

Hypnosis Meets Santeria: A Case Report

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Introduction: In the U.S. and Latin America there are several million practitioners of Santeria, an African-Cuban religion which is also a health care and mental health delivery system for numerous Hispanics in major U.S. cities. Despite such prevalence, the medical professions remain ignorant of the underpinnings of this esoteric, dynamic and complex system used by so many to heal their maladies. This is partly due to the fact that this religion, along with its health care system, is shrouded in secrecy and misconceptions.

This article attempts to offer the reader basic knowledge about Santeria in order to familiarize the practitioner of hypnosis with the assumptive world of this burgeoning patient population. The seemingly unbridgeable differences between the assumptive worlds of hypnosis and Santeria can be overcome using principles, understandings, and language presented in this article. A case report of a terminally ill practitioner of Santeria is reported to illustrate the successful integration of hypnotic strategies with this esoteric health care system. This is the first published report of a rapprochement between hypnosis and Santeria.

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Case History

A thirty-two year-old, single, mulatto male diagnosed with incurable pancreatic carcinoma was referred by his hospice for a psychological consultation with a focus on psychological status. The referral indicated the presence of "cultural features" that were affecting the patient's compliance with nursing protocol. The patient was a native of Cuba, did not speak English, and was ostensibly unaware of his terminal prognosis. He was under the assumption that the exploratory surgery he received had succeeded in extirpating the cancer. Accordingly he was refusing palliative care and further radiographic therapy.

He resided in the home of a known Babalao or high priest in the African-Cuban religion called Santeria. His attire consisted entirely of white garments indicative of his status as a Santero or minister in training. He was pain-free but complained of nausea, anorexia that was secondary to the nausea, and insomnia. These symptoms were being treated with the indigenous healing methods of this health care system. He was refusing all prescription medications.

The patient was fully oriented and evidenced good attention and concentration capacities. He denied gross psychopathology yet, judged by traditional / normative standards, the seeming denial of his medical status was delusional-like. Accordingly, his judgment could also be considered impaired when compared to normal standards. He denied hallucinations, yet reported episodes of being possessed by the saint who, in his religion, was assigned to be his protectress. During these episodes he would lose total control of his emotions and reasoning abilities, and overall control of his volitional actions. His mood and affect, during examinations, were stable and appropriate and there were no indications of impulsivity or self-destructive inclinations. This patient had no prior history of psychological and psychiatric treatment and he had a negative history of alcohol and drug abuse. There was no family history of psychological or psychiatric illness, and there was no family history of chemical dependency. The seemingly bizarre presenting phenomena, although considered by Western

medicine as diagnosable psychiatric symptomatology, were not unusual or bizarre in the indigenous culture to which this patient belonged. Therefore no Axis I psychiatric diagnosis (DSM IV, 1994) was reached, since extenuating cultural factors negated the significance of the potentially positive psychiatric symptoms that this patient was evidencing.

Treatment

The medical staff of the referring hospice expected the psychological consultation to target the need for further palliative care. Instead, a decision was reached to abide by the patient's dictum to limit the scope of hypnotherapeutic treatment to the following symptom areas: complaints of nausea, anorexia that was secondary to the nausea, and insomnia. The decision to honour the patient's choices was predicated on two Ericksonian principles. The first principle states: "Physicians must respect, and continually acknowledge patients' rights to be persons" (Corley, 1982, p. 289). This Ericksonian principle holds that every patient possesses the right to be himself/herself-- to be a person according to his or her own personal values and needs. The patient's belief system, which precluded all further medical care, could have been deemed a pathological coping style. This patient's refusal of palliative care, however, was not deemed to be a product of self-destructive impulses. Theoretically speaking, it also was not expected to alter his terminal prognosis. Respecting this patient's right to his beliefs was more important at this stage of his life than challenging his assumptive world and risking possible psychiatric decompensation.

The second principle states: "Stay within the framework of the patient's personal functioning processes" (Corley, 1982, p. 290). This is an invaluable operating principle that indicates: "We all possess the capacity to formulate, comprehend and absorb new concepts and deeper understanding of ourselves." (p. 289). The author (Corley, 1982) insightfully further adds: "We only can do this in accord with the actual functioning processes we ourselves possess." (p. 289). This patient's assumptive world offered him hope, opti-

mism, courage, a sense of safety, a way of life and the prospect of a career serving and healing others once he became ordained a Santeria priest. The loss of this prospect was deemed too great for this kind gentleman to experience. Further, his coping capacities were deemed not capable of processing a total alteration of his assumptive world, a total reversal of everything he stood for and believed in. Consequently, his conceptualization of his condition was respected and honoured.

