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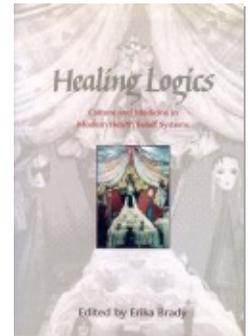
Published by Utah State University Press

Brady, Erika.

Healing Logics: Culture and Medicine in Modern Health Belief Systems.

Utah State University Press, 2001.

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UNDERSTANDING FOLK MEDICINE

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INTRODUCTION

Both the term “folk medicine” and the conceptual category to which it refers are academic constructs that identify a particular subset of healing and health care practice. The most common interpretation of folk medicine in both popular and professional thought is that it represents a body of belief and practice isolated in various ways from the social and cultural “mainstream” and intriguingly unaffected by “modern” knowledge, with which it is frequently compared on the apparent presumption that “folk” and “modern” are mutually exclusive classifications. Folk medicine thus tends to be conceptualized within a hierarchical model of knowledge and sophistication of thought, in which it is typically located in a sort of lower midsection between official, scientific medicine at the hierarchical pinnacle and “primitive” medicine on the bottom stratum.

In part this schema is a product of the widely influential nineteenth-century Anglo-European theory of cultural evolution. From this perspective, medicine, like the rest of culture, was presumed to have developed “upward” in a largely linear and unidirectional progression from its crudest, most primitive form into its modern, Western, highly sophisticated state. All that was most effective, according to this theory, was retained and improved upon during this ascent, while discarded and obsolete ideas and practices drifted “downward” and were preserved in the “lower layers” of culture (somewhat tautologically identified by their difference from or incongruence with the social class and cultural heritage membership of those who articulated the theory). This model remains very influential in current popular and professional thought, despite

the fact that the evolutionary view of culture on which it was based has been largely dismissed by most modern scholars of culture.

The simple evolutionary model leads almost inevitably to the erroneous conclusion that folk medical resources are by definition outdated and uninformed, and to the equally erroneous presumption that they are likely to be replaced by conventional biomedicine through improved access, together with the processes of education and acculturation. (Until quite recently this was the typical medical and academic perception of all the health care resources now gaining increasing popularity and legitimacy, under the general heading of complementary and alternative medicine, and it remains most persistent with respect to those nonbiomedical systems and modalities classified as “folk.”) On the other hand, there are also those who romanticize folk medicine, inverting the value structure to portray it as an important repository of once-universal human knowledge and talents abandoned or forgotten in the push for progress and increasingly complex technological development (Fulder 1982; Grossinger 1982). The romantic view leads to misattributions to, and misinterpretations of, folk medical traditions. Neither of these models is an accurate or sufficient depiction of the nature of folk medicine, of its robust persistence in modern times, or of the complexity of the interactions between folk medicine and other health and healing resources—both through history and in the present day.

DEFINING FOLK MEDICINE

What makes some medicine “folk” is not the particular content of the system of knowledge and practice, but the mode of transmission together with the status of the system by comparison with whatever other medical system is recognized as “official” in the local context (Yoder 1972; Press 1978). Folklorists generally consider a heavy reliance on oral transmission to be a definitive feature of all aspects of folk culture. By this standard, folk medical systems are those learned and maintained primarily through oral channels. Because in the United States there is at present practically no cultural or identity group that is entirely independent of print and other technological media, the criterion of oral transmission is relative; that is, folk healing traditions have greater reliance on orality by comparison with other healing systems that rely primarily on (usually fairly standardized) printed information sources. Unofficial status, with respect to “official” dominant cultural forms, is another defining feature of folk knowledge and practice. These two characteristics—unofficial status and strong reliance on oral transmission—therefore interact in defining folk medicine.

Oral traditions involve relatively direct communication among individuals who share enough values and meanings for the communication to be accurately and easily interpreted, and for responses to have a direct and immediate impact. Thus folk medical traditions tend to show regional variation and to accommodate specific local conditions, as well as to be closely tied to groups or populations who share important identity-defining features such as a particular ethnicity (for example, the Pennsylvania German *Bräuche* or powwow tradition), a broadly shared cultural heritage (like the recognition by many distinct Latino populations of a hot/cold classificatory index for foods, medicines, and bodily states), or common regional influences (for instance, both blacks and whites in the Appalachian South share many aspects of regional folk herbalism and its related worldview and theories of disease causation).

Particularly in the present day, oral traditions often supplement direct, face-to-face speech with additional communicative media. In the United States these occasionally include use of telephones and circulation of audio- and videotapes to disseminate and maintain the vigor of traditional knowledge and practice and to accomplish or facilitate diagnostic and therapeutic ends, as well as exchanges of self-care information and recommendations by phone, fax, and internet. In addition, most do include some written source materials. For example, many refer closely to various religious scriptural sources and several include handwritten or printed books of recipes, formulae, verbal charms and prayers, and interpretive dicta.

