AFRO-ATLANTIC HEALING PRACTICES

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Introduction

Healers in the Afro-Atlantic world have acquired their therapeutic skills and treated their patients in steeply hierarchical socio-historical contexts, where the commodification and racialization of bodies, various forced and voluntary migrations, and the development of plantation capitalism have produced culturally-specific forms of suffering and healing. This chapter explores the social relations, cultural meanings, and experiences of healing and suffering in the exceptional circumstances of Atlantic modernity, approaching social suffering in Arthur Kleinman’s sense that includes and transcends the individual ‘as cultural representation, as transpersonal experience, and as the embodiment of collective memory’ (1997: 316–317). Inflicted by political and economic power, social suffering encompasses experiences related not only to health but also to morality, law, religion, poverty, and other fields of social life (Kleinman, Das, and Lock 1997: ix–x). The healing practices that have sought to address social suffering in the Afro-Atlantic are best understood in this inclusive framework. In addition to physical symptoms, patients seek cures for suffering related to love, social conflicts, moral transgressions, livelihoods, and other areas of social life. As in the African traditions discussed by Bruchhausen in this volume, these multiple facets of suffering are often understood as misfortune caused by external relations or agents. A healer in the Afro-Atlantic context is ‘a combination of medical doctor, psychotherapist, social worker, and priest,’ as Karen McCarthy Brown describes Alourdes, a popular healer and Vodou manbo, ritual specialist, in Brooklyn (1987: 128).

I approach the Afro-Atlantic as a historical process rather than a geographical area, considering the hemispheric mobility, connections, and exchanges that began with fifteenth-century Portuguese navigations along the West African coast and developed into a complex web of material and cultural flows between the western part of central Africa, the Americas (including the Caribbean), and Europe (Thornton 1998: 13–14). The migration of twelve million enslaved Africans to the New World constituted this new, cross-oceanic cultural sphere, and multiple subsequent mobilities and diasporas have added to its richness and complexity. The chapter begins with a discussion of the early modern and modern Afro-Atlantic as a field of exchanges and cross-fertilization. Instead of thinking about medicine as a European invention.
exported to the New World on the ‘civilizing mission’ of the empire, I consider movements of people, knowledge, and resources that have shaped what has become understood as modern medicine and healing. Shifting the focus onto exchanges and multilateral learning helps problematize concepts like European/Western medicine or medical pluralism. The chapter approaches Africans and many other colonially-mobilized people as knowledge producers, not only or primarily as victims or sufferers of colonial violence, and contributes to an understanding of the history of ‘Western’ medicine, like the history of Atlantic modernity more generally, as a collaboration between differently positioned practitioners across the Atlantic world. In the first part, I discuss the specificities of the Atlantic world in regard to suffering and healing with a particular focus on mobility, diversity, and violence. I also consider discourses of boundary-making by healers, lawmakers, historians, and ethnographers who have pursued epistemological purity and negotiated over orthodoxy and authenticity, for example by mobilizing ‘Africa’ as a symbol of cultural and historical origins. Part II is concerned with ontologies of healing. I look into complex notions of personhood in Afro-Atlantic healing, introducing relational subjects—healers, spirits, and patients—who complicate notions of orthodoxy and purity as well as racial or religious boundaries. In the practices of relational subjects, biomedicine does not appear as an independent or essentially different modality of healing against ‘alternative,’ popular healing traditions. This problematizes the analytical framework of medical plurality, which implies separate, autonomous systems of medicine. Equally importantly, anthropological research on ontologies of healing questions simplistic racialization of medical systems and terms like ‘Afro-Atlantic.’

Healing across the Afro-Atlantic world: migrations of healers, medicines, and therapies

Early modern European medicine was influenced by the medical knowledge and practices of African and indigenous American people since the sixteenth century. Portuguese settlers in West Central Africa disseminated local medicinal knowledge and methods to Lisbon and beyond. Many important practices in early modern Angola, like bloodletting, the use of laxatives and herbal remedies, and diagnostic knowledge of spiritually-inflicted suffering, resembled Portuguese and other European medical practice at the time. Such commonalities fostered an openness toward African medicine among the settlers, who adopted practices and remedies, such as the use of kikongo wood, as early as 1565, and systematically sourced, commodified, and exported these to Portugal and Brazil to treat illnesses such as yaws and syphilis (Kananoja 2015: 50–51; Walker 2013). Dutch traders exported takula wood, also used for medicinal purposes, along the Loango coast and to Amsterdam and London. European settlers in West Central Africa held a genuine interest in African remedies not as exotic curiosities but as means of survival, and by the early eighteenth century, several African medicines were listed in Portuguese pharmacopeias (Kananoja 2015: 54–55, 59–61). Indigenous Brazilian medical practices were used and disseminated in the Portuguese empire from the mid-sixteenth century, as physicians and Jesuits learned about medicinal plants and techniques from Tupi and Guaraní people, or when missionaries themselves were healed by shamans. Jesuits were instrumental in the Atlantic spread of African and indigenous Brazilian medicine, and physicians and surgeons in the colonies and in the port cities of Lisbon and Porto were curious about this new medical knowledge. Cures for fevers were particularly sought after, and cinchona bark exported from Brazil to Angola and elsewhere in the Atlantic world was an ingredient of quinine, a valuable treatment of malaria (Achan et al. 2011; Drayton 2000). Eventually, such knowledge spread across the Dutch, English, French, and Spanish empires,
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and colonists serving different European thrones began their own efforts at cataloguing medicinal plants in the colonies (Walker 2013).