Hypnotic susceptibility was measured using the Hypnotic Induction Profile (HIP) (Spiegel & Spiegel, 1978). On the HIP the patient obtained a score of 5, the highest possible score. Hypnosis was induced using eye fixation with the elevator technique for deepening (Hammond, 1990). Hypnotic treatment was directed at the areas of concern individually. The sleep onset difficulty was addressed with an approach that consisted of suggestions, in hypnosis, to potentiate the efficacy of the natural herbs that he was already taking for the sleep disturbance. References were made to his protectress saint and invocations were made for the saint to intervene and strengthen the efficacy of the herbs and offer him restful sleep. Imagery was suggested of the saint overseeing and guarding him while he slept. Nausea was the culprit for the loss of appetite and as such it became the next focus of treatment. This was addressed with the Host of Suggestions and Metaphors for Nausea originated by Alexander Levitan, M.D. and published in Hammond (1990). There are five different suggestions and metaphors in this publication and all five were used with this patient, one at each session. Moreover, references were also made to his protectress saint and invocations were made for the saint to intervene and strengthen the efficacy of the natural herbs he was taking for nausea. With the resolution of the nausea the patient's appetite returned. No direct intervention was offered nor did it become necessary for appetite augmentation.

Results and Follow Up

The patient was seen for five visits (at home)

of approximately half an hour, on an alternate week basis. At our final visit the patient reported that he had regained the 10 pounds he had lost after surgery, his appetite was restored, the nausea had remitted, and his sleep had normalized. He also denied pain, was virtually asymptomatic, and categorically refused all further medical procedures and all requests for follow-up.

Discussion

Santeria's role and function as a mental health delivery system was described by Sandoval (1979) as a global network that offers supportive health care, which, by virtue of the myriad of emotional services it provides, has grown into a viable mental health system. Santeria provides support to those experiencing powerlessness, loss and ambivalence by placing at their disposal magical means of communication for advice from, and control of, supernatural forces (Sandoval, 1983). Santeria places enormous emphasis on the way that supernatural forces affect our lives, and accordingly it offers people help to free themselves from assuming total responsibility for their own failure and confusion (Sandoval, 1983).

Such was, ostensibly, the psychological posture that the patient in this article adopted vis-à-vis his illness. He espoused a disposition of confidence and a conviction that he was protected by his "santo" and that she was in control of his safety and health. His belief system was all encompassing and the indigenous rituals and healing strategies were the main interventions that took place. Hypnotic strategies were designed and executed within the framework of Santeria. Hypnosis was conducted strictly within the parameters of the three complaints voiced by the patient: anorexia, nausea and insomnia. This decision was based on two Ericksonian principles: a) respect patients' rights to their personal values and needs, and b) acknowledge that patients can only achieve gains through treatments which recognize, and accord, with the actual functioning processes they possess. The decision to adhere to these Ericksonian principles facilitated a working alliance, which allowed for hypnosis to thrive

within the African-Cuban culture of Santeria. Hence, a successful clinical rapprochement of hypnosis and Santeria was achieved.

Santeria as a Health Delivery System

The function of Santeria as a health delivery system dates back 200 years, to colonial times in Cuba, when medical services were usually not available to the majority of the population. White settlers, when sick, started to seek the services of slave Santeros and at that point Santeria underwent a reinterpretation as a medical system for white Spanish consumers. After Santeria was exported to the U.S. and the rest of Latin America, by the massive exodus of Cubans seeking political refuge from the Castro regime, Santeria achieved yet another reinterpretation: this time it expanded to allow a functional rapprochement with Western medicine. Under this new adaptation, those who seek the Santero's services are also referred to conventional physicians and hence a working alliance between Santeros and physicians has become established. Thus, Santeros have adopted a new role of assisting physicians in dealing with the physical ailments of their patients by intervening with gods and spirits to enhance the physician's ability to diagnose and treat those ailments (Sandoval, 1983).

The prevalence of Santeria as a health delivery system is not to be underestimated. In a study of folk healing practices by HIV infected Hispanics receiving medical services in an inner-city clinic in New Jersey, the authors (Suarez, Raffaelli, & O'Leary, 1996) reported that the majority (73.7%) of the respondents to their anonymous individual interviews believed in good and evil spirits. Among the believers, 48% stated that the spirits had a causal role in their infection. Two thirds of the respondents engaged in Santeria, the stated expectations from the Santeria services including: physical relief, spiritual relief, and protection from evil. A number of respondents stated that they hoped to effect a cure by engaging in Santeria. The results indicated the need for health care professionals treating HIV-positive Hispanics to be aware of the prevalence of alternative

healing practices in this population.