PRAGMATIC AND SYSTEMATIC NATURE OF FOLK MEDICINE

Several significant oversights have characterized the study of folk medicine until quite recently. For example, although folk medicine, like all medicine, carries both benefits and risks, the effectiveness of folk medical practices has seldom been studied (with the exception of some ethnobotanical studies of medicinal plants), tending rather to be dismissed *a priori* as improbable. (One consequence of this persistent academic blind spot is that we have no independently verifiable record of the benefits or detriments of the majority of folk medical practices, or of their effects on health outcomes.) The precepts and practices of folk medicine have usually been presumed to be erroneous, and therefore thought to survive mainly through unexamined habitual usage or cultural custom. However, it is precisely the health promoting capacities of any system or therapeutic modality that are of greatest importance to its proponents and users. People dealing with health problems are typically quite pragmatic in approaching and evaluating any form of treatment or remedy: if it seems not to work, or produces effects that are too unpleasant, it tends to be

rejected; if it seems to work, it tends to be supported and retained in the repertoire of healing resources likely to be tried again (and recommended to others). This pragmatism operates at both individual and collective levels. Folk healing traditions' reputations for efficacy, based on aggregate observation and experience, are central to their persistence and continued vitality.

Folk medicine has historically been viewed as a rather random aggregation of disparate ideas and practices. The presumed randomness and fragmentation, however, are attributions based largely on insufficient depth of study and unexamined assumptions. In fact, folk medical beliefs and practices are typically organized into complex and coherent systems of thought, action, and content (Hufford 1988a, 1992, 1994). Folk medical systems encompass, for example, complex bodies of knowledge and belief, specific modes of knowledge production (intuition, introspection, experimentation), evaluative processes applied in assessing the effectiveness of interventions and the qualifications of practitioners, definitions and categories of health and illness, explanatory models (Kleinman 1975, 1984) of disease etiology and human function, theories relating cause and nature of illness to preventive and therapeutic choices, specific repertoires of diagnostic and therapeutic actions and materia medica, generalist and specialist practitioners and the means to their training and legitimation within the system (apprenticeship, cross-gender training, supernatural selection), self-care modalities, and generative principles for formulating system-consistent responses to new input arising from confronting novel situations (O'Connor 1995a) and from interactions with other systems, including biomedicine.

One significant reason that the systematic organization of folk medicine has been overlooked for so long is the fact that in modern Western society systematization is a characteristic explicitly associated with official status. In conventional biomedicine, for example, the use of textbooks and specified curricula; the development of professional societies, standardized practice guidelines, licensure requirements, and regulatory legislation; the establishment of third-party payor systems following minutely articulated reimbursement criteria; and a host of other features of official culture foster the development and articulation of explicit systematization. In addition, these interconnecting features cause the systematization to be socially visible and prominently displayed in institutional forms—clearly enough, in fact, that ordinary people commonly refer to the entire aggregate as “the [health care] System.”

Folk medicine, by contrast, generally relies more heavily on oral than printed transmission; is passed on more by observation and apprenticeship than by collective instruction in institutional settings; does not follow specific curricular formulations; does not seek or generate formal licensure or legal

sanctions; does not give rise to professional publications or practitioner associations, or establish ties with external payors; and functions without internal or external requirements of standardization. These characteristics do not generate the explicit display of a systematic framework of organization. However, the lack of such visible expression is not an indication that no systematization exists. Within any folk healing tradition, the ways in which practitioners are selected, trained, and recognized as legitimate and qualified are interconnected, and are articulated with such other aspects of the system as help-seeking patterns (from self-care to seeking the services of a practitioner), understandings of illness causation, modes of recompense for services, and so forth.

For example, in spiritist healing traditions, practitioners are often identified initially through some form of supernatural indication or selection, and acquire their specialized knowledge through a combination of apprenticeship with recognized healers and mystically or intuitively acquired knowledge. Their “credentials,” consisting of their communities’ collective evaluations of them, derive in part from the reputations of those with whom they have trained, and in part from their cumulative personal reputations for proper and successful practice. Clients dealing with health problems are aware of a range of possible causes of illness, from environmental factors to spiritual or supernatural ones. The client or patient who believes an illness to be mild, or to have only material causes, typically begins with self-treatment through widely familiar home remedies, may move to consultation with an herbalist who has more specialized knowledge if results are not satisfactory, and upon suspecting that the illness has a spiritual cause, then may seek the services of the spiritist healer. The healer, having acquired his or her abilities as supernatural or divine gifts, may refuse to charge for services rendered, though the patient or a close relative may nevertheless leave an offering of goods or money in exchange or in gratitude. All of these features are systematically linked through shared bodies of knowledge and principles of action that form a coherent and integrated whole. Members of the system may nevertheless be unable to describe it in much detail, to identify its many components, or to articulate the principles by which these features are interconnected: they can *do* it, even if they cannot *say* precisely how and why.

The most useful explanatory analogy is language. Official (“correct”) English has a rigorous and highly complex systematic structure that is codified in books. There are official English speakers and teachers who can recite the rules and correct inaccurate usages. Practically all American children are exposed to much of this official system, and some even learn it, though most do not achieve proficiency in articulating its structural elements and principles. Folk language (for instance local dialects and vernaculars, or slang) does

not have such a prominent codified system, but linguists have amply demonstrated that a complex system is nonetheless present and is consistently acted upon. Speakers speak their particular linguistic forms correctly (with varying degrees of individual competence) and recognize errors, but they generally find it difficult to state the rules behind the distinctions. A linguist can infer the rules, however, through observation, analysis, and the questioning of speakers, and can construct an accurate descriptive grammar on the basis of these inferences.