African captives who survived the Middle Passage brought botanical knowledge and therapeutic skills to the colonies of the New World. Healers in the Afro-Atlantic developed their understanding of the body, suffering, remedies, and therapies within an amorphous field of meanings, learning, borrowing, and stealing from each other, and inventing diagnoses and therapies for new kinds of suffering engendered in the violent regime of the empire. Central to this field of knowledge were cosmological ideas about relations between humans, ancestors, spirits, deities, material substances, and the physical world. West African and Central West African religions were diverse and, like any system of beliefs and rituals, changed and shifted emphasis in the period of the Atlantic slave trade. There were shared cosmological understandings, however, of differently positioned spirits, their relevance in the world of the living, and their potential influence on material reality. Included in these cosmologies were ancestral spirits, anonymous spirits of the dead, more distant and differently powerful deities, and spiritual energy or life force. Ritual specialists communicated with spirits through dreams and divination and harnessed spiritual power to effect material changes in the bodies, relationships, and material environments of the living. Ritually potent substances, such as powders, roots, bones, hair, and various other materials, were important mediums for Central and West African ritual specialists who used spiritual power, and along with various other elements of cosmological and ritual knowledge, they became incorporated into religious and healing practices in the New World (Thornton 1998).

Rather than a unilinear process of cross-Atlantic transplantation of African traditions in the New World, knowledge and methods of healing circulated, developed and changed in a complex network of migrations and trade (Matory 2005; Palmié 2006: 111). African women and men from various parts of the continent, the Atlantic Islands, and southern Europe contributed to diagnoses and treatments of suffering in the colonies, complementing and shaping European medical knowledge and practice. Domingos Álvares, a Vodun specialist who had been captured in the area of present-day Benin in 1727 and sold to Portuguese merchants, developed a large clientele and an awe-inspiring reputation in Rio and elsewhere in Brazil. He treated slave masters and other whites as well as enslaved and freed people, identified feiticeiros (malevolent spiritual practitioners) as culprits behind death and illness on plantations, and cured their alleged victims (Sweet 2011). Healing practices in Candomblé in the nineteenth century continued to draw clients and initiates of variously racialized positions in Brazilian society, and ‘being a male, white, Catholic slave master represented no impediment to seek a cure for himself or his family members with an African healer’ (Reis 2013: 57–58). European apothecaries, surgeons, licensed physicians, monastics, and other health specialists, and also Amerindian healers, indios herbolarios, operated alongside African-descended healers in Spanish Caribbean colonies (Gómez 2017: 49; see also Laguerre 1987 and Olmos 2001). This is not to suggest that the early development of Afro-Atlantic healing was a harmonious process of ‘mixing’: ritual specialists and healers worked in highly dangerous conditions, often fighting for survival, and there was competition, spiritual attacks, and warfare also among subaltern healers (Ochoa 2010: 175). Forced conversions to Christianity and violent state campaigns against non-European religions reflected prolonged ontological and epistemological inequalities underpinning the creolization of healing.

On New World plantations, healers of diverse backgrounds addressed the suffering and high death toll among enslaved Africans, soldiers, sailors, and planters, caused by epidemics and violence. A.J. Alexander, a plantation owner in Grenada, reported in 1773 about an enslaved African man on his plantation whose cure for yaws—sweating, bathing, and
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decoctions—proved to be more efficient and less painful for patients than European surgeons’ therapies. Amerindians as well as West Africans were known to have cures for yaws, and Londa Schiebinger suggests that in this case, it was likely that the enslaved healer had learned his techniques from Amerindians via French colonists in Grenada. By the 1780s, such cures circulated in the Atlantic world, and the Grenadian healer’s treatment of yaws patients was adapted in other colonies, such as Jamaica (Schiebinger 2017: 50–63). African healers, mostly enslaved women, were ‘indispensable’ to plantation hospitals (Bush 1990: 141). In Spanish colonies, enslaved Africans provided care for enslaved as well as free patients in hospitals and in slave traders’ infirmaries (Gómez 2017: 65). Afro-Cuban curanderos and hospitalières in Saint-Domingue worked alongside plantation surgeons but were also healers in their own right (Bronfman 2012; Weaver 2012). They taught medical techniques and methods, such as bloodletting and inoculation against smallpox, to plantation surgeons and other members of the planter class in the late eighteenth century (Weaver 2012: 109–111). Plantation physicians, such as the French Henri Dumont, who worked in Cuba in the 1860s, noted the skills of the ‘curanderas negras’ in treating serious illnesses affecting enslaved Africans, and wished they would share their knowledge with him (Bronfman 2012: 155).