Santeria and Western Psychiatry and Psychology

Santeria's focus on the supernatural, which underpins an array of social functions and personal defences for many Hispanic patients, can wreak havoc when it appears in the consulting rooms of psychologists and psychiatrists (Baez, & Hernandez, 2001). This factor can confound the psychiatric diagnostic process because, if viewed indiscriminately from the viewpoint of Western psychiatry and psychology, the role that Santeria attributes to the supernatural can lead the physician to assume the presence of psychotic and delusional features. One such instance of how Santeria incorporates the supernatural into everyday experiences is the belief in spirit possession. A common occurrence that is witnessed with regularity during a fiesta santera (a gathering in which participants pay homage to the saints) is the loss of volitional control, when a saint will, for a period of time, possesses the individual. During this experience the person appears to be in psychotic and incoherent states and will not respond nor communicate lucidly. When the episode subsides the individual regains all normal functioning and may or may not remember what transpired. Of diagnostic significance is the universal attitude regarding saint possession by those present during the event. Unequivocally, no one raises a doubt, or questions the person's sanity, since most followers of this religion experience saint possession at some point. Herein lies a clear characteristic that can confound the clinical picture and complicate the proper diagnosis and treatment of patients from this ethnic group (Alonzo, & Jeffrey, 1988).

What Clinicians Need to Know in Order to Gain Rapport and Credibility With Practitioners of Santeria.

Santeria has been described as a magico-religious system that was derived from nature and natural forces (Sandoval, 1975; Medina, 1998; Efunde, 1978). Although a monothe-

istic religion, rather than a polytheistic one (which is often mistakenly thought to be), Santeria worships a creative force (Oloddumare) that is the omnipotent figure of God. God created the Orishas or saints who are deities that are extraordinarily human in their behaviour and are associated with the forces of nature. In order to hide their presence from the slave masters the Yoruba created a syncretism of their deities with Catholic saints. Each worshiper of Santeria is assumed to be associated with an Orisha who becomes their "guardian angel" and to whom the worshiper prays. Every individual's life is overseen by one of the Orishas, whether or not the person is a believer.

Santeria is based on the concepts of Ashe and Ebbo. Ashe represents the concept of divine power, the power that God employed to create the universe. All things are made up of Ashe and through Ashe everything is possible (Alcaras, 2000; Mason, 2002). The Orishas are the repositories of God's Ashe and all invocations, propitiations, spells and rituals of Santeria are carried out to acquire Ashe from the Orishas (Gonzalez-Wippler, 1978; 1996). With Ashe all problems can be solved, enemies can be subdued, love can be conquered, because Ashe is authority and power of action (Gonzalez-Wippler, 1996). Ebbo, on the other hand, represents the concept of sacrifice, the manner in which the Orishas are propitiated in order to have them provide us with their Ashe. Consequently, all rites and spells of Santeria are part of the Ebbo concept (Gonzalez-Wippler, 1978; 1996; Brandon, 1993; Alcaras, 2000; Medina, 1998). Ebbo is offered in the form of food items, flowers, candles, and it can also be offered in the form of a blood offering from a sacrificial animal.

Achieving priestly status in the Santeria religion is based on a system of progressive initiations by which the prospective priest or Santero gains the approval and protection of the Orishas and the skills to practice (Ecu, 1989; Canet, 1973). The high priest of this religious system is the Babalao and he is the authority and the individual that the Santero consults on difficult cases (Sandoval, 1975; 1977; 1979; 1983). These priests depend on several divination systems through which they ascertain the will of the Orishas. The

priest has an impressive array of herbs, magic spells, and incantations, which are stored in a complex filing system in his memory. The Santero is also an accomplished herbalist trained to treat all illnesses with herbal potions, or spells using leaves (Guerere, 1966).

Suggested Procedures for Therapists

A primary goal of this treatise is to illustrate for practitioners of hypnosis the potential challenges of working with such individuals. The seemingly unbridgeable differences between the assumptive worlds of hypnosis and Santeria can be overcome using principles, understandings, and language presented in this article.

The following are suggested procedures for therapists:

- 1) Complete a thorough history of the patient's involvement with this health care system and record the individual's intimate perceptions of this assumptive world.
- 2) Recognize the patient's Santero as another healer or physician. Respect this individual's influence and reputation within the community.
- 3) Publicize your services while clearly indicating your preparedness to respect this belief system that, at times, may be the only health delivery system available to some patients.
- 4) Incorporate imagery of the Orishas or saints, especially the patient's personal saint, into the clinical hypnosis suggestions. Seek definitions/descriptions of these deities and their role, influence and power in the life of the patient. Become conversant with this assumptive system.
- 5) Although most of these patients speak English, whenever possible employ in the hypnotic suggestions key words in the patient's native language. These key words should include those principal terms or phrases of the Santeria system which may lose their meaning when translated.

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Case Reports

The Editor of the journal would like to invite medical doctors, psychotherapists, hypnotherapists and other mental health practitioners to submit relevant Case Reports for inclusion in the EJCH. Case Reports can be a useful way to illustrate new insights and approaches.

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