a certain day a flying fish or a whale was sighted or some driftwood seen, but it was never mentioned that the vastness of the ocean was even noticed. The constant presence of the ocean water is comparable to the presence of the placebo effect in the history of medicine. Even after the beginning of scientific medicine, many researchers feel it is impossible not to notice the continued resistance to the use of either the word placebo or the concept underlying the word in medical dictionaries and texts (Rivers 1927; Van Dyke 1947; Findley 1953). According to Shapiro (1960), this resistance is well illustrated by the fact that the first scholarly paper concerned exclusively with the placebo (and the word placebo was included in the title), was written only as relatively recently as 1945 (Pepper 1945). Some researchers feel that, although the placebo effect was not unknown in the scientific community, it was completely neglected as a subject of study until fairly recently (Jospe 1978). Shapiro (1960) says that the terms placebo or placebo effect were rarely used before 1900.

As previously mentioned, Kurland (1957) reviewed the literature and found that there were numerous reports on the placebo effect but most reports merely cited such an effect and provided little or no information to account for the underlying physiological and psychological variables involved. He concluded that the relationship between these physiological and psychological variables was, at the time of his review, still a clouded issue.

Around the middle of the present century, interest in the placebo effect increased considerably. For example, Shapiro (1960) says the increasing number of papers on the placebo effect surely reflects the increased interest given this subject. He maintains that between 1900 and 1954 there were only 21 papers written on this subject, but between 1954 and 1957, 35 papers were published. He states that the word "placebo" began to appear more frequently in the title of articles and that texts, indices, and journals increasingly included the word "placebo" in their reference lists. He states further that between 1900 and 1956 there were only five articles written in the psychiatric literature on the placebo effect, but nine articles appeared between 1956 and 1957, which shows a sharp increase in the interest of psychiatrists regarding the placebo effect. Shapiro also states that

use of the word "placebo" became more commonplace in medical research around 1950. He says that placebo controls were also included in double blind studies which appeared more often in scientific literature. Shapiro says that Rivers (1908) made one of the earliest studies which anticipated the double blind procedure (see *The Influence of Alcohol and Other Drugs on Fatigue*), where he used inert material as a control. Shapiro feels that this early study by Rivers showed a clearer understanding and sophistication regarding some of the powerful effects of the placebo in experimentation than many other researchers of the 1950s.

Physicians have always known that their ability to inspire expectant trust in a patient partly determines the success of treatment. However, until fairly recently this knowledge rested on uncontrolled observations and clinical impressions. Before the advent of the scientific medical laboratory, it was impossible to define the sources and limits of the effects of hope on different kinds of patients and their illnesses in any systematic manner. With scientific medicine, however, the factors involved could be systematically manipulated and their effects sorted out. The use of a "placebo" made this possible (Frank 1973).

The placebo is a pharmacologically inert substance that the doctor administers to a patient to relieve distress when, for one reason or another, the doctor does not wish to use an active medication (Frank 1973). Frank suggests that because the definition of the word "placebo" implies that it is a substance that does nothing but satisfy the patient, the effects of placebo administration failed to get the careful study it deserved for a long time. He says that a common experimental approach to this problem has been the so-called double-blind method. In this method neither patient nor physician knows whether a particular dose contains the active medicine or a placebo. This makes it possible to compare responses to medication and placebo. Any consistent differences can be reliably attributed to the pharmacological action of the drug.

In recent years, interest in understanding the placebo effect has increased significantly. For example, today many scientists are examining those variables underlying the placebo effect and studying aspects of the actual healing process associated with the immunocompetence of the

individual. This research focuses primarily on how affective states, such as helplessness and despair, may arise from socio-cultural factors and how such states could cause depression or even death. Interest in this type of research is not centered on the metaphors of illness used by healer and patient in a particular cultural context, but on the biological phenomenon of transduction or somatization. In recent years researchers are asking how the social, cognitive, and affective experiences of an individual can affect the cellular events linked to illness (Dobkin de Rios 1989).

White et al. (1985) attempt to throw new light on the human transaction in healing. They state that it continues to have an "irreducible role" in healing. They also state that the history of the placebo concept shows that it was first understood as a "commonplace" method or medicine which was given more to please than to cure. However, over the last few decades it has become synonymous with an inactive, inert substance used in experiments or as part of a charlatan's arsenal. They suggest that the change in content of the concept of "placebo" was, to a certain extent, an expression of the belief in the omnipotence of science. They say that the conviction arose that the scientific method can result in an understanding of the nature of everything, including the curious effects of the encounter of two humans, patient and healer, from which the patient often emerges feeling less ill. They feel that this encounter plays an important role in healing. However, constituent elements of healing and the physiological or psychological pathways of the healing process are largely unknown.

As previously mentioned, Rossi (1986) is another researcher who feels that the placebo effect has an important role in healing. He says there are many ancient, as well as modern, folktales of miracle cures that have taken place. He says modern science tends to reject these accounts as unreliable or, at best, as mere examples of the "placebo response." He feels that the "placebo response" may turn out to be the rejected cornerstone of what could become a practical approach to building a new understanding of mind-body communication and healing. He even contends that the precise pathways used in the mind-body connection are being clarified by continuing research. Lacey and Burns (1989) say that today virtually all contemporary physicians would accept the sentiment that

there is an emotional component to physical illness, and most would agree that mental matters may be implicated in the etiology of illness, or, at least, they may influence its course.

Evidence in Traditional Healing

As previously mentioned, some researchers feel that the most important, if not the only, reason for the persistence of traditional healing is the placebo effect. They also think that the powerful emotional responses associated with the placebo effect may greatly accelerate the speed and concentration of the body's reparative biochemicals in ways that are not presently understood. Evidence that seems to support this point of view was presented in chapter three. The research of Finkler (1975; 1980b; 1981a; 1983; 1985), and Kleinman and Sung (1979) highlight the importance of the placebo effect in traditional healing. The conclusions advanced in these studies show that while patients improve in the performance of their social roles, the underlying causes of their diseases have not been significantly altered. Many studies also present similar findings concerning Western faith healing and psychotherapy. Patient improvement was seen in the cross-cultural studies reviewed earlier in this thesis, but in a large number of cases, improvement occurred without changes in underlying pathologies. Results of the studies reviewed in chapter three emphasize the important influence of the placebo effect in both traditional and Western healing.

According to Jospe (1978), the literature on the history of medicine gives only passing reference to the placebo effect. He maintains that few writers have said anything about placebos in ancient medical systems. He states that various aspects of the placebo effect were central to healing in cultures throughout the Old and New Worlds. For example, in ancient Chinese medicine there was much use of what would now be referred to as inert medications and therapeutics. Nonetheless there is currently a great deal of research on Chinese folk medicine which is trying to assess the extent to which it functions empirically or as a placebo. Western medicine is beginning to try to understand radically different concepts of disease and treatment. According to Hall and Hall (1964), the fact that a drug remained long in the pharmacopoeia in ancient, medieval, or even recent times, could mean

either that it had some genuine therapeutic value, such as foxglove, the source of digitalis, or that it could be a tribute to the power of suggestion and the placebo effect.

Evidence in Western Healing

Many researchers have documented evidence of the placebo effect in Western scientific biomedical practice. For example, Jospe (1978) says that modern physicians would not use crocodile dung, bleeding, cupping, or leeching, but the effects of these remedies would probably not differ considerably from such currently used remedies as sugar capsules, distilled water, and a host of vitamin pseudotherapies. He states that an interesting surgical placebo was recently reported: The ligation of the mammary arteries was once considered effective in treating angina pectoris, but it proved to be dangerous and was abandoned. He maintains that, according to Beecher (1961), the mere exposure of the arteries without ligation was found to be equally effective if the patient was handled with the same grave concern both before and after the operation, as was the case with the real operation. Beecher (1961) feels that the very real relief in this case was simply a placebo effect. Jospe maintains that patients have been known to thank a technician who was dressed in white, for relief from a severe headache, when the treatment was actually nothing more than the performance of a routine EEG.

According to Walsh (1990), the placebo effect has been defined as a process that is powerful but poorly understood, where such psychological factors as belief and expectation trigger healing responses that can be as powerful as conventional therapy. One example he mentions is treatment of the humble wart. He suggests that the wart can be made to disappear by almost any treatment, such as hypnosis, incantations, or burying a rag at the crossroads, as long as the patient believes it will work. He says that presently it is not clear how the placebo effect works, but the process is nonetheless real. One of the best known medical writers of our time, Lewis Thomas (1980), states that the intelligence that directs the placebo process must combine the skills of a surgeon, a world class cell biologist, immunologist, and executive officer. Thomas feels that this points to a kind of

super-intelligence existing in each of us. However, no one understands exactly how the mind and body produce the nearly miraculous placebo effect (Walsh 1990).