Systems of folk medical belief and practice operate in the same fashion. Believers vary both in the scope of their traditional knowledge and in their competence to act within the system. Some, for example, folk healers, may be able to state the theoretical basis or directly describe substantial portions of the system, but the entire system is rarely available for direct inspection. The natural form for the expression of folk medical knowledge is in actions and in narratives about events. The theories and complex content of the systems must therefore at least in part be inferred from observing and listening to those who act within them. Then, like linguistic inferences, they can be checked with “insiders” for validity and situational applicability.

CORE CONCEPTS AND CHARACTERISTICS

Folk medicine in the United States comprises a very large and diverse array of health practices and beliefs. Because of the ethnic and cultural heterogeneity of the U.S. population, American folk medicine bears the influences of healing traditions and practices from all over the world. Although the range of distinct folk medical systems and modalities in the United States is enormous, many of these systems do share a number of fundamental concepts that can be broadly identified—so long as one bears in mind that the fine points of specific interpretations and the precise combinations in which they are found vary from system to system.

Characteristics of folk medical systems

- Transmission primarily through oral means, coupled with unofficial status
- Health as harmony or balance
- Interrelation of body, mind, spirit
- Vitalism
- Magical or supernatural elements
- Thoughts and emotions as etiologic factors
- Concern with underlying causes
- Positive/negative energies; transference of energies
- Moral tone; meaning of illness

Health as harmony or balance. Most folk medical systems define health in terms of some form of harmony or balance. This balance can be among bodily humors or regulatory substances; innate properties such as heat and cold or yin and yang; forces such as upward and downward or inward and outward motion; states of the blood or other vehicles of internal bodily nourishment and cleansing; or periods of activity and rest. The spectrum of health practices is informed by this concept of balance. Many Latino, Caribbean, Asian, and Southeast Asian folk traditions, for example, incorporate a balance between hot and cold properties of foods, medicaments, and symptoms or bodily states. Cold conditions are offset with hot foods and medicines; hot conditions with cool ones. The goal of preventive and therapeutic actions is to maintain or restore health by moving toward a neutral center, usually with a preference for remaining slightly on the warm side (Harwood 1971, 1981; Schreiber and Homiak 1981; Duong 1987; LaGuerre 1987; Assanand et al. 1990; Gleave and Manes 1990).

In addition to internal states of equilibrium, harmony between the individual and external factors such as social, environmental, spiritual, and cosmological elements may affect health. For example, times of seasonal change are typically regarded as times of particular vulnerability to illness, and may require special protective steps such as seasonal “tonics,” specific foods to be taken or avoided, and attention to health-promoting dress. Protection from exposure to cold, particularly in the form of cold air, drafts, and wind is a common preventive measure against ill health (indeed, it is difficult to find a person of *any* background or persuasion who did not grow up with some form of routine familial advice concerning protection from cold for reasons of health maintenance and disease prevention). This concern accompanies a pervasive conviction that cold can enter the body and accumulate, causing or contributing to a large variety of illnesses both immediately and in the (even quite distant) future (Snow 1974; Helman 1978; Ragucci 1981; Duong 1987). Cosmological factors such as lunar and astrological cycles may also be identified as affecting health or vitality in a variety of ways. These may call for behavioral adjustments to maintain a healthful balance or reduce health risk, and may be factored into the planting, harvesting, and preparation of medicinal plants and other substances (Snow 1977; Crellin and Philpott 1990).

Interrelation of body, mind, and spirit. Most folk healing systems assume a complex interconnectedness of body, mind, and spirit (Harwood 1977; Trotter and Chavira 1981; Reimensnyder 1982; Hufford 1985, 1993; Duong 1987; LaGuerre 1987; Hufford and Chilton 1996). The balance and harmony that define health incorporate all of these aspects of persons, and disturbances in

any of the aspects can produce sickness and symptoms in any of the others. Physical injury or sickness may bring about mental, emotional, or spiritual unwellness; emotional disturbance and mental unrest or worry may cause or exacerbate physical illness and disease. Spiritual well-being and harmony may be crucial aspects of health, and are variously defined in terms of an individual's inner state as well as in terms of relationships between human individuals and spiritual entities understood to interact with the material world and to influence personal health and more general well-being (success, prosperity, happiness, social relations) in a variety of ways.

Vital force or essence. The human body is understood in most folk medical systems to be animated and sustained by a special type of force, energy, or essence whose presence and proper activity are essential to life and health. The nature, source, behavior, and manipulability of this life-sustaining force are variously defined across systems. There is a wide range of spiritual and metaphysical interpretations of this vital force, including, in some systems, connection of each individual's vital force with universal or cosmological fonts or reservoirs (Davis 1988). Damage to or disturbance, obstruction, or capture of the vital force leads to illness; restoration of its proper embodiment, freedom, and function promotes healing.

