



Multicultural Approaches to Health and Wellness in America

VOLUME 1

**Key Issues and
Medical Systems**



Regan A. R. Gurung, Editor

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Santería as a Culturally Responsive Healing Practice

Rafael Martinez, Matthew J. Taylor, Wilma J. Calvert, Jami L. Hirsch, and Cheryl K. Webster

... it's the healing [outcome] that matters, not the techniques or explanation.
(*The Dancing Healers*, Carl Hammerschlag 1988, 141)

Within Western culture, physical and mental illnesses are largely defined as biologically-rooted phenomena, with secondary consideration given to other contributory elements. As such, the most widely sanctioned mechanisms of treatment for physical and mental health sequelae are often viewed using a similar lens. Medication-driven, scientifically validated treatments are explicitly understood to be the gold standard as practitioners steer their patients toward successful health outcomes framed as the absence of disease. However, the clinical setting and interplay between clinician and patient are framed within a culturally constructed cognitive reality. Both participants have culturally born expectations about the therapeutic experience and employ learned worldviews that impact everything from an understanding of illness causality to the perceived efficacy of treatment modalities. A disease-centered, medicalized model of illness conceptualization and treatment has come to dominate the health landscape and other healing traditions have come to be viewed with less legitimacy. This

serves to devalue and downplay the sociocultural and humanistic aspects of patient care. It is imperative that the treatment of illness not merely entail a unilateral, clinician-generated plan that simply “cures” symptoms in a reductionistic clinical sense, but rather is constructed as a joint venture that affords patients the opportunity to actively participate in their healing. A critical element of this, which is often deferred to in lieu of “efficacious Western medicine,” is the creation of a complementary space for other healing traditions. At its core, healing is the liberation from discomfort, anxiety, and fear. It would make sense that an undertaking towards this goal would involve collaboration with non-traditional, culturally-based healing traditions both familiar to and perceived as efficacious to patients.

The goal of this chapter is to elucidate the relationship between culture, health beliefs, and the outcomes of these beliefs, and in doing so, educate healthcare professionals, (defined to include any culturally validated individuals with healing acumen), about the importance of recognizing, accepting, and incorporating culturally diverse interpretations and remedies. The chapter will briefly discuss the role of culture on health and then focus on the unique worldview conceptualizations of the Creole religion, Santería. We elucidate how the cultural meaning systems of Santería challenge mainstream health practitioners’ traditional Western paradigms of “normal” vs. “abnormal” patterns of behavior, thoughts and feelings. Finally, the chapter will discuss how these beliefs and rituals can (and should be) utilized as complementary elements to Western-based therapeutic practices when appropriately aligned with client/patient belief systems.

Culture and Worldview Conceptualizations: Implications for Views of Health

Culture is “the sum total of knowledge passed on from generation to generation within any given society (Castillo 1997, 20; Purnell and Pontious). It is through culture and its resultant worldview that humans protectively attempt to categorize and bring meaning to the world. D’Andrade (1984) refers to the specific paradigmatic entities that drive this process as cultural meaning systems and adds that by means of their four functions, they are the tools used by a society to structure cognitive reality.

The *representational* function refers to how a cultural group comes to represent the world symbolically. Meaningful symbolic systems are arbitrary and, at times, open to misinterpretation by those outside of the group. Where one person sees a swastika as representations of Nazi Germany, another sees a decorative Hindu form. This has implications for the realm of health in that both clients and practitioners view symptoms through a specific representational lens of meaning, whereby symptoms are ultimately “symbolic” of specific sequelae.

The *constructive* function refers to the manner in which a society constructs or builds various cultural elements. For example, a couple is considered "married" after following a set of constructed rules designed specifically with this as the end result. Moreover, what even constitutes a marriage has been constructed (and altered) over time across the globe. The DSM classification system is a health-related example of the constructive function of cultural meaning systems. Specific symptoms noted over a specified time period are "bundled" together and subsequently given cultural meaning as they are viewed as a specific disorder. Castillo (1997) notes that prior to 1800, there were few descriptions of schizophrenia as we know it today, as society had not yet "constructed" it as an illness.