Rossi (1986) offers an example of the remarkable, seemingly miraculous effect of psychological factors in the treatment of cancer. He presents the case of a Mr. Wright, who was dying of an advanced malignancy of the lymph nodes sometime during the 1950s. Mr. Wright eventually developed resistance to all known treatments and his extreme anemia made x-ray treatment impossible. He had huge tumors the size of oranges in his neck, chest and abdomen. His liver and spleen were extremely enlarged and the thoracic duct was obstructed. He was taking oxygen by mask frequently and it was the impression of the doctors involved that he was terminal. Rossi says that, regardless of his terminal condition, Mr. Wright still had hope because the new drug that he had expected to come along had already been reported in the newspapers. This experimental drug was called Krebiozen and it was eventually shown to be a useless, inert preparation. Although the drug was only supposed to have been used in 12 selected cases, Mr. Wright was considered to be beyond the point where standard therapy could benefit, and was therefore judged ineligible. He insisted and begged, however. Finally his doctor decided to include him. Mr. Wright received his first injection on a Friday and his doctor came to see him the following Monday, expecting to see little change. Instead of finding him gasping for air and completely bed ridden, the doctor found Mr. Wright walking around the ward chatting with people. His tumors had shrunk to half their original size, which was more regression than could be accomplished by x-ray treatments every day. Other people who received injections showed no improvement but in Mr. Wright's case one single (useless) shot apparently caused this extreme turn around. Mr. Wright was discharged within 10 days of the injection and practically all signs of the cancer had vanished. This once terminal patient was fully active and he even flew his airplane. Within two months, conflicting reports on Krebiozen began to appear in the news and studies showed it to be ineffective. When Mr. Wright started reading this, his cancer began spreading again. At this stage his doctor tried an experiment. He announced that there was a new improved Krebiozen which Mr. Wright would now receive. Once again, Mr. Wright's

tumors shrank even though the doctor had only given him water. Recovery from his second near terminal state was more dramatic than the first. Mr. Wright's tumors withdrew and other symptoms of the cancer disappeared. He went back to flying again and was the picture of health. Finally, the AMA issued an announcement which appeared in the press, stating that nationwide tests showed Krebiozen to be worthless in treating cancer. A few days after reading this report, Mr. Wright was readmitted to the hospital. With his faith now totally gone, he succumbed in less than two days.

A Plausible Explanation

According to Jospe (1978), the placebo effect in modern Western medicine is both common and widespread. He states that reports are appearing more frequently in medical and psychological literature but there are not many speculations advanced as to how placebos work. As previously mentioned, Rossi (1986) has proposed perhaps the most comprehensive theory of the psychophysiology of mind-body healing. Rossi maintains that if we take recent views of psychobiological research to their logical conclusion, we have a resolution of the Cartesian dualism of mind and body that has separated Western medicine from traditional healing for centuries. Rossi contends that he has developed an experimentally based rationale to explain how psychological factors, such as the power of suggestion, and the placebo effect, can facilitate healing.

Since Rossi's (1986) views on this subject are the most comprehensive advanced to date, further elaboration of his work is essential in presenting one of the central arguments of this thesis, namely, that the placebo effect is extremely important in all healing. Rossi begins his book by discussing the placebo response and pointing out that there may be a 55 percent placebo response in many, and possibly all, healing procedures. He feels that such a consistent degree of placebo response suggests a common underlying mechanism that necessitates mind-body communication in all healing, regardless of the symptom, disease, or problem. In short, Rossi concludes that by utilizing information theory, psychological, biological, and physical phenomena can be unified into a single conceptual framework, which can account for mind-body healing, personality development, and the

evolution of human consciousness. Rossi maintains that state dependent memory, learning, and behavior processes, which are encoded in the limbic-hypothalamic and closely related systems, are the major information transducers that bridge the gap between mind and body. He states that the limbic-hypothalamic system coordinates all the endocrine, autonomic, immune, and neuropeptide systems. He states further that the structural mediators of mind-body transformation and communication are messenger molecules, such as neurotransmitters, hormones, immunotransmitters, etc. Rossi even states that the precise pathways messenger molecules use to mediate the mind-body connection are being clarified by ongoing research. He thinks that this mind-body connection is the ultimate basis for most processes of healing in therapeutic hypnosis, traditional practices of mythopoetic and holistic medicine, and the placebo response. Rossi offers an explanation in the case of Mr. Wright, who made such a remarkable recovery due to the power of optimism. Rossi maintains that today we know more about it than we did thirty years ago. He states that today we know that cancer can be controlled by the immune system. If the immune system can be improved it can destroy cancer, according to Rossi. He feels that Mr. Wright's immune system must have been activated by his belief in a cure. Mr. Wright's amazingly rapid recovery also suggests that his autonomic and endocrine system were responsive to suggestion. This enabled him to mobilize his blood system with remarkable efficiency to remove the toxic fluids and waste products from the rapidly diminishing cancer.

Rossi (1986) concludes that no one has done more to demonstrate that a positive frame of mind can have a salutary effect in healing the gravest of illnesses than Norman Cousins, with his two books, *Anatomy of an Illness* (1979) and *The Healing Heart* (1983). Rossi states that the poignant examples from Cousins' own personal life are becoming part of a new folklore of healing. Cousins (1979) carefully documented recovery from a serious arthritic and rheumatoid-like collagen disease of connective tissues by treating himself with good humor in the form of old *Marx Brothers* movies and reruns of Alan Funt's *Candid Camera* films, is one example of healing through the power of positive thinking. Rossi also mentions Cousins' (1983) more recent recovery from a heart attack involving both myocardial infarction and congestive heart failure. Rossi feels that the absence of

panic in the face of the grave symptoms of his heart attack is one significant factor in Cousins' self-therapeutic attitude. He states that this panic is part of the emotional syndrome that kills many victims of voodoo ritual. Rossi states that Walter Cannon (1957) was regarded as one of the most creative, authoritative physiologists of his time. Rossi tells some of Cannon's (1957) stories of recovery and death related to voodoo beliefs. In summary, Rossi states that Cannon (1942, 1953) believed that voodoo death was caused by a heightened and prolonged exposure to the emotional stress of a person believing he/she was under a witch doctor's spell. Cannon maintained that the actual physiological cause of death was an overactivated sympathetic nervous system. Rossi contends that the autonomic nervous system, which has two branches, the sympathetic, which activates heart rate, blood pressure, tension, etc. and the parasympathetic, which has generally relaxing effects opposite to the sympathetic system, are part of the major systems of mind-body communication and the placebo response in healing. As previously stated, Rossi concludes that the limbic-hypothalamic system is a unique psychophysiological communication channel between the creative processes of the mind and the emotional physiology of the body. It mediates the placebo response in such seemingly diverse circumstances as the negative expectations of voodoo victims, the hope of Mr. Wright, and the healing resulting from the positive emotions of Norman Cousins.

Rossi (1986) cited numerous studies to support his contention that there is a 55 percent placebo response in most, if not all healing procedures. Several studies support his claim (Dunlap, Henderson, and Inch 1952; White, Tursky and Swartz 1985; Wickramasakera 1985; Evans 1985). Evans (1985) examined the data on double-blind studies, which compared the effectiveness of a placebo to standard doses of different analgesic drugs, and found a remarkably consistent degree of placebo response, which averaged around 55 percent of the therapeutic effect for all the analgesic drugs studied. The study by Dunlap, Henderson, and Inch (1952), mentioned earlier, concluded that in 17,000 medical prescriptions they inspected in England, that 30 percent were actually placebos in the sense that the drugs did not have any specific physiological effect on the conditions they were prescribed to treat. Rossi maintains that, in spite of this, these drugs induced a very real "nonspecific"

healing effect. He maintains further that today we can understand how any drug that alters any aspect of the body's sensory-perceptual or physiological responsiveness, on any level, can alter the fragile state- dependent encoding of symptoms and consequently evoke a "nonspecific," but very real healing, effect. This is called the "placebo response."