Magical and supernatural elements. A significant number of folk medical systems recognize magical and supernatural elements in disease etiology. These may include, for example, sin as a direct cause of illness and disharmony; interventions by deities or spirit entities causing illness as retribution or reminder; undesirable states of spirit possession or intrusion (Duong 1987); spiritual causes such as soul loss or capture (Harwood 1981; Trotter and Chavira 1981; Rubel et al. 1984; Davis 1988; Dinh et al. 1990; Stephenson 1995); and malign human agency such as cursing, hexing witchcraft, and sorcery (Harwood 1977, 1981; Ragucci 1981; Reimensnyder 1982; LaGuerre 1987; Davis 1988; Brainard and Zaharlick 1989).

In some systems there are illness types that are specific to supernatural or magical causation. In addition, many systems recognize the possibility of variable causation, including supernatural elements, for *any* type of disease or illness (mental illnesses, infectious diseases, cancers, et cetera). Particular developments or details of an illness episode may suggest that supernatural causal factors are involved. In Haitian and Haitian-American folk healing tradition, for example, a magical or supernatural origin for disease may be suggested by sudden and severe onset, or by an unusually protracted course (LaGuerre 1987); in many Latino cultures, by either lengthy duration or failure

to respond to standard (folk or conventional) treatment (Harwood 1977, 1981; Schreiber and Homiak 1981; Trotter and Chavira 1981); in African-American folk healing, by inability of a medical doctor to arrive at a diagnosis or identify a cause for troubling symptoms, or by a continual worsening of symptoms in spite of medical treatment (Snow 1974).

Treatment of illnesses that have supernatural or magical causal factors may involve simultaneous use of conventional biomedicine and one or more folk healing systems. Herbal remedies or conventional medicine may be the system used for symptom relief or to handle illnesses that seem serious. Whenever magical or supernatural causes are determined to be involved, however, these must also be properly addressed in the healing effort or else illness can be expected to recur, even if symptoms abate for the near term. Some of these types of healing measures can be carried out on one's own or in the context of the family, for example, through prayer, offerings, ritual baths and cleansings, use of specific medicaments and other protective and therapeutic substances, and so forth. Others require the interventions of a specialist practitioner, such as a *curandera*, shaman, rootworker, powwow, religious authority, or spiritual healer.

Thoughts and emotions as etiologic factors. Obsessive, fearful, or negative thoughts, mental unrest and worry, and extremes of emotion (especially strong and negative emotions, such as anger or envy) are regarded as direct etiologic factors for illness in a number of systems. These factors too may be considered contributory in any type of disease or illness process (not just in mental and emotional illness), and again require that appropriate therapeutic action be taken to address them in order for healing to be complete or lasting.

One example common to many systems is envy as a possible etiologic factor in illness, both for the envious person and for those who are objects of the envy. Symptoms (for either person) may include headache, sleep disturbance, nightmares, fatigue or lassitude, loss of appetite, and gastric distress, among others. Envy as a direct cause of illness in others may be mediated through the envious or covetous gaze or the evil eye, which may be cast both intentionally and unintentionally (Foulks et al. 1977; Dundes 1981; Harwood 1981; Ragucci 1981; Assanand et al. 1990). Evil eye beliefs form a part of many American folk medical systems. Babies and children may be considered especially susceptible, and protective charms and amulets are commonly worn by children and adults alike as a preventive measure.

Concern with underlying causes. Most folk medical systems seek to identify and treat underlying as well as immediate causes of disease. Underlying causes help to establish the conditions under which illness may develop or disease take

hold, and may represent some type of fundamental imbalance or disharmony. This view generally accommodates conventional medical views quite readily, for example, accepting medical etiologies as identifying certain immediate causes. Thus, a germ may be accepted as the immediate cause of a disease, but it is understood to have caused it in a particular person at a particular time because of, for example, internal disequilibrium (hot/cold, or yin/yang), a buildup of toxins in the body, individual sinfulness, violation of dietary requirements (which in some instances may itself be a sin), diminished vital energy, and so forth (Hufford 1993; O'Connor 1995a). From the perspective of the folk medical system, diseases, and the body's susceptibility to their pathological agents, are often considered to be symptoms of underlying imbalances that require redress. This attention to underlying causes commonly leads proponents to feel that folk medicine treats the *causes* of ill health, while conventional medicine addresses itself primarily or exclusively to the *symptoms*. This view furnishes a conceptual framework in which the two kinds of healing systems can readily be integrated together in treating disease and promoting health.

Energies and transference. An emphasis on various kinds of "energy" is almost universal in folk medical systems, beginning, as previously noted, with the recognition of an animating energy or vital force. Folk medicine often involves several kinds of positive energies in promoting healing, and these are frequently contrasted with negative, life-destroying energies. Disease may result from imbalances in or the loss or theft of vital energy, but it may also be caused by the presence or intrusion of negative energies. These energies may be implicated in both natural and supernatural concepts of disease etiology. For example, improper preparation or cooking of foods may destroy their energetic vitality (natural), or witchcraft may steal it (supernatural), resulting in food that appears good but cannot nourish. Either circumstance can lead to illness.

A transference of positive energy from healer to patient is a characteristic of those systems in which a practitioner's hands are used therapeutically on or near the patient's body. In secular interpretations, this healing energy may be understood to come from within the healer's own vital energy stores or to pass through the healer from a cosmic source. In religious or spiritual interpretations, the healing energy is usually considered to be of divine origin; healers stress that it is God (or another powerful spiritual figure, depending on the system) who does the actual healing, while the practitioner is but an intermediary.