The *directive* function refers to the role of cultural meaning systems in guiding human behavior. In some societies, it is taboo or very frowned upon for members of different groups (e.g., castes, racial, tribal/village of origin) to associate with each other. In terms of health, the directive function influences perception of what constitutes inappropriate and maladaptive behavior and how practitioners come to view a "sick" person. Moreover, how a disorder is viewed in terms of causality will impact the course of treatment taken, specifically, where the ill person will go for treatment, be it a clinician practicing Western medicine or a traditional folk healer, as well as the degree of adherence to a specific treatment. For example, if a patient believes that their epilepsy is caused by spirit possession (Fadiman 1997), an exclusively medication-oriented treatment may be contraindicated as their attitudes, values, and treatment behavior may be culturally directed toward another option.

The final function of cultural meaning systems is the *evocative* function. It refers to the cultural rules about emotions, by which emotions are linked to specific events, in what constitutes an appropriate emotional display. An example of this is behavior at funerals; some are quite somber reserved affairs, others involve prolonged and demonstrative open displays of grief, and still others are more upbeat and festive, and almost suggest a party atmosphere. The emotional meaning linked to health is quite diverse. An individual with an external locus of control and a highly fatalistic life orientation may not appear as emotionally devastated by a cancer diagnosis as someone else. Emotional displays of an individual from an emotionally reserved culture may appear muted to their psychotherapist and thus open to misinterpretation (i.e., s/he doesn't care about the topic at hand because the clinician is not seeing the "expected" emotion).

Culture, and its associated worldview and cultural meaning systems, play a role in how health is viewed within a given society and by individuals. Culture gives shape to the Gestalt of health for both those who are unwell and their treatment providers. A number of authors have noted

the meaningful distinction between disease and illness; where disease is a pathological biological state (with an associated diagnosis) and illness is a patient's subjective experience of being sick (Castillo 1997, Green, Carrillo, and Betancourt 2002, Kleinman 1988). Both are socially recognized states in that their conceptualization is the result of cultural communication codes, meanings, and context offered by the client and subsequently understood through a similar set of cultural interpretations by a clinician.

It is the interplay between patient and practitioner, and their use of personal and professional experiences, definitions of health and causality, and other meaning making schemas, which ultimately form the clinical reality of the therapeutic endeavor. It is from these perceptual lenses that the ill and their healers view what is happening, why, and how to remedy it (Castillo 1997, Kleinman 1980). When client and clinician bring different cultural schemas to their understanding of illness, the risk of a failed therapeutic endeavor is increased. To this end, clinicians should be aware of four ways that culture impacts health and health-related behaviors (Castillo 1997).

The first is in the subjective experience of illness. This describes the way in which both patient and clinician come to understand the experience of the patient's illness. How a patient experiences her illness will certainly impart some influence on where she seeks treatment, yet variations in the treatment seeking approach can occur (Fadiman 1997, Gany et al. 2006). A patient who believes that their illness is caused by a spiritual force may seek treatment in a hospital emergency room in lieu of or in addition to more culturally-based options, which may not be available. Moreover, from the clinician's viewpoint, it should not be assumed that just because an unwell person walks through the doors of the (Western) clinic that they will immediately buy into all elements of the brand of healing being offered. While the subjective experience of the patient is easily understood, the clinician also "experiences" the illness, largely through the cultural lens of his/her training and experience (both professional and personal). A psychiatrist may think about illness in biological terms, whereas a shaman may consider causality rooted in supernatural or spiritual forces and apply this causal model to the diagnosis and treatment.

Castillo (1997) speaks of idioms of distress, and this is a second way that the thread of culture impacts the therapeutic endeavor. These are the ways in which the client behaviorally or verbally expresses that he/she is ill. Symptoms have meaning as symptoms due to culturally-rooted *communi-qués*. Within one culture, dreams of the dead may be viewed as meaningless, whereas in others, such dreams signify serious illness (Putsch 1988).