Daniel Moerman (1983) is another researcher who emphasizes the importance of the placebo effect in both traditional and Western medical practice. He states that one of the greatest dilemmas in ethnomedicine is understanding how the manipulations of traditional healers like Brazilian spiritualists actually influence the physiological state of the patient. He says many studies have looked at the effectiveness of native pharmacology, but generally most research of this type attempts to show that the pharmaceuticals used have an "appropriate" physiological impact. However, he says that we can be certain that neither traditional therapists nor their patients saw pharmaceuticals as any more important to the therapy than the ritual or din that accompanied treatment. He states that this bimodal quality of traditional non-Western treatment often baffles Western observers, and although its effectiveness is occasionally recognized, and while some observers attribute the effectiveness of Shamanic or traditional healers solely to the placebo effect, that Western biomedicine has generally failed to account for this phenomenon. He feels this results from the naive dualism of Western medical science, where the mind-body dichotomy is the dominant view of the human organism. Dow (1986) states that Moerman (1983) is one researcher who feels that a major reason biomedicine fails to explain the undeniable positive results of placebo treatment is because of its adherence to the ethnometaphysic of Cartesian dualism, where the body (somatic system) is uncoupled from the mind (self-system). Dow maintains that it is difficult to separate medical healing and treating the person by physical means, from symbolic healing or treating the person by symbolic means. He maintains further that when Moerman observes that medical therapy treats both the physical needs of persons (specific therapy), as well as the mental needs (general therapy), it is a recognition that in most cultures medicine acts both on the self-system, as well as on the somatic system.

Moerman (1983) says there is significant evidence of the placebo effect in Western medical practice. He states that many researchers attribute from 35 to 60 percent of the effectiveness of contemporary biomedicine to the placebo effect. Moerman presents the example of the present use of coronary bypass surgery as evidence of the placebo effect. He states that numerous studies have shown the operation is highly successful and reduces symptoms and pain in 85 to 90 percent of patients with severe stable angina pectoris. However, in a review by Ross (1975), which examined symptom reduction, improved ventricular function, and increased survival time, data revealed that symptomatic improvement occurred in 85 percent of patients, but ventricular function improved in only 20 percent at the most. Moerman states that no studies have demonstrated that this procedure extends life except for those patients with chronic stable angina and occlusion of the left main coronary artery. He maintains that the most interesting aspect of coronary artery bypass surgery is that several authors have noted that some patients undergoing the surgery have improvement of angina despite the fact that all grafts are still occluded. This means that the surgery works but not necessarily for the reasons it was performed. Moerman states that recent research has shown that angina and heart attacks are not random mechanical events, but are the result of neurological mental processes which are open to cortical influence. He states further that this increases confidence that they are subject to symbolic influence such as the ritual involved with traditional healers such as Brazilian spiritualists. Moerman feels that in both Western biomedicine and traditional healing, whether by design or default, that the form of medical treatment, as well as the content, can be effective treatment, and this fact is probably universal.

In conclusion, it can be stated that the placebo effect occurs in all forms of healing. It has no doubt been present since the first emergence of therapist-patient relationship. For centuries the history of Western medical treatment was synonymous with the placebo effect, because most of the drugs and procedures were worthless and some even dangerous. Some researchers feel that the effectiveness of the doctor-patient relationship is the one common denominator between ancient and modern medical treatment, and that regardless of the relative efficacy of the medication, patients

respond not so much to a specific medication, but to something inherent in the doctor-patient relationship. Even today, in spite of scientific advancements, the physician is still the most important therapeutic agent. Many researchers feel that the norm of all medical practice has always been the placebo. It has been equally important in ancient and contemporary traditional healing, as well as in pre-scientific and contemporary Western biomedicine. As Jospe (1978) notes, modern physicians obviously shun such practices as bleeding, cupping, and leeching. These practices, however, are probably just as efficacious as surgical ligation of the mammary arteries to treat angina pectoris, or use of electro-convulsive therapy to treat psychiatric disorders. Jospe maintains that there is little difference in the effects of primitive treatments and some of those currently used. He says their modus operandi is very similar. In fact, the placebo effect is responsible for more therapeutic success than what many clinicians are willing to admit. While modern medicine has made remarkable advances, it is easy to dismiss ancient and contemporary alternative healing as unscientific and largely unreliable.

This chapter has attempted to demonstrate that scientific medicine does not function independent of the placebo effect. Rather, much in contemporary Western scientific healing rests on the placebo effect. Modern scientific medicine should increasingly explore the role of non-medical and physiologically non-specific aspects of treatment.

CHAPTER 7

Future Research

Our perceptions of health and the approaches we take to healing are products of our world view. This thesis has focused on the history and world view of Brazilian spiritual healing and Western psychology.

The contrasting origins of these two approaches to healing have had a profound effect on keeping these medical systems distinct. In chapter three and elsewhere, it was noted that many researchers feel that the Cartesian dichotomy, which originated with the Greeks, is the most important distinctive factor separating Western and traditional approaches to healing. Another important difference in traditional and Western approaches, as discussed in chapter three, was contrasting theories of disease etiology, with the traditional etiology emphasizing primarily personalistic and naturalistic agents, while specific causation is emphasized in the Western approach. Perhaps the most important difference, however, separating traditional from Western healing is their contrasting conceptual assumptions. The Western approach can be characterized as strictly biomedical, reductionist, and scientific. In contrast, the traditional approach is decidedly more holistic, integrated, and concerned with the whole patient.

Carlson (1975) agrees with researchers previously mentioned as to the importance of Cartesian dualism in the current Western approach to healing. He maintains that during the seventeenth century, the Cartesian thesis that matter and mind were divisible, drove a wedge between mind and body that still persists in the theories of Western medicine. It shattered the notion in the Western world that humankind can be viewed holistically. This view was in stark contrast to shamanic traditions and contemporary non-Western medical traditions. He says Cartesian dualism is slowly fading in Western medicine, but its elimination is still a long way off. Western doctors may

intellectually understand the antiquarian nature of holism, but in practice they still isolate the body as if it were a machine in need of repair.

Carlson (1975) feels that Western medicine today still presumes that disease results from faulty machinery, but it has driven the metaphor of the machine to extremes. Specialization has changed into superspecialization, where the patient is regarded as a machine of greater complexity. In times before the present, Western physicians regarded the patient as a machine, but at least regarded the person as a whole machine, so the possibility for holistic treatment still existed. He further states that in Western medicine and psychology today, holistic treatment is largely impossible. While the symptoms of disease are treated, a large world of other phenomena pertinent to health is ignored. It is becoming increasingly clear that there is a need for a more holistic approach to medicine. Carlson argues that medical care and health are not always synonymous.

Western medicine has taken a "mechanistic" approach to improving health, rather than emphasizing the importance of ecology and psychosocial factors in the onset and prevention of disease. Western society owes our current high standard of health to improved nutrition, public hygiene, and immunization. However, we continue to place complete faith in the engineering or curative approach of Western medicine. This approach has not been very successful in reducing the occurrence of many developmental and emotional or mental diseases. However, the cost of Western medical care is enormous and increasing every year. In the future these resources might be better allocated to secure more health and fewer cures. A new approach to health care is obviously needed.

Historically, humankind has achieved health through adaptation rather than medical care. An examination of the history of medicine reveals that the key to health lies in the relationship between people and their entire environment. Health is not just the well-oiled functioning of the body, as Western medicine expounds. Health in the future will be expressed through a series of relationships. These will include the relationship between people and nature, the social roles of humankind, and humankind's relationship to higher consciousness or spirituality. Although the physician will be helpful, it is ultimately the individual, and in turn society, who must re-establish a

harmonious relationship with the environment. This may sound idealistic but it is historically sound. It is the way we pursued health before we had modern medicine. The current paradigm in Western medicine stresses isolation of the individual, whose health is largely a function of his/her entire environment, including the doctor. Health in the West is currently defined as the absence of disease. In the future, it will be defined as a balanced, symbiotic relationship between people and their entire environment (Carlson 1975).

As previously stated, new discoveries in neuroendocrinology, biofeedback, and Eastern meditative techniques are making a reassessment of traditional healers' work essential. We can no longer dismiss their approach as unscientific and largely ineffective. This researcher agrees with Carlson (1975) that in the future, the key to health lies in understanding the relationship between people and their environment, which will be expressed in a series of relationships.

One of the most important relationships that needs further investigation is the relationship between mind and body. This is essential to increase our understanding of the placebo effect. As stated earlier, one of the central arguments of this thesis is that the placebo effect is extremely important in all forms of healing. Rossi (1986) offered the most plausible explanation of the mind-body relationship that has been advanced to date. Rossi contends that the precise pathways the messenger molecules use to mediate the mind-gene connection are presently being identified by continuing research. Further research in this area is essential to further clarify Rossi's (1986) explanation of the mind-body relationship and increase our understanding of the placebo effect.