Many of the folk beliefs interpreted by scholars as based on the principle of "magical contagion" imply the exchange of such energies. Material

objects may be endowed with negative energies and placed in the victim's environment; or the residue of a victim's unique life force in hair, nail parings, or an object long worn on his or her body may serve to focus the transmission of negative force, as in malign magical assault using figurines or magical packets. (These techniques are found, for example, in rootwork, a part of African-American folk tradition, and in some forms of Pennsylvania-German hexing.) In some traditions of prayer healing and psychic healing, conversely, personal objects still resonant with the sick person's life force serve to focus "distant healing." Disease, as a negative energy, may be transferred out of a person and into another living organism (such as a tree or an animal), or onto another object—as a wart is transferred onto a potato or a silver coin in some folk wart cures, later to wither away as the potato decays, or to be transferred to a new host along with the coin (Hand 1980). Conversely, positive energies and innate qualities (serenity, courage, vigor) may be imbibed with specific therapeutic substances and contribute in this nonpharmacologic way to the restoration or maintenance of health.

Moral tone. Folk healing systems generally incorporate a strong moral element such as a presumption of the inherent goodness of Nature, or a sense of personal responsibility for right behavior and health-protecting actions. Together with the high value placed on harmony and balance, these moral elements underscore the interconnectedness of personal health with the community, the physical environment, and the cosmos, and integrate the experience of sickness and health within a comprehensive and meaningful view of the world. This accounts for the characteristic way in which folk medical systems address the meaning of disease and suffering alongside attention to causation and cure, helping to furnish explanations for the always urgent questions that seriously sick people have of why (in the moral or metaphysical sense) they are sick, why in this way, and why now.

DISEASE AND ILLNESS CLASSIFICATIONS

Folk medical systems include illness taxonomies which tend, on the whole, to classify illnesses according to causation. In systems that incorporate a hot/cold index, one way of classifying diseases (or specific symptoms) is by their hot or cold type. Folk medical systems of Southeast-Asian historical origin may classify diseases and syndromes as caused primarily by "wind," "fire," or other elements in the body. Across a number of systems, two broad categories indicate natural or supernatural causation. In several systems, as mentioned, any disease or illness may entail natural and/or supernatural causality, and features

of the particular illness episode and its progression will help to determine which factors are implicated and in which ways.

In African-American folk tradition, sickness can be broadly classified as natural or unnatural. Natural illnesses occur in accordance with the proper workings of Nature (or, in a religious interpretation, in accordance with God's laws); unnatural ones are brought on by means that in some way violate God's will (in religious terms) or the natural order (in secular terms), such as sickness caused by sorcery or by excessive worry or mental unrest (Snow 1974, 1977). Both natural and unnatural sicknesses may have material causes (such as germs), or may have divine causal elements such as punishment for sin, or illness sent as a test or reminder of faith and religious duty.

Across folk medical systems, some types of illness may be specific to one category while for others a variable type of causation is possible, and etiology may differ in specific instances of the same disease. Causality may also be mixed, or one type may establish the imbalance or disharmony (underlying cause) that makes a person vulnerable to another form of (immediate) causal agent or circumstance. Treatment is in accordance with the nature and causes of the disease. As new information is gained in the course of the illness, or as prior treatment strategies are deemed ineffective or inappropriate, substitutions or additions will be made in the treatment strategy—both within the folk medical system and by incorporation of other treatment forms such as elements from other systems, including conventional medicine.

FOLK ILLNESSES

Folk healing systems generally include recognition of some types of illness that are not recognized as disease categories in the biomedical diagnostic canon. These illnesses are referred to by scholars and health professionals as "folk illnesses," sometimes also called "culture-bound syndromes" (Simons and Hughes 1985; Hufford 1988b; Pang 1990; American Psychiatric Association 1994). The concept of "folk illness" is an academic construct which takes the diagnostic and etiological categories of biomedicine as its reference point. The implication of the label is that an illness so referenced is not "real," or at least is not "really" what people who accept it as real believe it to be. This is an etic viewpoint that is of course not shared by members of and believers in the folk medical systems in which these illness categories are found. Cultural insiders likewise do not use the term "folk illness," referring instead to each such illness by its own culturally supplied name (Snow 1977; Harwood 1981; Schreiber and Homiak 1981; Trotter and Chavira 1981; Hufford 1982; Rubel et al. 1984; Duong 1987).

Folk illnesses, like other illnesses, have recognized etiologies, particular constellations of symptoms, diagnostic criteria, identified sequelae, and specified preventive and therapeutic measures. Some folk illnesses appear to represent local names or varied symptom patterns of currently recognized medical disorders (Rubel et al. 1984; Hufford 1992), while others do not seem to have medical correlates (although they are frequently—and often erroneously—reinterpreted in psychiatric terms by health professionals and researchers). In either case, some aspects of the explanatory model of folk illnesses will depart from the conventional medical model, and treatment will follow the system-congruent reasoning: cooling excess heat, restoring proper motion of vital force, dispelling cold or toxins accumulated in the body, extirpating evil influences, and so on. Folk medical causality and therapeutics are not confined solely to folk illnesses, however, but are also applied to medically recognized diseases. This is another element that helps to account for the fact that folk healing traditions are frequently combined as therapeutic options both with biomedicine and with other unofficial systems or modalities with which particular individuals may be familiar.