Guilt is a common symptom of depression among individuals from Western cultures, whereas somatization, which could be thought to be more readily associated with another class of disorders, is common among depressives elsewhere (Castillo 1997). These culture-specific messages about illness can be dismissed, overlooked, or misunderstood if practitioners are not attuned to their possibility.

Aside from the nature and cause of illness, the third way in which culture impacts health is in the diagnosis of the problem. Note culture's potentially consistent and self-fulfilling influence on the pathway from the patient's subjective experience of illness to the objective diagnosis offered by healers. Recall that diseases and diagnoses are socially agreed upon constructions of reality, and it is presumed that in any given patient-practitioner dyad both parties actually agree. From the diagnosis comes the culturally-proscribed treatment, defined by the clinical reality of the care-provider, but also the patient, who ultimately has to buy in and adhere to it. If clients do not have the cultural framework to understand a diagnosis, or clinicians offer a diagnosis foreign to a client's cultural meaning systems, adherence to treatment is unlikely. Fadiman (1997) presents a powerful case where physicians and patient's family utilized different cultural constructions of disease and causality which resulted in dire consequences where a relatively nondescript yet efficacious treatment failed.

The final way that culture affects health is in what is viewed as or deemed an acceptable outcome of illness. Depending on the illness and culture, complete alleviation of symptoms is generally seen as a successful and acceptable outcome (e.g., remission of cancer). This outcome is especially sought within Western medicine, as health is often defined as the absence of disease; however, other frameworks are not as rigid in their conceptualization of healthy or normal functioning. An acceptable culture-based outcome elsewhere may be more related to the reestablishment and maintenance of life balance. This approach may conclude that a treatment was a success even when it did not yield complete and lasting symptom alleviation, but rather a (potentially) temporary state whereby symptoms abate, yet can reappear if this balance within life is not maintained (e.g., dhat syndrome; see Castillo 1997).

Santería: A Brief History and Overview

The African Diaspora in the Americas resulted in a number of syncretized religions that combined elements of Christianity, particularly Roman Catholicism, and the African religious traditions brought by the slaves to

the New World (Brandon 1993, Sandoval 2006, Schmidt 2006). Additionally, some of these religions also absorbed native indigenous elements, as in the case of the Maria Lionza cult in Venezuela and Haitian Voodoo (Courlander 1976, Metraux 1959; see chapter 13 this volume). Afro-American religions such as Santería, Candomble, Obeah, and Voodoo, to name a few, are grounded and structured in African myths and rituals. However, these religious practices have incorporated symbols, rituals and myths borrowed mostly from Roman Catholicism. These religions have spread over the years to include not only individuals of African descent, but many other nationalities and ethnic groups. Currently, it is estimated that over one million individuals (mostly Cuban-Americans) practice Afro-Cuban Santería in the United States (Gonzalez-Wippler 1973/2007, 1989a). According to the 2010 U.S. Census, individuals of Cuban-American descent are concentrated in South Florida, New Jersey, and New York. Santería is also popular with other Hispanic groups, such as Puerto Ricans, who are found in large concentrations in the states of New York and Florida (U.S. Census Bureau 2011).

The Afro-Cuban religions' (i.e., Santería, Palo, and Abakua) inheritance can be linked to selected African cultures such as the Ibo, Efik, Yoruba, and Mahi from West Africa, and the Bantu-speaking tribes from Central Africa (Cabrera 1954, Courlander 1976, Martinez 1979, Palmie 2002). The word *Santería* derives from the Spanish word *santo* and can be traced to the Spanish colonists' derogatory characterization of the West African slaves' religious practices, which included a heavy emphasis on worshipping the saints or *santos* of the Roman Catholic faith. The saints were worshipped by the slaves as representations of the Yoruba divinities known as *orishas*. Over time this term has been used by the general population, and current practitioners self-describe as *santeros*, and their practice as *Santeria*. Additionally, statues and lithographs of the Roman Catholic iconography are found in Santería altars, however, these are frequently referred to by their African orisha names. Other terms used to identify this Afro-Cuban Diaspora religion are *Lukumi* and *Ocha* religion. The ethnographer William Bascom tells us that "the African elements of Santería are predominantly Yoruba, or Lucumi, as the Yoruba of Nigeria are called in Cuba" (1950, 64).