A recent article by Poggio and Koch (1987) reviews some important areas that are related to Rossi's (1986) research. The Greek physician Galen noted around 2,000 years ago that depressed women were more likely than others to develop cancer. Many contemporary studies have revealed similar associations between emotional stress and illness. Evidence is currently accumulating to support the theory that stress increases susceptibility to disease through direct connections between the nervous system and the immune system. One of these connections is the suppressive effect on the immune system of glucocorticoid hormones produced by the adrenal glands in response to stress.

It has been known since the 1950s that stressed animals show changes in relative numbers of different types of white blood cells, including lymphocytes. There have been many other discoveries of possible interactions of the central nervous system with the immune system. One example mentioned by Poggio and Koch (1987), which was also noted by Rossi (1986), is the work of Karen Bulloch at the State University of New York at Stony Brook. She has shown how nerve fibers deeply penetrate lymphoid tissue, such as the thymus gland and the bone marrow where lymphocytes are produced and mature. In other research, Lewis Williams, who is currently at the University of California's School of Medicine in San Francisco, demonstrated that lymphocytes have specific receptor sites for the neurotransmitters such nerve fibers release. In research at the Weizmann Institute of Science in Israel, Eli K. Hazum found that neuropeptides like betaendorphin bind to receptor sites on lymphocytes. Another example mentioned by Poggio and Koch is work by J. Edwin Blalock at the University of Alabama at Birmingham. His research has shown that lymphocytes reciprocate. They produce hormones such as adrenocorticotrophic hormone, which affects the adrenal gland. Interferon, which is an immune system protein that is important in fighting viral infections, has been shown to influence the neuroendocrine system. In research at the Mount Sinai School of Medicine in New York, Steven Keller and colleagues found that these links have an effect. He found that stress inhibits lymphocyte response to immunogenic challenge, even in rats whose adrenal glands have been removed.

Poggio and Koch maintain that some researchers are beginning to think the immune system and the neuroendocrine system are complementary systems that routinely exchange information about the stresses they detect. This type of interaction seems to change immune function in both animals and people undergoing psychological stress. Studies have shown that squirrel monkeys separated from their mothers have an immune response that is markedly different from the response of monkeys kept with their mothers. Other studies have shown that the efficacy of DNA repair in lymphocytes is decreased in psychologically distressed mental patients. According to Poggio and Koch, in spite of these suggestive findings, there are no conclusive studies to link stress with reduced immune functions and impaired health. They state that a first attempt has been made at Ohio State University Medical

Center. Ronald Glazer and co-workers took blood samples from medical students at various times of the year, including examination times. Results of his studies showed that during periods of stress, such as exams, the immune system did not work as well. Students in his study also reported having minor medical symptoms, such as coughs and colds, more frequently during exam times when their immune systems were compromised, than under other circumstances. Some researchers, such as Robert Sapolsky of Stanford University, feel that a relation between the nervous system and the immune system has evolved that tends toward increased vulnerability. Sapolsky's explanation for such an evolutionary phenomenon is that prolonged stress, such as psychological stress, is a recent evolutionary development, as opposed to short-term physical stress. Sapolsky feels that prolonged stress caused by psychological events is a consequence of the expansion of the human brain and an altered or novel social way of life. He also feels that the effects of stress on the immune system may be inconsequential or even beneficial over a short term, but for one reason or another, it may become harmful when stress is prolonged. In support of this view, Sapolsky has shown that aged rats are unable to suppress production of glucocorticoids by the adrenals after a stressful event is over. This happens because neurons in the hippocampus, a part of the brain that monitors and controls glucocorticoid levels, are killed by high levels of the hormones occurring over the course of a lifetime. High levels of these hormones damage the feedback system that would normally keep such levels in check (Poggio and Koch 1987). Research on the relationship between stress and the immune system have many implications for health and medical care. Cancer and many other degenerative diseases are now known to be affected by stress.

Biofeedback is another promising area for future research. With biofeedback training, people can learn remarkable control over their brain wave patterns associated with different states of consciousness. There is suggested evidence that epilepsy and insomnia can be treated with biofeedback training. As stated in chapter five, Villoldo and Knippner (1986) feel that perhaps the efforts of Dr. Mendez to explore altered states of consciousness enables him to teach patients to control brain wave patterns in a manner similar to biofeedback training.

Research has flourished recently on biofeedback. Results of this research vary, but some basic principles have emerged. First, it is possible to regulate psychological states which were previously believed to be involuntary. These states include heartbeat rate, body temperature, brain wave rate, and possibly even mood and emotion. Second, it appears that nearly everyone can achieve some competence with biofeedback training. Third, there seems to be some potentially powerful applications for healing. One possible use of biofeedback training is in controlling migraine headaches and related conditions. Headaches are probably related to high tension levels and, to a certain degree, restricted blood flow through the scalp or brain. Tension and blood flow are usually considered functions of the autonomic nervous system. However, in principle, control can be learned through biofeedback. It is uncertain how we learn this control and/or the physiological processes involved, but people who suffer from migraine headaches usually have abnormally cold hands. Through biofeedback training they can learn to warm up their hands as much as twenty-five degrees Fahrenheit, which often eliminates the migraine. Soaking their hands in warm water will make them warmer but it has no effect on their headache, in most cases. It appears that in biofeedback training, by learning to control the flow of blood to the hands, the patient is learning how to relax, and consequently engaging the entire autonomic nervous system in the process. All that is apparently needed to learn voluntary control of a physiological function, that is normally unconscious, is to gain some information about it that we can consciously understand. With biofeedback training the equipment that shows bodily states is not always necessary. After people have worked with biofeedback equipment for a while, they no longer need it. In some way, the subject learns to consciously perceive unconscious states. In this manner, the difference between biofeedback and yoga may not be great. Yoga is harder and takes longer because the adept works on a "random" basis. It is only when the adept gains more control and manages to produce larger changes within the body does such an experience become internalized and directed (Green 1975).

Green (1975) also maintains that biofeedback is not limited exclusively to physiological processes. A substantial amount of research has focused on psychological processes as well. Research

has shown that biofeedback can increase production of theta and alpha brain waves, which in turn produce more well-being, greater work output, and more relaxed personal relationships in most subjects, including mental patients. Biofeedback may underlie Dr. Mendez' claims to a 30 percent success rate with schizophrenic patients. Perhaps through mediums and a trance state patients are able to consciously perceive and control once unconscious states. Consequently, as with patients in the West, they become more relaxed in personal relationships, increase their work output, and enjoy greater well-being in general as a result of such treatment. This technique seems extremely similar to biofeedback training employed in Western psychology and further research on biofeedback is essential.

Hypnosis is another important area for future research when comparing Brazilian spiritual healing and Western psychology. As stated in chapter four, although 40 percent of Western psychologists have used hypnosis at some point in their career, we still do not understand how this process works. Greenfield (in press) maintains that the remarkable surgery performed by Brazilian spiritist healers is possible because patients are in an altered state of consciousness, which is similar to Western hypnosis. According to Villoldo and Knippner (1986), Dr. Mendez feels that the basis of his technique is hypnotic regression, which can take the patient back to childhood or even to a former life. There is much uncertainty, however, about claims that patients can be hypnotically regressed back to former lives. Interestingly, though, Western scientific observations of the mind have shown that the mind has demonstrable external field properties that can be recorded with field-sensitive devices. These observations have shown that the mind can be affected by thought fields, matter, and other life forms.

Acupuncture seems to show how electrical influences can be carried from the exterior to the interior of the human system, and vice versa. Many researchers have confirmed earlier Russian research which showed that electrical exchanges occur at Chinese acupuncture points. Environmental ions are modulated by both electrostatic and magnetic fields. Ions constantly exchange with cold electron emissions from the body at acupuncture points. Forces related to these exchanges come from

terrestrial magnetic and electrostatic fields, as well as similar fields which are created by the electrical functioning of biological cellular systems. Acupuncture therapy that is effective seems to modify electrical biological energy and consequently it can relieve pain. Electrical field measurements of the body, taken before and after the relief of pain with acupuncture, suggest that perception of pain may simply be the mind's recognition of abnormal electrical fields (Maxey 1975).

According to Frank (1973), certain latent features of therapy may actually be the most important determinants of treatment outcome. However, very little research has been done on these proposed features because they seem to defy conceptualization in terms of the scientific world view. Frank feels that perhaps the most basic of these features is the therapist's healing power itself. Many other researchers feel that this was the only valuable aspect of medical treatment for centuries, and it is still extremely important in scientific medicine today. Similarly, the greater the congruency of belief between patient and therapist, the better the treatment outcome. As Frank maintains, since the beliefs and expectations of patient and therapist seem to affect both duration and outcome of treatment, it follows that the more congruent these are, the more successful will be the treatment outcome. He says that a promising area for future research deals with determinants and effects of the patient's expectations and the placebo response. The placebo response is a complex matter involving interaction of personality characteristics, properties of the therapeutic situation, and attitudes toward physicians and medication.