Some folk illnesses are closely tied to specific populations or healing traditions, while others are widely recognized across cultures and systems. Of these, perhaps the most ubiquitous is soul loss, called by a variety of system-specific names, and sometimes academically referred to as “magical fright” or “fright illness” (Simons and Hughes 1985). The fundamental pathogenic factor in soul loss is inappropriate, undesirable, or unintentional separation of a living person’s soul from the body. Soul loss (perhaps most familiar to academics and researchers by its Spanish name, *susto* [Rubel et al. 1984]) is recognized across a number of systems as most commonly being caused by severe fright, trauma, or emotional shock. This may be precipitated by experiencing (or even witnessing) a frightening accident or incident of violence or brutality, receiving sudden bad news for which one is unprepared, experiencing extended extreme hardship, or being caught up in terrifying natural events such as earthquakes and other natural disasters. Some systems also recognize the possibility of soul loss through capture by human sorcerers (Davis 1988) or malicious spirits (Geddes 1976).

Like many medically recognized conditions, soul loss is considered both a sickness in itself, and a contributing factor in other illnesses. Soul loss is always serious, and if not properly treated can lead to death. Indications are that treatment outcomes for at least some folk illnesses, including *susto*, are best when the appropriate traditional remedies are used or the indicated folk healers provide the treatment (Rubel et al. 1984). It is important that health professionals not dismiss or trivialize folk illnesses since, for at least some of

them, there is also evidence that their sufferers are at increased risk for general morbidity and mortality (Rubel et al. 1984), and in some cases traditional treatments may also have important clinical consequences, both positive and negative (Trotter 1981a, 1981b, 1985; Lazar and O'Connor 1997).

FOLK PRACTITIONERS

Self-care or family care and home-based first aid account for a great proportion of health behavior in both folk tradition and “mainstream” practice. Household staples such as eggs, lemons, garlic, chicken soup, rice, and other foodstuffs are used preventively and therapeutically across populations and traditions, together with common medicinal plants and herbs; and their proper preparation and applications tend to be matters of general knowledge. Many households maintain a small herb or medicine garden, or keep a few of the “standards” potted indoors. Dietary and behavioral patterns may or may not explicitly be considered parts of “health care,” yet still may constitute important health behaviors within the system and follow system-consistent organizing principles.

Generalist and specialist practitioners are also found in most folk medical systems. Across several traditions these include midwives, massagers, bonesetters, blood stoppers, wart curers, thrush or “thrash” doctors (for infants and children), healers of burns and other skin conditions, religious, magical, and spiritual specialists of various kinds, and herbalists. Selection as a practitioner occurs in a number of ways. Common among these are birth order or other birth circumstances; conferring of divine or other supernaturally bestowed gifts and callings; special life circumstances; transformative personal experiences, including experiences of serious illness and healing; familial inheritance; and of course self-selection for reasons of personal desire or interest (Hand 1980).

Seventh children—especially seventh sons—are widely believed to be born with special powers and abilities, and among these may be the gift of healing. (Variations on this theme include the seventh same-sex child with no intervening opposite sex births, or the seventh son of a seventh son.) The gift does not usually become active until near adulthood, though there are instances of child healers in many folk systems. Twins may have innate healing abilities, and if one twin dies the “left twin” (the one left behind) is especially likely subsequently to be able to heal. Posthumous children (those born after the death of their mothers—usually a death in childbirth, but also deaths from other circumstances such as illness or accident, following which the child is taken alive from the womb) are often considered born healers, either with general healing

abilities, or with a particular capacity to heal thrush and other diseases of infancy and childhood (Hand 1980). Children born with a veil or caul (a portion of the amniotic membrane covering the face or eyes) may be believed destined to be healers, and sometimes also to have “second sight” or clairvoyant abilities, which may also be used in their healing vocations.

Ordinary individuals may be singled out to become healers by receipt of a divine or other supernatural gift or calling. The indication of this calling can come in a number of ways, including mystical experience, notification in dreams or visions, direct cognitive awareness, human messenger (often another person with special abilities), or a series of subtle signs whose cumulative import gradually becomes clear. It is common in a number of traditions for individuals singled out in this way to find the gift or calling burdensome, and to try to ignore or reject it—especially as acting on it may require substantial changes in behavior and lifestyle. Typically the attempt to refuse such a calling results in an escalating series of illnesses and other misfortunes that befall the designee, until he or she reaches the point of determining that the gift or calling is truly an imperative and must be accepted. Acceptance and the accompanying change in life direction resolve the preceding state of disruption of the healer’s life.

Special life circumstances such as widowhood or childlessness may confer healing ability or simply make a (potential) healer readily identifiable (Hand 1980). Transformative life experiences, including mystical and visionary experiences, religious conversion, and instances of sudden and extreme good or bad fortune may prompt a person to become a healer, or provide a sign of a calling. Serious illness which subsequently resolves or is healed by specific means (including biomedical ones), together with accidents that leave the victim permanently changed in some way, also figure prominently among these transformative experiences. In some cases this may be simply because harsh personal experience yields insight and empathy and a desire to help others; in others, the illness experience includes receipt of special information or mystical insight. Shamanic healers may in the course of their illness enter the spirit world and there be instructed, tested, assaulted, or even spiritually killed and resurrected, and return to consciousness and the material world redirected to become healers (Eliade 1964). Supernatural selection may be implied in the occurrence of any transformative experience, including illness. The likelihood of such selection may or may not run in families. Selection or calling to become a healer may itself bestow healing abilities directly upon the designee, or these may have to be acquired through a period of apprenticeship—sometimes quite long and arduous—with an established healer.