Reproductive health became a concern for planters toward the end of the eighteenth century. For most of the period of slavery, enslaved women had home births, assisted by enslaved midwives (Bush 1990; Turner 2017). The ‘amelioration’ project—policies that sought to improve the conditions on slave plantations in the British West Indies in response to abolitionism circa 1780–1830—included pro-natal reforms that would help sustain and increase the enslaved population after the abolition of slave trade. Plantation owners hired doctors from England to assist with childbirth and neonatal care, blaming enslaved healers and mothers for the high infant mortality rate on the plantations (Turner 2017: 112 and Ch. 5). European physicians and surgeons as well as enslaved healers and midwives drew on many shared principles and techniques, including bloodletting, leeching, baths, massages, interpretations of ‘hot’ and ‘cold’ conditions, or associations between blood and red food and drinks (Bronfman 2012: 156; Laguerre 1987).

The branch of medicine that became known as tropical medicine developed in the precarious conditions of the Afro-Atlantic, including plantation colonies, where African and indigenous healers’ therapies contributed to developing treatments of fevers, yaws, and other ailments. The maritime world was key to the accumulation and circulation of new medical knowledge of malaria, yellow fever, and other illnesses contracted in tropical colonies. Naval surgeons worked, learned, and disseminated knowledge on board ships, and in the nineteenth century, in naval medical schools in port cities such as Brest or Toulon and the Seamen’s Hospital Society in London (Cook 1990 and 2007; Osborne 2014).

Healers, suffering, and violence in the plantation regime

Healers in American and Caribbean colonies had to diagnose and treat forms of suffering experienced within the dehumanizing and lethally violent system of Atlantic slave trade and chattel slavery. They sought to alleviate suffering produced by relentless physical labour, daily accidents in dangerous working environments, wounds inflicted by punishments such as whipping and various other methods of torture, contagious illnesses, poor diets, lack of sufficient housing and sanitation, and other structural features of plantation regimes. Not less importantly, their therapeutic practices addressed the mental and social suffering caused by the commodification of kidnapped Africans, expropriation of their freedom, social relations and identities, and denial of their humanity. In the British West Indies, many such practices were
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lumped under the term ‘Obeah’ and criminalized by the colonial state. Whereas the planter class saw Obeah as ‘witchcraft’ and ‘superstition,’ a malevolent practice connected to rebellion and the infliction of sickness, archival material shows that healing was a major area of the ritual practice designated as Obeah in the colonial Caribbean. For Surinamese Maroons (descendants of enslaved Africans who escaped from plantations), Obeah means ‘a healing and protective power’ (Bilby and Handler 2004: 155). Enslaved people in plantation societies used Obeah to protect themselves and others from harm and to treat various illnesses and forms of suffering. Obeah specialists were respected members of the enslaved community and ‘sought after for their divination abilities, proficiency at diagnosing and healing illness, skill in finding missing property, and powers to help avenge wrongs, including those inflicted by slave masters’ (Bilby and Handler 2004: 158–160; emphasis in original). Healers and their patients used a variety of other terms in reference to therapies, rituals, cosmological relations, and divination, but as a legal term, Obeah became discursively entrenched in the region (Paton and Forde 2012). Records of the actual healing practices during slavery are limited, but they include references to herbal and non-herbal medicines, charms, amulets, dances, or methods such as pulling bones or shells out of patients’ bodies (e.g. Fett 2002).