As stated in the introduction, additional systematic study of culturally perceived treatment outcomes is also needed to examine how symbols work and how they elicit responses in a given cultural group. However, the most important area for future research is evaluating non-medical treatment outcomes. Probably because of the numerous difficulties in establishing efficacy, not much research has been done in this area. As stated earlier, rigorous scientific medical evaluation should be made of whether changes have occurred in a patient's biological or biochemical state as a result of either Brazilian spiritual healing or Western psychotherapy. This will require observation before

therapy and extensive follow-up study. Only then can we make a scientifically valid assessment of these two approaches to healing.

CHAPTER 8

Discussion and Conclusions

In this, the concluding chapter, several subjects will be addressed. First, the limitations of this research will be discussed. Second, this thesis will be reviewed. Third, several current problems in Western therapy will be discussed. Fourth, proposed changes in Western therapy will be suggested. Fifth, the conclusions of this research will be summarized and briefly discussed. Finally, some further implications of this research will be examined.

Limitations

In the absence of any first-hand observational data on either Brazilian spiritual healing or Western psychology, this research has been library based. Obviously, this is not the best of all methodologies. However, according to Lett (1987), appeal to authority is a responsible mode of inquiry. Additionally, the judgement of fifty experts is to be trusted over the opinion of one. A library based examination of the topic chosen for study is the only method of investigation available to this researcher at the present time.

Review

This thesis has compared the therapeutic efficacy of Brazilian spiritual healing with that of Western psychology. The relevance of this research is that it may improve our understanding of the apparent success of Brazilian spiritual healing in treating all forms of illness, including many severe psychiatric disorders which are presently incurable in the West.

In chapter one, both Brazilian spiritual healing and Western psychology were introduced. This initial chapter concluded that even a preliminary examination showed that the specific techniques of these two approaches are quite similar. Differences seemed to be related more to variations in

world view rather than to diversity in specific techniques. Chapter two examined Brazilian spiritual healing, focusing specifically on the techniques employed by Dr. Mendez. It concluded that Brazilian spiritual healing and Western psychotherapy are similar in many respects.

An examination of the comparative research in chapter three shows that there are some features of psychotherapy that are common to all societies and cultures. Demoralization is a common property of all the conditions that therapy attempts to relieve. The locus of the major disturbance may be different in different types of distress, but biological, psychological, and social components are always involved to some degree. The therapeutic efficacy of various rationales and techniques may not result from their specific contents, which are different, but from their functions, which are much the same. The therapeutic relationship, setting, rationale, and specific tasks all affect the therapeutic outcome, yet in interrelated ways (Frank 1973).

It was also shown in chapter three that patients improve as a result of all forms of healing. One important aspect related to improvement was congruency of belief between patient and healer. Another important reason for improvement seemed to be the common features of therapy previously mentioned. However, in a large number of cases, improvement occurred without changes in the underlying cause of disease. This seemed to emphasize the importance of the placebo effect in not only traditional healing, as some researchers claim, but also in Western healing.

Chapter four examined therapeutic strategies employed in Western psychology. It focused on the major theoretical orientations in Western psychology. It also discussed Western diagnosis and treatment of schizophrenic disorders because these disorders provide a common ground for comparing the success of specific techniques employed in Brazilian spiritual psychiatry and Western psychiatry.

In chapter five, specific techniques employed in Brazilian spiritual healing and Western psychology were compared. General comparisons between traditional and Western healing were also presented. It was concluded that there are more similarities than differences in these two approaches to therapy. Brazilian spiritual healers do achieve some therapeutic success in treating psychiatric disorders while success is still largely impossible in the West. The reason Brazilian spiritual healers

succeed (to some degree) is related to their ideas and world view. They take an integrated approach where individuals are viewed as complete entities. They also focus on curability rather than chronicity and control, as is the case in the West. In order to render schizophrenia benign we may have to restructure Western therapy.

Chapter six presented one of the central arguments of this thesis. It concluded that the placebo effect is extremely important in both traditional and Western healing. In fact, many researchers feel that the placebo effect is crucial in all forms of healing. They feel that the great lesson of medical history is that the norm of medical practice has always been the placebo. They suggest that even today, in spite of the scientific achievements of this century, the doctor-patient relationship is still the most important aspect of therapy (Houston 1938; Findley 1953; Modell 1955; Shapiro 1960; Gallimore and Turner 1977). Moerman (1983) suggests that the form and content of medical treatment is likely less important than how they induce a placebo effect.

Current Problems in Western Therapy

The fundamental differences in Western and traditional healing generally, as well as Brazilian spiritual healing and Western psychology specifically, result from different perceptions of reality, which originated from the differing historical origins of these two approaches to healing. As previously stated, the dualism seen in Western medical science is the most distinctive factor separating modern from traditional healing. Carlson (1975) emphasizes that this Cartesian dualism led to the Western world taking a mechanistic approach to healing, and that a holistic approach is largely impossible in the West at present. In Western medicine and psychology, only symptoms of disease are treated, while a large range of phenomena which may affect health are mostly ignored.

Carlson (1975) contends that the history of health owes more to adaptation than to medical care. Additionally, the uncontrolled epidemics of the past have been brought largely under control. However, the environmental insults of today are certainly not under control. Continued

contamination of air and water and destruction of habitat and the ozone layer are only a few examples of numerous environmental problems that may eventually threaten our very survival.

In commenting on an article by Wirsing (1985), Logan states that disease never occurs randomly. Patterning is the rule and as cultural patterns change there is substitution of diseases. He says that culture isolates us from some diseases while exposing us to others. This is exemplified clearly by changing disease patterns in the West presently. As stated earlier, many infectious diseases have been brought under control. This has resulted in increased longevity, yet degenerative diseases have replaced infectious diseases as the primary health problem in the West. Carlson (1975) maintains that our medical system is no longer producing health and it may be causing more ills than it cures. For example, iatrogenic diseases, which result from receiving health care, are increasing. He states that roughly 25 percent of all hospital admissions result from injuries incurred by patients who were receiving medical care. In a population that is getting older, people who become alienated from society and depressed, may resort to alcohol and antidepressant drugs. Some take so many of these antidepressants that it causes memory loss, severe depression, and underlies increasing suicide rates. Lithium carbonate, used by psychiatrists to control manic-depression, may cause side effects which range from annoying to deadly. Electroconvulsive shock-therapy, also used by Western psychiatrists, has an unusual number of risks and its effectiveness is highly debatable (Weiten 1986). In fairness to Western psychology, it should be noted that the use of electroconvulsive therapy has decreased steadily in recent years, and is presently used primarily in cases of severe depression (Weiten 1986). It should also be noted that in spite of the significant problem of side effects in drug therapy, these drugs are valuable in permitting many people with severe disorders to return to the community instead of remaining indefinitely hospitalized (Freedman et al. 1976; Weiten 1986).

Carlson (1975) states that the population of the Western world is no longer getting healthier. White male longevity in the United States is actually decreasing. He feels this is due to Western medicine's emphasis on curing rather than preventing disease. It is also concerned more with treating symptoms rather than locating fundamental causes.

Proposed Changes

A holistic philosophy has yet to influence Western medical science. Holroyd (1975) maintains that if health in the West was regarded as a process rather than a static condition, the implications for Western medical science would be immense. Many tend to view disease as falling away from a fixed norm of health and that a cure can reinstate that norm. He maintains further that for a person whose lifestyle has produced stomach ulcers, that to have the offending ulcers surgically removed and then return the patient to a lifestyle that produced the ulcers is no strategy for health. A more holistic, ecological approach to health is needed in both Western medical science and Western psychology. Carlson (1975) and others feel that such an approach is historically sound. It is the way we pursued health in the West before we had modern medicine. It is still largely the way health is pursued in many traditional societies today.