Present Day Manifestations of Santería

The worship of the supernatural in the Santería religion centers on the *Orishas*, or divinities, that control the universe and everything connected with human existence. This religion recognizes a supreme creator variously

known as *Olodumare* (The Supreme Judge), *Olorun* (The Lord of Heaven), *Oba-Ogo* (The King of Glory), etc. (Ortiz 1908). Practitioners of Santería describe this supreme deity as an abstract character who created the universe and is detached from human affairs. *Olodumare* designated a number of orishas to rule over different aspect of life and nature, thus establishing distance from direct worship by humans.

In the Santería cosmology, each person is believed to be born under the protection of a specific orisha that must be worshipped throughout life. This orisha or *santo* (saint), as they are also popularly called, play a central role in all the ceremonies and healing rituals performed by practitioners. Followers of Santería will participate in a number of divinatory or consultation rituals where an initiated priest of the religion will use either a necklace known as the *opele* chain (used by *babalawos* or *Ifa* priests) or the *di-loggun*, consisting of 16 cowrie shells (used by *obas* or *italeros*) to determine who is the guardian orisha that rules over the follower's head.

Selected orishas of the Santería religion are recognized as possessing different manifestations or "avatars" where they are described with unique personality characteristics, likes and dislikes, and other idiosyncratic traits. For example, the orisha Elegguá is recognized in as many as 101 avatars or *caminos*, variously known as *Echu AgbóBará*, described as a trickster that listens to everything humans say; *Echu Agbálonké*, a strong and mature Elegguá that punishes with fire and guides the souls of the departed; *Echu Achi kuelú*, an elder Elegguá that lives underground and owns all minerals and metals such as gold, etc. (Bolívar-Arostegui 1990, Cabrera 1954). Other Elegguá avatars are recognized by practitioners and described as astute and tricky, a thief who only accepts offerings that have been stolen, a liar who loves to create confusion and misunderstandings, etc. (Bolívar-Arostegui 1990). Table 14.1 describes the attributes, powers and other elements associated with selected orishas of the Afro-Cuban Santería pantheon.

Rites and Rituals

Religious participation in the Santería religion is broadly observed in two contexts: (1) rituals conducted by a follower alone or performed by an initiated *santeros* or *santeras* (Santería priest or priestess) on a follower, or (2) organized rituals presided by a *santero* with the participation of other *santeros* and followers known as *aleyos*. These rituals follow a continuum of symbolic gestures, drumming and dancing, the ritual sacrifice of selected animals, trance states, uses of herbs, roots and plants, and other