Life expectancy in chattel slavery was short in general, and untimely death was common among the enslaved and also among Europeans in the Caribbean colonies, who succumbed to illnesses such as yellow fever and malaria (Brown 2008: 17; Thornton 1998: 156–158). Lethal epidemics documented in seventeenth-century Cartagena, Cuba, and Panama included measles and smallpox, plagues of viruela and sarampión, tabardillo, and vomito negro, as well as illnesses such as ‘heart disease (as defined by contemporary healers), tumours, poisoning, skin disorders, mental illness, dental problems,’ leprosy, and syphilis. Jamaica, a major port in the British slave trade, became ‘a principal node in the circuit of Atlantic disease,’ especially smallpox (Brown 2008: 49). On plantations, the traumatic effects of slave raids in Africa and the Middle Passage, malnutrition, poor housing and hygiene, and violence, as well as epidemics and illnesses like yaws, smallpox, and diarrhoea added to suffering; sugar plantations had the highest mortality rates of all (Brown 2008: 24, 49–51; Gómez 2017: 44–45). Faced with this exceptional precariousness of life, planters—who saw it as a financial rather than ethical problem—often suspected the enslaved of using ‘witchcraft’ to damage their human chattel and livestock by bringing about sickness or death (Bilby and Handler 2004; Paton 2015; Savage 2012). The elite took seriously what they saw as the spiritual power of enslaved Africans, treating it as a considerable threat to their property and wellbeing as well as the social stratification of the plantation regime. At times, they even sought the help of popular healers, such as Domingos Álvares, to identify the ‘witches’ responsible for their misfortune (Sweet 2011). The Inquisition persecuted healers like Álvares in early modern Brazil, and hundreds of popular ritual specialists across the colonial Caribbean were incarcerated, tortured, flogged, and transported to other colonies, or sentenced to death.5 The effects of epistemological and state violence have been longstanding, and in many contemporary societies in the Atlantic world, healing practices understood as ‘African’ are still marginalized and ridiculed.

Healing across the Afro-Atlantic world: diversity

Caribbean plantation colonies became increasingly heterogeneous after the abolition of slavery due to various labour migrations: multidirectional regional mobility between settlements, colonies, and the United States; the influx of Africans ‘liberated’ from illegal slave ships; indentured labourers from India and Southeast Asia; and migrants from China, the eastern Mediterranean, and Portugal. Many free Africans in Brazil—students, pilgrims,
merchants—travelled between Bahia and West Africa, bringing new African elements to the rituals and cosmologies of the New World but also contributing to a cultural renaissance in Lagos in the 1890s (Matory 2005). This cosmopolitan world, defined by captivity, control, and confinement as well as dislocation, multidirectional mobility, and invention, engendered medical encounters that ‘cannot be contained in simple dialectic terms of continuities, ruptures, or coarsely defined hybridities’ (Gómez 2017: 7, 41). The religious landscape resulting from the increased mobility and diversity was shaped by West and Central African religions and cosmologies; variants of Catholic and Protestant Christianity; indigenous cosmologies; different branches of Hinduism and Islam; freemasonry and other fraternal organizations; and European magic and pseudoscience. It fostered the development of religions such as Candomblé, Umbanda, Komfa, Orisha, Spiritual Baptists, Kabbalah, Myal, Revivalism, Vodou, Regla Ocha, Palo Monte, and Espiritismo. Much of Brazilian and Caribbean healing has taken place in relation to these ‘creole’ religions, either by healers who are ritual specialists or otherwise informed by their cosmology and ritual practice, or within communal rituals framed by these religions.

Healers have drawn on this wide and complex field of ideas and practices, repurposing, reinterpreting, and recreating diagnoses and therapies that have responded to the needs of the New World (Laguerre 1987). Their cosmologies have reflected various traditions that from their perspective form a coherent and meaningful whole. Haydée, one of Raquel Romberg’s main interlocutors in Puerto Rico, grew up in a household influenced by Catholicism, Spiritism, and Protestantism, and her healing work is accordingly based on an ‘intimate, personal relationship with a host of Catholic saints, African orishas, Spiritist entities, and Asian deities’ (2003: 19–20 and 2013: 3). The cosmology of Spiritual Baptists in the southern Caribbean and diaspora is a complex spiritual world of various ‘nations,’ including India, Africa, and China, and Spiritual Baptist healers draw on ‘gifts’ and knowledge associated with these nations. For example, a healer might encounter St. Francis in a vision or ‘journey’ to the spiritual nation of India and receive medical knowledge and therapeutic methods from the saint. Mother Cleorita, a popular healer who heads a Spiritual Baptist church in Tobago, operates with Chinese, Indian, and African spirits when healing initiates and patients (Laitinen 2002: 176–177). Indigenous (indio), African, and gypsy spirits, and also spirits of European colonialists, missionaries, Arabs, Haitians, or Chinese muertos work with healers in Espiritismo Cruzado in Cuba (Espírito Santo 2015: 55–56). Caboclos, spirits of a wide ‘ethnic array ranging from Tupí Indians to mixed-race cowboys, Turks, and Gypsies,’ along with African orishas, are central to rituals of divination and healing in many Candomblé communities in Brazil (Matory 2005: 30–31).