Perhaps Western medical care might do well to follow the example of the Behrhorst Clinic in Guatemala. According to Horton (1987), when Carroll Behrhorst, M.D. left family practice in Kansas, and went to Guatemala in 1962 to open a small clinic offering services to the local Indian population, domestic fiscal problems and a rising foreign debt had forced the government of Guatemala to cut health care expenditures by 60 percent over the preceding decade. If this scenario sounds familiar, the never ending increase in the national debt of the United States could possibly lead to devastating prospects for health care. We are the only major industrial country in the Western world that does not have a national health care system. Obviously, one of the reasons for this is the lack of money to fund such a system. In the United States, millions of people are homeless, and millions more fall through the cracks of our current insurance programs which fund medical care. With all these people disenfranchised and without access to medical care, it does not seem too far removed from the situation with the Indian population when the Behrhorst Clinic opened in 1962. Practitioners at the Behrhorst Clinic soon realized that it was relatively useless to treat the symptoms of disease and return the patient to the same environment that produced it. Like Holroyd (1975) and other researchers previously mentioned, they realized that health care needs to be concerned with

prevention by education and other measures, rather than just providing a cure that is a never ending process. The Behrhorst program is truly eclectic; it has initiated nutrition education, paramedic training, clean drinking water systems, economic cooperatives, and a loan fund. All these efforts improve health. Today, in areas where the broad spectrum of services offered by the Behrhorst program is available, there is evidence of crop improvement, less malnutrition and infectious disease, improved hygiene and sanitation, cleaner water, a greater number of immunized children, and more cash income. There has also been a decline in requests for clinical services as the general health of the people has improved. The land and agricultural loan programs have also enabled many people to produce what they need to eat on their own land (Steltzer 1983). Most of the Behrhorst resources are presently devoted to programs that try to break the cycle of disease by attacking its underlying fundamental causes. This example of successful health care may seem far removed from the comparison of Brazilian spiritual healing and Western psychology, but as Holroyd maintains, if health in the West was regarded as a process rather than a static condition, the implications for Western medical science would prove to be considerable. This example of the Behrhorst Clinic seems to validate Carlson's (1975) contention that the enormous resources spent presently for Western medical care could be more wisely allocated to search for the ameliorating underlying causes of diseases, regardless of whether these are stomach ulcers or severe mental disorders. We will probably find that we need to be more concerned with changing people's life styles through education and prevention and less concerned with the isolation of individuals and treating symptoms. According to Rogers and Evernham (1983), health is defined by the World Health Organization as a state of complete mental, physical and social well-being, and not simply the absence of infirmity or disease.

At present, we still do not understand the etiology of schizophrenia nor do we have much success in treating it. Many researchers agree with Carlson (1975) that a more holistic ecological approach to health care has great potential in solving health problems in the West. They feel that health and disease must be considered on a continuum rather than static entities. For example, Armelagos, Goodman and Jacobs (1976) maintain that such an approach has the potential to

encompass a wider variety of problems than is possible under an engineering, mechanistic approach, with its implicit germ theory of disease. They state that such an approach would suggest ways in which the Host-Insult-Environment complex might be subjected to more rigorous analysis than is presently possible. They feel that the social environment influences the distribution and prevalence of disease. Even when a pathogen has been isolated, this is no guarantee of success because other aspects of the social environment may be insuring the continuation of the disease. We have not been able to eradicate syphilis because of social relations. A similar situation exists for AIDS. Some researchers (Armelagos, Goodman and Jacobs 1976) feel that the etiology of schizophrenia may be associated with constantly changing social and symbolic relationships between individuals. Constantly varying informational input may create a situation where individuals undergo psychological or social stress. Schizophrenia may result from such a situation where a socially precipitated "double bind" situation is created and simultaneous contradictory messages are presented, which have no correct response (Bateson et al. 1956; Singer and Wynne 1966).

Conclusions

Granted there are several limitations affecting the present research, several conclusions can nonetheless be advanced. First, Brazilian spiritual healers apparently do achieve some degree of success in treating schizophrenic disorders while a similar rate of success is still virtually impossible in the West. Second, there are more similarities than differences in the actual techniques of these two approaches to therapy. The third conclusion, however, is that Western psychotherapy and Brazilian spiritual healing are different. Their differences seem unrelated to variations in specific techniques, but are related directly to differences in world view. The success of Brazilian spiritual therapy results from a perception of reality or world view that allows both the healer and patient to take a holistic, integrated approach to therapy. Additionally, the greater the congruency of belief between patient and healer the better the treatment outcome. The last conclusion advanced is that the placebo effect is extremely important in all forms of healing.

As demonstrated in this thesis, there are more similarities than differences in the techniques of traditional vs. Western approaches to healing. It is clear, however, that spiritual therapy and modern psychotherapy are different. The most significant difference between Brazilian spiritual healing and the major orientations of Western psychology is the use of mediums to manipulate superhuman forces and call on patients to believe in these forces. However, in Western medicine the hypothesis persists that most mental illnesses are products of damaging experiences of early life. The use of psychoanalysis and other forms of psychotherapy in the West, as opposed to the use of mediums in Brazilian spiritual therapy, seems to be not so much a difference in the technique itself, as a difference in the application of the same technique. The goal of this technique of regression in both cases is to integrate the psyche of the patient. As Frank (1973) maintains, Western psychotherapies would certainly be ineffective in cultures that attribute illness to spirit possession and/or believe in reincarnation. It is just as certain that the use of mediums would be equally ineffective in the West. This seems to be a case of using the same technique of regressing patients back to an earlier stage of life in the West, or to a former lifetime in Brazil. Application of this technique of regression differentially, because of differences in world view, illustrates another conclusion of this thesis. Evidence all through this research seems to support the conclusion that the greater the congruency of belief between patient and healer, the better the treatment outcome. It seems clear from the present research is that the placebo effect is extremely important in all forms of healing. It may well be the most important reason why Brazilian spiritualists achieve a degree of success in treating schizophrenia not found in the West. The congruency of belief between patient and healer, and the resulting faith created by the power of suggestion, may trigger the placebo response in a manner that we still do not understand. In contrast, Western psychiatrists do not believe that a cure is possible. Consequently, a similar adverse response is triggered in their patients.

Further Implications

In taking an anthropological view of healing in this research, it has become apparent that the certainties of one culture may be the doubts of another. It is also apparent that Western scientific medicine and psychology are currently encountering problems that we cannot presently overcome. This clearly suggests that we need to examine the health philosophies of other cultures in search of solutions. This researcher agrees with Holroyd (1975) that it may take considerable time to change entrenched and institutionalized attitudes. Western philosophy, religion, and science are all based on dualistic concepts. In our civilization, mind and body, spirit and matter, conscious humanity and unconscious nature are all regarded as irreconcilable opposites. Technology and industrialism are also based on dualistic concepts. They are based on the idea of humans using and exploiting nature. In contrast, traditional philosophies have always been based on singular, unitive view of the universe. However, there has been a gradual convergence of Western and traditional philosophies. As mentioned in the introduction, new discoveries in neuroendocrinology and other phenomena, such as biofeedback and Eastern meditative techniques, are making a reassessment of traditional healing essential. When these new discoveries are coupled to the practice of medicine, it becomes apparent that an even greater convergence of Western and traditional philosophy will emerge. It now seems clear that in the West we are at a point where we should be more receptive to other modes of healing. We can no longer casually dismiss claims about spiritual healing and psychic surgery as being improbable and unproven. To continue to do so might even be considered irresponsible and unscientific (Holroyd 1975). This researcher certainly advocates a holistic approach to healing.

In making this statement the author does not mean to cast doubt on the accomplishments and/or validity of Western scientific medicine, or to suggest that we return exclusively to folk medicine. Rene Dubos (1979) says that he has always felt that the only trouble with scientific medicine is that it is not scientific enough. Modern medicine will truly become scientific when physicians and patients learn to manage the forces of the mind and body and learn to fully comprehend and completely engage the healing power of nature in the treatment process.

As a final note it must be stressed that we need to critically examine our own perception of reality, and carefully reassess traditional philosophy, especially as it relates to health care. In so doing we will remain in keeping with the true philosophy of scientific investigation. The pursuit of knowledge is not a goal but a never ending journey. History has shown us that the mysteries of today may become the common knowledge of tomorrow. Scientifically valid inquiries into spiritualist healing will inevitably increase our knowledge regarding health care. Such inquiries may also enable us to eventually project a more comprehensive perception of reality, thereby improving how we respond to, and recover from, sickness.

BIBLIOGRAPHY

BIBLIOGRAPHY

Alexander, Franz and Thomas S. Szasz

1952 The Psychosomatic Approach in Medicine. In The Impact of Freudian Psychiatry. edited by Franz Alexander and Helen Ross. University of Chicago Press. Chicago and London.

American Psychiatric Association

1987 Diagnostic and Statistical Manual of Mental Disorders (Third Edition Revised) DSM-III-R. American Psychiatric Association. Washington, D.C.