COMMON THERAPEUTIC PRACTICES

The enormous diversity of American folk medicine makes it impossible to enumerate every therapeutic practice found in every system. There are, however, broad common categories of preventive and therapeutic modalities in use across systems, including physically applied therapies, medicinal herbs and other naturally derived substances, sacramental objects, and prayers and other religious and spiritual actions. It is important to note that these are not mutually exclusive categories. Indeed, it is most common to find considerable overlap among them, for example, medicinal herbs used in a mash physically applied to the body, with accompanying prayer, for the purpose of bringing about spiritual purification as a step in the healing process.

Of course, particular theories of the modes of action of these therapies, and of the relationship between a particular therapy and the specific health condition or individual illness episode for which it is applied, vary across healing traditions in keeping with system-specific explanatory models of health and illness and care. Because standardization is not a feature of folk medicine, it is also quite common to find significant variation from region to region, or from healer to healer, in the interpretation and applications of even those practices most fundamental to a given system.

Religious, spiritual, and magical actions and sacramental objects. Spiritual and magicoreligious actions commonly used to promote health and healing include prayer; reading or recitation of sacred texts; pious ejaculations (for example “Ave Maria” among Spanish-speaking Catholics, or “Good Saint Anne, protect us!”); recitation of verbal charms and brief formulaic utterances (such as “knock wood” or “*kain ein horeh*”) to ward off misfortune or evil influences; protective gestures such as making the sign of the cross, or spitting between the first two fingers or extending the index and little fingers to ward off the evil eye; meditation and spiritual contemplation of a variety of types; laying on of hands or use of the hands near the body to remove illness and negative influences or energies; petitions and offerings to or bargaining with spiritual entities; visits to holy sites and healing shrines; temporary internment in places of worship or spiritual contemplation; burning of incense and of “spirit money” or joss paper; spiritual cleansings of a variety of types (including herbal baths, and “sweepings” with plant and animal substances); soul callings and restorations; preparation of figurines and magical packets; and use of amulets and other protective items, among innumerable other possibilities. Prescription or administration of botanical and other natural medicaments, as mentioned, may occur in a religious healing setting, with

spiritual instruction or guidance, or with spiritual or metaphysical health outcomes in mind.

Natural substances. Ethnic and regional cultures almost without exception have developed a materia medica of locally available natural substances—botanical, animal, and mineral. Therapeutic goals and modes of use of these natural medicines are determined by the tenets of a wide variety of theoretical models, and pharmacological and biochemical models do not necessarily apply (O'Connor 1986). Herbs and other natural medicinals are used for their physical actions and effects, but also (among other purposes) for metaphysical properties such as hot and cold or yin and yang qualities and effects; for spiritual qualities with which they are associated, such as purity, patience, inner strength, or calm; for effects they will have on the quality and function of the body's vital energy; or for their capacity to absorb and carry away negative influences.

Natural medicants are taken orally as teas or soups and are cooked into foods, both primarily as medicines, and as culinary herbs intended to provide both gustatory and salutary benefits. They are used as inhalants and as ingredients in baths, sweats, and steamings; in ointments, linaments, and salves, ear and eye drops, douches and enemas, poultices, wet or dry packs, massage compounds; and in moxibustion (the burning on or very near the skin surface of tiny amounts of dried compressed plant material). Specific substances may be used to "sweep" the body in ritual cleansings, drawing out disease-causing malignancies. Eggs or small live animals are also used for this purpose in many settings, because their life force may successfully substitute for the vital essence of the patient as a target for malign forces, possessing spirits, and other agents of ill health which may be transferrable out of the patient.

Any natural substances, in any of their multitudinous modes of use, may be used to achieve physical, mental, emotional, or spiritual healing objectives. An herb taken internally is as likely to be intended to bring about changes in the state or motion of vital energy, to imbue a quality of character or state of mind, or to enhance or restrain specific bodily functions, for example, as it is to alleviate a physical symptom. An herbal rubdown or sweeping may be used to draw out a fever or put an end to respiratory distress as well as to deal with spiritual or metaphysical aspects of illness.