Patients’ cosmologies can be equally porous and inclusive, as illustrated by rituals around La Divina Pastora, a black Madonna housed in a Catholic church in southern Trinidad. Sharon Syriac describes the family of an Indo-Trinidadian barber, who honours the Madonna by performing a Hindu haircutting ritual in the church courtyard every year on Good Friday. The barber, formerly a Hindu, and his wife, formerly Presbyterian, have both become Pentecostals, and their grown sons are affiliated with Orisha and Pentecostal communities. Nevertheless, they still assist their father in the haircutting ritual. One of the sons is married to a Hindu woman, and their son attends a Catholic school. The family is connected to the Madonna because of her healing propensities, and the menfolk wish to reciprocate her gifts of healing through their ritual commitment to the ‘miracle mother’ (Syriac 2019: 123–125). As patients, families like this can negotiate over and choose from a wide range of diagnoses, healers, and therapies. Some practitioners may ‘belong’ to multiple religious communities at the same time, while in other contexts, recipients of successful therapies are obliged to ‘convert’ to the
healer’s religion. For this reason, patients of Brazilian Umbanda and Spiritist healers may end up changing religion multiple times over their lives (Greenfield 2016; see also Richman 2008 on Vodou and Protestantism).

**Epistemological demarcations: ‘Africa’**

The different logics and histories of healing informing Haydée’s practice in Puerto Rico may not be confusing or contradictory from her point of view. Lawmakers, ethnographers, and practitioners have, however, sought to demarcate religious landscapes by locating historical and geographical points of origin, colliding notions of race, culture, and religion, or by debating the borders of orthodoxy and heterodoxy as well as science and religion. A desire to simplify culturally complex forms of healing by presenting them as ‘African’ has been a longstanding feature in this boundary-making discourse. Travel writers and historians in the Anglophone Caribbean began to represent Obeah as a symbol of Africanness (implying backwardness and superstition) in the late eighteenth and nineteenth century, when few alleged Obeah practitioners were actually born in Africa (Paton 2015: Ch. 3). The invoking of imagined origins served political purposes in proslavery discussions and debates about self-governance. Associating the enslaved population with ‘primitive’ and ‘barbaric’ African superstition justified the civilizing mission of the empire and reinforced the notion of African sub-humanity in the ongoing construction of the ideology of race (see Fields and Fields 2012).

Thinking of Obeah as African and hence, temporally and geographically distant from, but also culturally and morally alien to British colonies, continued to make political sense to the elite after emancipation. The preservation of social order in British Caribbean colonies depended on the cultural assimilation of the labouring population mainly through Christianisation and the accompanying value complex of respectability (Hall 2002). Cultural practices understood as African ‘relics’ went against this process of state- and church-led assimilation and the self-making that protonationalist politics required, and they were systematically ridiculed and condemned in local newspaper reports of Obeah trials as well as in European travelogues and novels. Obeah was designated as African, although complex symbols and rituals from many traditions and sources of knowledge intertwined in healers’ therapies, and numerous ritual specialists prosecuted for practising Obeah in Jamaica, Guyana, and Trinidad were actually of Indian descent (Paton 2015). Lawyers and magistrates described the rituals of alleged Obeah practitioners as ‘barbarous relapse into savagedom’ and ‘relic[s] of African savagery’ (Forde and Paton 2012: 27). The Africanness of Obeah became further entrenched in public discourse as anthropologists became interested in tracing African retentions in Caribbean cultures in the 1930s (Herskovits and Herskovits 1947).

Africa and African origins have been mobilized in a different, more positive way in Afro-Atlantic healing since the 1980s. The introduction of more ‘authentically’ African, Yorùbá-inspired cosmologies, diagnoses and therapies has further diversified the field of medical knowledge and practice in societies like Brazil, Trinidad, Cuba, or the United States. In Trinidad, the orientation of mostly middle-class healers and religious practitioners toward ‘the Yorùbá religion of Nigeria’ as ‘the source of knowledge, authority and authenticity’ and away from the cosmological versions of Africa created in the New World, such as the Spiritual Baptist ‘nations’ mentioned earlier, has produced two branches of practice, Trinidad Orisha and Ifá (Castor 2017: 86). The pantheon of spiritual entities invoked by Trinidad Orisha healers is often wide and eclectic, involving, for example, Hindu deities and Catholic saints in addition to orishas, whereas in Yorùbá-centric communities—sometimes in the same village—healers work only with orishas.
Epistemological demarcations: ‘medicine’