Armelagos, George J., Alan Goodman, and Kenneth H. Jacobs

1976 Disease and the Ecological Perspective. The Ecologist 6(2):40-44.

Barrett, Robert J.

1988 Interpretations of Schizophrenia. Culture, Medicine, and Psychiatry 12(3):357-388.

Bartolomé, Miguel

1979 Shamanism Among the Avá-Chiripá. In Spirits, Shamans, and Stars: Perspectives from South America. edited by David L. Browman and Ronald A. Schwarz. Mouton Publishers. The Hague, Paris, New York.

Bateson, G., D. D. Jackson, J. Haley and J. H. Wookland.

1956 Toward a Theory of Schizophrenia. in Behavior Science 1:251.

Beecher, H.K.

1961 Surgery as Placebo. Journal of the American Medical Association 176:1102-07.

Brett, George S.

1921 A History of Psychology Vol. II Medieval and Early Modern Period. The MacMillan Company. New York.

Brown, Diane

1986 Umbanda: Religion and Politics in Urban Brazil. UMI Research Press. Ann Arbor.

Cannon, Walter

1942 Voodoo Death. American Anthropologist 44(2): 167-181.

Cannon, Walter

1953 Bodily Changes in Pain, Hunger, Fear and Rage. 2nd ed. Charles T. Branford Company. Boston.

Cannon, Walter

1957 "Voodoo" Death. Psychosomatic Medicine 19(3):182-190.

Carlson, Rick J., ed.

1975 The Frontiers of Science and Medicine. Wildwood House, Ltd. London.

- Chapman, A.H.
1967 Textbook of Clinical Psychiatry. J.B. Lippincott Company. Philadelphia and Toronto.
- Cousins, Norman
1979 Anatomy of an Illness as Perceived by the Patient. Norton. New York.
- Cousins, Norman
1983 The Healing Heart. Norton. New York.
- Dobkin de Rios, M.
1981a Saladera--A Culture Bound Misfortune Syndrome in the Peruvian Amazon. Culture Medicine and Psychiatry 5:193-213.
- Dobkin de Rios, M.
1981b Socio Economic Characteristics of an Amazon Urban Healer's Clientele. Social Science and Medicine 15B:51-63.
- Dobkin de Rios, M.
1984 The Vidente Phenomenon in Third World Traditional Healing: An Amazonian Example. Medical Anthropology 8(1):160-170.
- Dobkin de Rios, M.
1989 A Modern Day Shamanistic Healer in the Peruvian Amazon: Pharmocopia and Trance. Journal of Psychoactive Drugs 21(1):91-99.
- Dow, James
1986 The Shaman's Touch: Otomí Indian Symbolic Healing. University of Utah Press. Salt Lake City, Utah.
- Dubos, Rene
1979 Introduction. In Cousins, Norman Anatomy of an Illness as Perceived by the Patient. Norton. New York.
- Dunlap, D., T. Henderson, and R. Inch
1952 Survey of 17,301 Prescriptions of Form Ec 10. British Medical Journal. 1:292-295.
- Eliade, Mircea
1964 Shamanism: Archaic Techniques of Ecstasy. Bollingen Foundation. New York, New York.
- Evans, F.
1985 Expectancy, Therapeutic Instructions, and the Placebo Response. In Placebo: Theory, Research, and Mechanism. edited by L. White, B. Tursky, and G. Schwartz. The Guilford Press. New York.
- Fernandez, James W.
1965 Symbolic Consensus in a Fang Reformatory Cult. American Anthropologist 67:902-928.
- Findley, T.
1953 The Placebo and the Physician. Medical Clinics of North America 37:1821.

- Finkler, Kaja
1975 "Mediums and Curers: An Alternate Road to Health." Paper read at the Detroit Psychoanalytic Society. Nov. 19.
- Finkler, Kaja
1980b Non-medical Treatments and Their Outcomes. Culture, Medicine, and Psychiatry. 4:301-340.
- Finkler, Kaja
1981a Non-medical Treatments and Their Outcomes, Part Two: Focus on Adherents of Spiritualism. Culture, Medicine, and Psychiatry. 5:1-38.
- Finkler, Kaja
1983 Studying Outcomes of Mexican Spiritualist Therapy. In The Anthropology of Medicine: From Culture to Method. edited by Lola Romanucci-Ross, Daniel E. Moerman, and L.R. Tancredi. Praeger Scientific. J.F. Bergin Publishers. New York.
- Finkler, Kaja
1985 Spiritualist Healers in Mexico: Successes and Failures of Alternative Therapeutics. Bergin and Garvey Publishers, Inc. South Hadley, Massachusetts.
- Foster, George M.
1976 Disease Etiologies in Non-Western Medical Systems. American Anthropologist 78:773-780.
- Frank, Jerome D.
1973 Persuasion and Healing: A Comparative Study of Psychotherapy. The Johns Hopkins University Press. Baltimore and London.
- Freedman, A. M., H. I. Kaplan and B. J. Sadock.
1976 Modern Synopsis of Comprehensive Textbook of Psychiatry/II. Williams & Wilkins. Baltimore.
- Gallimore, R. G. and J. L. Turner
1977 Contemporary Studies of Placebo Phenomena. In Psychopharmacology in the Practice of Medicine. edited by M. E. Jarvik. Appleton-Century-Crafts. New York.
- Garrison, F. H.
1921 An Introduction to the History of Medicine. W. B. Saunders Company. Philadelphia.
- Garrison, Vivian
1977 "Doctor Espiritista or Psychiatrist: Health-seeking Behavior in a Puerto Rican Neighborhood of New York City." Medical Anthropology 1:65-100.
- Goddard, H. H.
1899 The Effects of Mind on Body as Evidenced by Disorders. American Journal of Psychology 10(3):431-502.
- Green, Elmer
1975 Biofeedback and Voluntary Control of Internal States. In The Frontiers of Science and Medicine. edited by Rick J. Carlson. Wildwood House, Ltd. London.

Greenfield, Sidney M.

1968 Patronage Networks, Factions, Political Parties and National Integration in Contemporary Brazilian Society. Discussion Paper No. 12, Center for Latin America. University of Wisconsin-Milwaukee.

Greenfield, Sidney M.

1972 The Analysis of Patron-Client Relations: An Introduction. In Structure and process in Latin America. edited by Arnold Strickon and Sidney Greenfield. University of New Mexico Press. Albuquerque, New Mexico.

Greenfield, Sidney M.

1979 Domestic Crises, Schools, and Patron-Clientage in Southeastern Minas Gerais. In Brazil: Anthropological Perspectives. edited by M. Margos and W. Carter. Columbia University Press. New York.

Greenfield, Sidney M.

1987 The Return of Dr. Fritz: Spiritist Healing and Patronage Networks in Urban Industrial Brazil. Social Science Medicine 24(12):1095-1108.

Greenfield, Sidney M.

In Press. Hypnosis and Trance Induction in the Surgeries of Brazilian Spiritist healer-mediums. Unpublished manuscript.

Haggard, H. W.

1934 The Doctor in History. Yale University Press. New Haven.

Halifax, Joan

1982 Shaman: The Wounded Healer. Crossroad. New York.

Hall, A. R. and M. B. Hall

1964 A Brief History of Science. Signet. New York.

Holroyd, Stuart

1975 The May Lectures: An Overview. In The Frontiers of Science and Medicine. edited by Rick J. Carlson. Wildwood House Ltd. London.

Horton, Jonathan C.

1987 The Behrhorst Foundation at 25 Years. The New England Journal of Medicine. 316:1666-1669.

Houston, W. R.

1938 Doctor Himself as Therapeutic Agent. Annual Int. Med. 11:1416.

Jenkins, Janis H.

1988 Ethnographic Interpretations of Schizophrenic Illness: The Problem of Nervios Within Mexican-American Families. Culture, Medicine, and Psychiatry 12(3):301-329.