Table 14.1 Characteristics of Selected Afro-Cuban Santería-Orishas

ORISHA/SANTO	ATTRIBUTES/POWERS	COLOR(S)/OFFERINGS/ SYMBOLS
Olofi; Olodumare; Olorun	Creator and source of all power	Invoked in selected prayers
Eleggua (the Christ Child; St. Anthony)	Owner of destiny and the cross-roads; trickster; warrior deity	Red and Black; roasted corn, smoked possum; blood of young roosters
Oggun (St. Peter)	God of iron and warrior deity. Owner of metals	Green and Black; offerings placed in the railroad tracks; knives, railroad spikes, horseshoes; blood of roosters, pigeons, etc.
Ochosi (St. Norberto)	God of justice and warrior deity	Gold and Blue; the crossbow, deer antlers, handcuffs; blood of pigeons, etc.
Obatala (Our Lady of Mercy; Resurrected Christ)	Son of Olofi - father of the orishas; god of peace and wisdom	White; silver bell called "agogo," white pigeons and other four-legged white animals (e.g., goats)
Yemaya (Our Lady of Regla)	Goddess of the Oceans; primordial mother of the santos	Blue; Seashells and anything from the ocean; Watermelons, sugar cane syrup, pork rinds; blood of ducks
Oshun (Our Lady of Charity)	Goddess of the rivers, sensuality, love and money	Yellow and Gold; mirrors, gold, copper; blood of hens and female goats
Chango (St. Barbara)	An impulsive and warrior-like god; promiscuous and womanizer	Red and White; apples, bananas, the double-edge ax; blood of rams, lambs, goats and roosters
Babalu Aye (St. Lazarus)	God of illnesses and skin diseases	Black, Purple and Yellow; crutches, cigars, pennies
Oya (Our Lady of La Candelaria)	Goddess of the cemetery and death; impulsive and mighty	Nine colors; eggplants; offerings placed in cemeteries

magico-religious performances (Brandon 1991, Martinez 1979, Martinez and Wetli 1982).

Consultation with the Oracle

In the Santería religion there are three primary divinatory systems used to identify the source of troubles, confirm the orishas' acceptance of offerings, and establish a course of religious action. The divination systems are: the "Obi" or coconut divination (referred in Spanish as *tirar los cocos* ("throwing of the coconuts")); the *Dilogun* or seashell divination (referred in Spanish as *leer los caracoles* or *registro* ("to read the shells" or "to search")); and the *Opele* chain, a system used only by a class of Santería priests known as *Babalawos* (McNeill et al. 2008).

The simplest and most frequently used form of divination is the *Obi*. It consists of four pieces carved from inside a coconut and shaped into round pieces measuring two to three inches. Beginning with prayers invoking the ancestors and the powers of the orishas, the santero throws the pieces of coconut on the floor with the chances of falling with the white side up. There are five positions in which these 4 pieces can fall. *Obi* divination is a yes or no system for questions posed by the santero priest. For example, four white rinds showing up is called *Alafia* and it is interpreted as an absolute yes to the question posed; it is interpreted as a message of happiness and harmony. The other four positions are called *Itague* or *etawa* (three white rinds up); *Ellife* or *ejife* (two white rinds up); *Okana* (one white rind up); and *Oyekun* (four black or woody rinds up). This last sign is negative and announces misfortune and unfavorable outcomes (Martinez 1979, Lele 2001).

Seashell divination or *Diloggun* is a crucial system based on interpreting the positions of 16 cowrie shells (Gonzalez-Wippler 1989b). In fact, without the seashells, the santero cannot perform any of the major rituals of the Santería religion. The cowries are combined with five divination aids called *igbo*, which include a black stone called *ota*, a long seashell called *aye*, the head of a tiny doll called *eriaworan*, a small ball of compacted powdered eggshell called *efun*, and a tiny animal vertebra called *eggun*. *Diloggun* divination is complex and it begins with a series of prayers and invocations to the spirits of the dead and the orishas. These prayers are known as *moyugbar*. The seashells are thrown on a straw mat used for the reading. There are sixteen patterns or *odus*, with each having a name, a refrain, and several legends. It is the role of the priest to interpret for the consultant each of the *odus*. The divination aids or *igbos* are selectively used by the santero priest to confirm the messages contained in certain seashell patterns.

Opele divination is conducted only by the Babalawo priest and consists of a metal chain that connects eight oval shaped pieces of coconut rinds or tortoiseshell. The Babalawo priest throws down the opele and interprets any of the 16 possible patterns or *oddus*. The combination of the 16 patterns can form 256 new designs, each containing verses, legends and proverbs that are applied to the consultant's situation. The *oddus* are accompanied by invocations called *suyeres*. Babalawos believe that the Opele oracle includes all the knowledge and understandings of mankind (Martinez 1979).