Symbols, methods, and performances of biomedicine have been part of Afro-Atlantic healers’ repertoires, adding to the cosmological complexity of their practice. ‘Doctor’ spirits, often understood to have been medical doctors during their lifetime, are frequent collaborators in healing rituals from Brazil (Greenfield 2008) to Cuba (Espiritu Santo 2015: 133) and Tobago (Forde 2012: 212). The methods of doctor spirits range from the manipulation of ritual symbols to external treatments like baths or massages all the way to internal medicines and intrusive operations. When Mother Cleorita’s Chinese doctor spirit, Su Ling, operates on patients during Spiritual Baptist initiation rituals in Tobago, her movements are symbolic: she might ‘perform surgery’ by moving her hand or a wooden sword in the air around the patient, or use external therapies like anointing or massage (Laitinen 2002). Brazilian Spiritist healers, on the other hand, work with surgeon spirits who use scalpels, syringes, tweezers, gauze, and other items reminiscent of surgical theatres, successfully operating on eyes, cysts, and tumours without anaesthesia or prescribing medicine to their patients (Greenfield 2008: 35–37). Haydée’s patients in Puerto Rico often visit biomedical doctors and bring the diagnoses to Haydée for assessment. Some of the patients themselves are biomedical professionals. One such patient, a doctor who had been diagnosed with cancer, needed Haydée’s help in evaluating the various treatments he had been offered. The doctor trusted science and biomedicine, but this did not exclude trust in other ways of knowing and healing (Romberg 2003: 224, 232). Similarly, Paquita, a popular Espiritista healer in Havana, explained that she ‘would never reject medicine.’ ‘I trust medicine entirely, but I also trust my gift!’ (Espírito de Santo 2015: 134). Vodou healers in urban communities, like Alourdes in Brooklyn, recommend that patients see a medical doctor for example for X-rays or antibiotics (McCarthy Brown 1987: 136).

Epistemological debates about medicine and religion related to those about the Africanness of working-class healing arose in early twentieth-century Obeah trials in the British Caribbean colonies. Healers prosecuted for practising Obeah or sometimes, practising medicine without a licence, referred to legal therapies such as mesmerism, hypnotism, magnetism, and electrical healing. As Diana Paton documents, a healer in British Guiana in 1903, ‘Professor’ E.J. Hall, claimed to specialize in ‘electro-therapeutics, radiotherapy, phototherapy, thermotherapy, hydrotherapy, diaduction, vibratology.’ Complaints about healers like Hall were frequent in Caribbean newspapers in the first decades of the twentieth century, as public health professionals wrote derisive accounts of ‘obeah doctors’ who attracted patients from trained, biomedical doctors (Paton 2015: Ch. 6). More recently, in the context of revolutionary Cuba and its world-class healthcare system, Espiritistas who appropriate biomedical methods have faced government scrutiny (Espírito Santo 2015: 133–134; see also Greenfield 2008: 27–33 on Brazil). In Puerto Rico, public attitudes toward popular healing transformed in the 1980s, when newspaper articles about local herbal medicines attracted patients toward healers operating within previously shunned religious systems, like Espiritismo. Instead of making Espiritismo socially acceptable, however, this discursive shift allowed patients to think of its methods as part of the New Age paradigm of ‘wholeness’ and ‘natural healing’ (Romberg 2003: 182).

These examples of criminalization, discursive othering, and ridicule speak of continued attempts by the state and biomedical health professionals to draw a line between biomedicine and other types of healing in the Afro-Atlantic. However, separating biomedicine from ‘alternative’ medicine does not align with the cultural logics of healing in the religious contexts discussed earlier, where healers, spirits, and their patients do not necessarily think of suffering and cures in terms of differentiated systems of ‘medicine’ and its ‘alternatives.’ Conceptualizing biomedicine as an autonomous field of European knowledge disregards the co-development
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and cross-fertilization of various traditions of healing, including European medicine, in the long history of the Afro-Atlantic. Discursive insistence on epistemological divisions and hierarchy between (European and white) biomedicine and heteropraxic alternatives speaks to the ideology of race, which relies on white supremacy in knowledge production; and a Eurocentric history of modernity, where only European agency and inventions led to the development of the modern world.

Ontologies of healing

Afro-Atlantic slavery as a ‘foundational institution’ of modernity contributed to an ontology that deprived enslaved Africans of their full humanity while reproducing the notion of (the European) individual as a sovereign and autonomous agent (Johnson 2014a: 5; Trouillot 2003; Wynter 2003). Violence was key in the process of turning free human beings into slaves, commodities without rights of ownership. On the other hand, the cosmologies of enslaved people included relations to spirits that complicated the idea of sovereign subjectivity and individual agency. Spirit possession, a concept mobilized at various points of the history of Christianity, recurred in chronicles of colonial encounters in the Americas in the sixteenth and seventeenth centuries and in Africa in the eighteenth century. The trope of possession eventually became ubiquitous in ethnographic literature of African ritual practice in the New World and the discourse shifted to African American religions, particularly in the Caribbean (Johnson 2014b: 27–28).