Physical therapies. Various forms of massage, stroking, and rubbing are physical therapies found in numerous folk medical traditions. As with herbs and other natural medicinals, the therapeutic goals are varied. For example, abdominal massage is used in Mexican-American folk healing to achieve

specific physical ends: alleviation of intestinal gas or of muscle pain and cramping, or release of “stuck” digestive products that are thought to adhere to the stomach lining, causing the folk illness *empacho* (Schreiber and Homiak 1981; Trotter 1981a, 1985). Pinching and lifting of the skin may serve a similar purpose, while other forms of massage and physical manipulation are intended to ameliorate the flow and functional status of vital energy, or to promote states of physical relaxation or mental or emotional calm or clarity. In some Southeast-Asian traditions, dermabrasive techniques such as rubbing the skin with a lubricated metal utensil or coin (hence the English name, “coining”) have as their goal the release of “wind” (Yeatman and Dang 1980; Duong 1987), an etiologic factor in a variety of illness states. Cupping is used in folk medical traditions of a wide range of ethnic and cultural origins. This entails placing on the skin (most commonly on the back and upper shoulders) small cups or jars which adhere by means of a vacuum created when they are first heated. Depending on the tradition within which this treatment is undertaken, it is intended to draw impurities, excess humors, “bad blood,” or “wind” out of the body; if blood is specifically to be released, small cuts may be made in the skin before placement of the cups.

A number of folk medical traditions also include physical actions which are intended to achieve their therapeutic ends through essentially magical or metaphysical means. These include such practices as “measuring” (sometimes using a specific type or color of ribbon or string), and “passing through,” a practice in which the sick person (most often a child) is passed through a fork or other opening in a tree, during which process it is intended that the sickness or other negative energy or undesirable influence will be drawn out (Hand 1980).

INTERACTIONS WITH OTHER SYSTEMS

Most people—even those for whom a single health care system is dominant—use a wide variety of home treatment and prevention strategies far more often than they seek the services of any kind of practitioner (Levin et al. 1976; Dean 1981). If they do consult a doctor or other healer, these self-care practices often continue in some way to be used together with newly prescribed regimens. The herb teas taken to promote relaxation or sleep during an episode of disabling back pain, for example, are not necessarily replaced by the treatments of a chiropractor, the prescriptions of a physician, or the ministrations of a religious healer, but used concurrently with the practitioner’s services. Indeed, *all* of these resources may be used simultaneously without causing any sense of dissonance or conflict for the patient: each may be seen to address a specific aspect

of the problem, or all may be felt to complement and support each other in a well-rounded therapeutic plan (Hufford 1992; O'Connor 1995a, 1995b).

Self-care efforts are typically informed by a mixture of folk and “official” belief, gleaned during an individual’s life through a variety of exposures and experiences. These are incorporated together into a coherent, if sometimes quite eclectic, personal system (Hufford 1988a), and involve beliefs that shape the manner in which any practitioner’s advice is interpreted and pursued. For example, for adherents of a folk healing system incorporating a hot-cold theory, use of a medical doctor or other healer is common. If an herbal or pharmaceutical medication classified according to the folk taxonomy as “hot” is prescribed for a disease or symptom classified as “cold,” it is likely to be accepted readily because its use is consonant with the patient’s model of healthful balance. If “hot” symptoms or side effects then develop, however, it is likely that the dosage will be reduced or the medication discontinued: the hot medicine may be thought to be creating too much internal heat in the body (Harwood 1971), or the hot symptoms may be an indication that the body’s balance has shifted and it is time to stop the treatment. If other types of treatments provided by a folk or “alternative” practitioner produce symptoms or reactions indicating disturbance of hot/cold balance, these too are likely to be suspended or amended to become congruent with the individual’s dominant model.

For different patients the number of resources and the order in which they are brought to bear will vary depending on the availability of each option and other features of the sickness context, including the advice and opinions of trusted others and the nature and severity of the illness. The same person is likely to activate different health resources, or to come to them in a different order, for each particular health problem. Many people will try a folk remedy or have a folk healer treat them for warts much more readily than they will seek out a physician for the same purpose. The same individual may see a chiropractor for neck pain or chronic headaches but never for severe gastrointestinal symptoms, which are instead presented to a medical doctor. The services of the folk healer may be (re-)added if other treatments seem not to be working. If a diagnosis or prognosis is sufficiently alarming, it may move the patient to use modalities or practitioners which have been a part of his or her broader cultural repertoire, but of which he/she was previously fearful or skeptical. Entirely new and previously unfamiliar options may be sought out if new information has recently been acquired through the media, or through the patient’s social network—a source of abundant health-related information and advice at almost any time, but especially so when one is known to have a health problem.

The precise patterns of folk medical use are highly individualized and case-specific. Folk medical systems have constant interactions with conventional medicine, though often without the knowledge of the medical profession. Many folk healers freely refer clients to medical doctors, even insist that they go, and they sometimes come into hospitals to continue to provide treatments for their patients (Hufford 1988a). The conventional medical model can be incorporated rather easily along with folk models of illness, and in some instances may even serve to reinforce them (Helman 1978).

Predictions that folk medicine would (even “should”) die out in the face of scientific medical advances have been made in the United States for well over a century. They clearly have not been borne out to date, and there is no reason to suppose that they will be realized in the future. These healing systems are dynamic and flexible, readily incorporating new content and adapting to changing conditions while preserving many traditional elements, including some ideas and practices considered outmoded in parallel healing traditions. Folk medicine remains vigorously active in the United States, continually attracting new proponents who find the systems effective, broadly accessible, and often comfortably consonant with their general worldviews. It is fair to say that folk medicine is an important part of the total pool of health care resources upon which people draw for both therapeutic and preventive purposes. From herbalism to food customs to the use of prayer in preserving and restoring health, folk medicine is in fact the most basic and persistent dimension of the pluralistic health culture of the United States.

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