Joralemon, Donald

1985 Altar Symbolism in Peruvian Ritual Healing. Journal of Latin American Lore 11:13-29.

- Jospe, Michael
1978 The Placebo Effect in Healing. D. C. Heath and Company. Lexington, Massachusetts and Toronto.
- Kleinman, Arthur
1980 Patients and Healers in the Context of Culture. University of California Press. Berkeley.
- Kleinman, Arthur and Lillias H. Sung
1979 Why Do Indigenous Practitioners Successfully Heal? Social Science and Medicine 13B(1):7-25.
- Krippner, Stanley
1987 Cross-Cultural Approaches to Multiple Personality Disorder: Practices in Brazilian Spiritism. Ethos 15(3):273-295.
- Kurland, A. A.
1957 The Drug Placebo--Its Psychodynamic and Conditional Reflex Action. Behavioral Science 2:101-110.
- Lacey, J. Hubert and Tom Burns, eds.
1989 Psychological Management of the Physically Ill. Churchill Livingstone. Edinburgh, London, New York.
- Lambo, Thomas A.
1984 Psychotherapy in Africa. In Conformity and Conflict. edited by J. P. Spradley and D. W. McCurdy. Little, Brown, and Company. Boston.
- Leff, Julian
1988 Psychiatry Around the Globe: A Transcultural View. Marcel Dekker, Inc. London.
- Lett, James
1987 The Human Enterprise: A Critical Introduction to Anthropological Theory. Westview Press. Boulder and London.
- Ley, R. G. and R. J. Freeman
1984 Imagery, Cerebral Laterality and the Healing Process. In Sheikh, A. A. (ed.) Imagination and Healing. Baywood. Farmingdale, New York.
- Logan, Michael
1985 Commentary on 'The Health of Traditional Societies and the Effects of Acculturation.' Current Anthropology 26(3):303-315.
- Major, R. H.
1955 Classic Descriptions of Disease. C. C. Thomas Publishers. Springfield, Illinois.
- Maxey, E. Stanton
1975 Man, Mind, Matter and Fields. In The Frontiers of Science and Medicine. edited by Rick J. Carlson. Wildwood House, Ltd. London.
- Modell, W.
1955 The Relief of Symptoms. W. B. Saunders. Philadelphia.

- Moerman, Daniel E.
1983 Physiology and Symbols: The Anthropological Implications of the Placebo Effect. In The Anthropology of Medicine: From Culture to Method. edited by Lola R. Ross, Daniel E. Moerman, and Laurence R. Tancredi. Praeger Publishers. New York.
- Moore, Lorna G., Peter W. Van Arsdale, Robert A. Aldrich, and Joann E. Glittenberg
1980 The Biocultural Basis of Health: Expanding Views of Medical Anthropology. The C. V. Mosby Company. St. Louis, Toronto, London.
- Mora, George
1967 History of Psychiatry. In Comprehensive Textbook of Psychiatry. edited by Alfred M. Freeman, Harold I. Kaplan, and Helen S. Kaplan. The Williams & Wilkins Company. Baltimore.
- Ortiz de Montellano, Bernard R.
1982 Minorities and the Medical Professional Monopoly: Political and Ethical Aspects of the Interaction of Scientific and Traditional Medicine In Science. Aspects of American Hispanic and Indian Involvement In Biomedical Research. edited by J. Martinez and Diane I. Martinez. Society for Advancement of Native Americans. Bethesda, Maryland.
- Pepper, O. H.
1945 A Note on the Placebo. American Journal of Pharmacology 117:409.
- Poggio, Thomas and Christof Koch
1987 Synapses that Compute Motion. In Scientific American 256(5):46-68d.
- Rappaport, Roy A.
1979 Ecology, Meaning, and Religion. North Atlantic Books. Richmond.
- Rapport S. and H. Wright
1952 Great Adventures in Medicine. Dial Press. New York.
- Rivers, W. H. R.
1908 The Influence of Alcohol and Other Drugs on Fatigue. Edward Arnold Publishers. London.
- Rivers, W. H. R.
1927 Medicine, Magic, and Religion. Harcourt Brace & Company. New York.
- Rogers, Spencer L. and Lorraine Evernman
1983 Shamanistic Healing Among the Digweño Indians of Southern California. In The Anthropology of Medicine: From Culture to Method. edited by Lola-Romanucci Ross, Daniel E. Moerman, and L. R. Tancredi. Praeger Scientific. J. F. Bergin Publishers. New York.
- Roniger, L.
1981 Clientelism and Patron-Client Relations: A Bibliography. In Political Clientelism, Patronage, and Development. edited by S. N. Eisenstadt and R. Lemarchand. Sage. London.

- Roniger, L.
1987 Calculamo and Coronallismo: Contestual Dimension of Patron Brokerage in Mexico and Brazil. Latin American Research Review 22(2):71-100.
- Ross, Richard S.
1975 "Ischemic Heart Disease: An Overview." American Journal of Cardiology 36:496-505.
- Rossi, Ernest L.
1986 The Psychobiology of Mind-Body Healing. W. W. Norton and Company, Inc. New York and London.
- Rossi, Ernest L. and David B. Cheek
1988 Mind-Body Therapy. W. W. Norton and Company, Inc. New York and London.
- Sandstrom, A. R.
1986 Paper Spirits of Mexico. Natural History 1:67-72.
- Sandstrom, A. R. and P. E. Sandstrum
1986 The Hausteca Culture Area. In Traditional Papermaking and Paper Cult Figures of Mexico. University of Oklahoma Press. Norman, Oklahoma.
- Sargant, William
1974 The Mind Possessed: A Physiology of Possessing Mysticism and Faith Healing. J. B. Lippincott Company. Philadelphia and New York.
- Scrimshaw, Susan C. M. and Elizabeth Burleigh
1978 The Potential for the Integration of Indigenous and Western Medicines in Latin America and Hispanic Populations in the United States of America. In Modern Medicine and Medical Anthropology in the United States-Mexico Border Populations. edited by Dr. Boris Velimirovic. pp. 31-42.
- Shapiro, Arthur K.
1960 A Contribution to the History of the Placebo Effect. Behavioral Science 5(2):109-135.
- Sharon, Douglas
1979 A Peruvian Curandero's Seance: Power and Balance. In Spirits, Shamans, and Stars. edited by David L. Browman and Ronald A. Schwarz. Mouton Publishers. The Hague, Paris, New York.
- Simons, R. C. and Charles C. Hughes
1985 The Culture Bound Syndromes: Folk Illness of Psychiatric and Anthropological Interest. Reidel Publishing. Dordrecht, Holland.
- Singer, M. T. and L. C. Wynore
1966 Principles for Scoring Communication Defects and Deviancy in Parents of Schizophrenics. In Psychiatry 29:260.
- Steltzer, Uli
1983 Health in the Guatemalan Highlands. University of Washington Press. Seattle, London.

- Taylor, Kenneth I.
1979 Body and Spirit Among the Sanumá (Yanomama) of North Brazil. In Spirits, Shamans, and Stars. edited by David L. Browman and Ronald A. Schwarz. Mouton Publishers. The Hague, Paris, New York.
- Thomas, L.
1980 The Medusa and the Snail. Bantam Books. New York.
- Tomb, D. A.
1984 Psychiatry and The House Officer. 2nd ed. Williams and Wilkins. Baltimore.
- Van Dyke, H. B.
1947 The Weapons of Panacea. Scientific Monthly. 64:322.
- Villoldo, Alberto and Stanley Krippner
1986 Healing States. Simon and Schuster, Inc. New York.
- Walsh, Roger N.
1990 The Spirit of Shamanism. Jeremy P. Tarcher, Inc. Los Angeles.
- Warner, Richard
1988 A Response to Dr. Barrett. Culture Medicine and Psychiatry 12(3):389-395.
- Weiten, Wayne
1986 Psychology Applied to Modern Life: Adjustment in the 80s 2nd Edition. Brooks/Cole Publishing. Monterey, California.
- White, Leonard, Bernard Tursky, and Gary E. Schwartz
1985 Placebo: Theory, Research, and Mechanisms. The Guilford Press. New York and London.
- Wickramasakera, I.
1985 A Conditioned Response Model of the Placebo Effect: Predictions from the Model. In Placebo: Theory, Research, and Mechanisms. edited by Leonard White, Bernard Tursky, and Gary Schwartz. The Guilford Press. New York and London.
- Wirsing, Rolf L.
1985 The Health of Traditional Societies and the Effects of Acculturation. Current Anthropology 26(3):303-315.

VITA

Joseph Cameron Buchanan was born in Marion, North Carolina on December 5, 1933. He graduated from Marion High School in 1951, where he served as president of his class for three years. He played first French Horn in the North Carolina All-State High School Band. He was active in the Debating Club and was runner-up to State debating champion in 1951. He attended the University of Kentucky on a music scholarship for two years. He won a scholarship to the University of Illinois Champaign/Urbana where he played First Horn in the Concert Band and Student Orchestra and received his Bachelor of Music degree in 1955. Following graduation, he directed high school band and chorus in Winston Salem, North Carolina. In 1987 he entered The University of Tennessee, Knoxville and will receive a Master of Arts degree in Anthropology in May 1993.