A closer look into the relationship between healers and spirits problematizes the conventional understanding of ‘possession’ as an occupation of an otherwise sovereign body by an external agent, a spirit. Afro-Atlantic healing is a fundamentally relational process, where patients and healers are better understood as relational instead of autonomous individuals (see, for example, Espírito de Santo 2015; Ochoa 2010). Espiritista healers work with an assemblage of spiritual entities, entidades (powerful, personified spirits), from whom they receive medical and medicinal knowledge of plants, potions, and therapies. These muertos, spirits of the dead, support healers in the pursuit of their livelihood and prosperity. The assemblage of ‘entities’ is part of the healer’s cuadro, or their personal spiritual potential and power, skills, and resources, which must be nurtured and built throughout the healer’s life (Romberg 2003: 143–154). Muertos are equally central to the Cuban Palo healer Isidra’s work, and instead of ‘possessing’ her body, the dead ‘float together’ with the living in a ‘dense and indistinguishable mass’ or sea, Kalunga. Isidra feels them in her body and on her skin and sometimes shares her body with them, as the dead ‘permeate’ or ‘saturate’ her (Ochoa 2010: 34, 38). The dead flow in matter such as blood and paleras like Isidra know how to create healing—or harming—substances out of such matter (Ochoa 2010: 96). In limpiezas (cleansings), Palo healers use brooms made of medicinal herbs to brush away malevolent spirits of the dead afflicting their patients (Ochoa 2010: 156–157). Diana Espírito Santo describes similar immanence and fluidity in her work on Cuban Espiritismo, where healers are part of a cordon spiritual, a fluid sociality of spirits that guide their work. The relationship between healers and spirits is mutually constitutive in that healers do not learn their skills from external spirits; instead, the healing subject transforms and develops over the years along with the spirits she lives and works with. For example, Marcelina, who worked with the spirit of a Haitian healer, had ‘learned’ a permeable, shifting body during the more than five decades of their collaboration. The healer’s sense of self takes shape as she learns to interpret bodily sensations and perceptions caused by the muertos, and her subjectivity as a healer forms through an openness to such interaction. This subjectivity is porous and fluid, relational rather than sovereign. Likewise, the spirits, as
experienced by the healer, develop over the course of their relationship to the healer (Espírito Santo 2012: 254–258).

In addition to the co-development and collaboration between healers and the various spirits who work with and through them, collective effort by ritual practitioners is essential to creating the level of ‘collective effervescence’ required from successful, communal rituals of healing. Voduisants speak of ‘heating up,’ the enthusiasm of singing, drumming, dancing, and clapping of hands that helps bring about communion between healers and spirits. ‘The spirits will not come to help us until the ceremony is byen echofe, well heated up’ (McCarthy Brown 1987: 133). Similarly, in Tobagonian Spiritual Baptist healing rituals the ‘hotness’ of the communal dancing and music-making is crucial, and ritual specialists sometimes scold their congregations for not putting sufficient effort into creating a favourable setting for spirits. Such a communally produced, spiritually intense ritual environment can frame more than one healer’s practice. Mother Cleorita and another ritual specialist, Teacher Audrey, sometimes worked together on patients, each healer manifesting their respective doctor spirits and communicating through a stylized choreography of surgery (Laitinen 2002: 127). An openness to spirits demands detachment from the everyday, moving ‘beyond the fatigue and preoccupations of [the practitioners’] difficult lives’ through enthusiastic communal ritual practice, which can also be achieved by healers through concentration in solitude (McCarthy Brown 1987: 133–134).

Diagnoses of suffering in Afro-Atlantic systems of healing often identify external causes and sources of misfortune and illness. Sometimes the cause of suffering is traced to a malicious spiritual attack by a competitor or adversary, but often it is the moral offence of neglecting family, ancestors, or loved ones that has brought about suffering. The patient herself may be culpable, but the effects of neglecting familial and reciprocal obligations can transcend generations and bring suffering onto the original offender’s children and grandchildren (Romberg 2013: 147; see also Thoden van Velzen and van Wetering 2004: 26–27 on avenging kunu spirits in Surinam). In Vodou, the moral and relational context of suffering and healing is particularly nuanced. The religion includes a complex notion of personhood consisting of multiple, complementary components of ‘self.’ In addition to this ‘internal’ complexity, relations to family, an eritaj of living and dead kin, are central to moral personhood (McCarthy Brown 2001: 46–50; Richman 2018: 139). A disruption in the relational matrix that comprises a person—relations between people, the dead, and the lwa or spirits—is the ultimate cause of affliction and can bring about physical as well as mental suffering (McCarthy Brown 1987: 129). In larger rituals, spirits can address this suffering and ‘process the problems of the community, fine-tuning human relationships’ (McCarthy Brown 2001: 54). Such healing of relationships is at the centre of a mortuary ritual known as wete mò nan dlo, retrieval from the waters, performed at least one year after death. A ritual specialist invokes the lwa in order to convene with the spirit of the dead and bring catharsis to the bereaved family by shedding light on the causality behind tragic death (Richman 2018). Ritual specialists also resolve problems with social relations in private consultations. The process begins with divination, for example, by reading cards or gazing into a candle flame, and a diagnosis emerges gradually in dialogue between the specialist and the client (McCarthy Brown 2001: 61–63). Suffering and healing are relational processes, and suffering is caused, experienced, diagnosed, and treated in relation to other people and spirits.

**Conclusion**

The relationality of Afro-Atlantic healing subjects, their mutual constitution, and collaboration with spirits, the social causes of suffering and the communal production of healing in
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rituals rely on notions of self, body, and illness that seem radically different from the tenets of biomedicine. From the perspective of healers like Alourdes, Mother Cleorita, or Haydée, however, the ontological and epistemological divides in understanding subjectivity, suffering, and healing do not seem insurmountable. Healers and their spirits draw on biomedicine as well as other traditions—which, as I have shown previously, have intertwined with biomedicine in the long history of the Afro-Atlantic—and both healers and their patients consult biomedical professionals, when necessary. Rather than practitioners, it is anthropologists and other scholars of Afro-Atlantic healing who may find themselves struggling to make sense of differently valued ontologies and epistemologies and representing them in ways that do justice to healers and their patients. Terms like ‘medical pluralism’ or ‘marketplace,’ connoting a selection of separate and distinct healing traditions, fall short of representing the social and cosmological relations of suffering and healing in the Afro-Atlantic.

The term ‘Afro-Atlantic’ itself can be similarly problematized. Healing in the Atlantic world has been a collaborative effort between people from different nodes of transatlantic networks of migrations and trade and, as such, it has not been limited to healers and patients of African descent, although their knowledge and skills have been centrally important to the development of medical traditions in this cultural sphere. Healers claim various locally meaningful racial identities, which reflect nuanced systems of classifying bodily difference, culture, and ‘mixing.’ The spirits involved in affliction and healing may have travelled across the ocean and taken new forms in the New World, or they may have developed in American and Caribbean contexts ranging from slave plantations to maroon societies, bustling cities, peasant villages, battles, rebellions, or maritime travels. The racialized positions and geographical origins of these spirits, as manifested in ritual discourse and practice, are therefore highly diverse. Given that healers often work with numerous, differently racialized spirits, the combinations of cultural and physical difference performed in Afro-Atlantic rituals of healing are countless. The term ‘Afro-Atlantic,’ then, seems limited in describing the fluidity and diversity of the people, spirits, and cosmologies that constitute ‘Afro-Atlantic’ healing. On the other hand, the social suffering that healers have addressed has largely reflected the physical and structural violence of slave trade and slavery, the plantation regime, and the social stratification of past and contemporary societies in the Americas and the Caribbean, where the lowest rung has been, without exception, occupied by people of African descent. Exploitative capitalism and its accompanying ideology of race in the constitution of the Afro-Atlantic have engendered particular types of suffering, diagnoses, and vocabularies of affliction and healing. Perhaps it is at this level that Afro-Atlantic can best serve as an analytic category.

Notes
1 See, for example Ferretti 2003 on Afro-Brazilian religions; McCarthy Brown 1992 on Vodou; Paton 2015, Ch. 6 on Obeah; Ochoa 2010: 63 on Palo; Romberg 2013 on Espiritismo.
2 Yaws is a chronic, disfiguring bacterial infection that affects skin, bone, and cartilage. www.who.int/news-room/fact-sheets/detail/yaws
4 On the Candomblé religion in nineteenth-century Brazil, see Matory 2005; Parés 2013; Reis 2013.
5 On church- and state-led persecutions of healers in Brazil, see for example Reis 2013; Sansi 2016; Sweet 2011; Thornton 1998. On similar persecutions in the Caribbean, see for example Paton 2015; Paton and Forde 2012; Ramsey 2011; Román 2007.
6 Karen McCarthy Brown’s 1992 discussion of complex selfhood remains important. For a recent review of anthropological literature on personhood in Vodou, see Strongman 2019.
Bibliography


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