The Necklaces Ceremony

Receiving the necklaces is considered the baptism or entrance into the Santería religion. It is a ceremony where an individual receives five necklaces connected to these orishas: Eleggua, Obatala, Oshun, Yemaya, and Chango. It is a celebratory ritual where the initiate is welcomed into the religion and is structured around the three phases of rites of passage proposed by Arnold van Gennep (1909/1960): separation, transition and re-incorporation. A feature of all Santería rituals is the presence of a *padrino* or *madrina* (godfather or godmother) to lead the rituals performed on followers. This person is chosen by the devotee based on trust, familiarity, and/or good religious reputation in the Santería community. In the process of consulting the seashells for whatever reason, the Santería follower is told that she/he is to receive the *collares* (necklaces) as read in the messages of the seashells *registro*. If the *santero* conducting the divination is the *padrino/madrina* of the devotee, they will agree on a date and time for the ceremony. Additionally, a second officiant called a *yugbona* will become an assistant in the ceremony and will establish a religious relationship to the person going through this initiation, thus becoming sort of a second godfather/godmother (Martinez 1979, Gonzalez-Wippler 1989a).

The initiate that is to receive the necklaces is asked to come to the *yugbona's* house the night before the ceremony so that a *rogacion de cabeza* ("prayer of the head") ritual is performed. This involves a series of prayers performed by the *yugbona* and culminates with the initiate being anointed with a paste prepared with coconut, *cascarilla* (ground egg shell), palm oil, guinea pepper, and other ingredients. The paste is placed on the initiate's head and held in place with a white cap. Other cleansing rituals are performed in order to prepare the person for the necklaces ritual the following day.

This *rogacion* ritual officially begins the *separation* stage in this rite of passage. The initiate is to wear white clothing for the ritual, abstain from sexual activity, avoid partying, drinking alcohol or engaging in other

mundane activities. The person is severed from common activities. The receiving of the necklaces ritual will then be conducted the following day by the padrino, yugbona, and other santeros invited to participate in the ceremony. Most often, this ritual is conducted in the *padrino/madrina's* home. The rites of passage *transition* stage can be identified as the day of the ceremony, when the initiate is asked to wear old clothing, preferably white or light colored. She/he is also asked to bring a set of brand new white clothing, including underwear, socks, shoes, hat or cap, etc. After the usual prayers and invocations to the ancestors and the orishas, conducted in a ritual room, the *padrino/madrina* will proceed to symbolically tear away the old clothing from the initiate, thus symbolizing the destruction of the old person.

Immediately after this, the initiate is led to a bathroom where a tub has been prepared with a liquid known as *omiero*, which contains a variety of leaves, roots, flowers and other ritual ingredients. The initiate is then asked to kneel, and every santero/santera participating in the ceremony, starting with the padrino/madrina and the yugbona, will come in and place a little of the omiero on the person's head. Afterwards, the person is left alone and asked to bathe using a special white odorless soap known as *jabon de castilla* (castille soap). The initiate is asked to dress up with the new white clothing brought for this occasion and asked to rejoin the santeros in the ritual room for the imposing of the five necklaces (Martinez 1979, Fernandez-Cano 2008).

The imposition of the necklaces ritual is led by the padrino/madrina, however, all santeros in the room participate in the placement of the necklaces on the initiate. Upon completion of the ceremony, the person receiving the necklaces is asked to wear them for the rest of the day while wearing the all-white attire. The ceremony concludes with a dinner or brunch. The rites of passage *re-incorporation* stage occurs when all the restrictions (such as dressing in white, wearing the necklaces, abstaining from sexual activities, etc.) are lifted the day after the necklaces are received.

The necklaces ceremony serves as a way to establish social bonds in a fictive religious family. The bond of godfather/godmother is established in this ceremony as well as with other initiates in the Santería community. The cleansing rituals, receiving the necklaces with the power of orishas, and similar rituals empower the individual to take control of whatever situation she/he was facing before the initiation.

Receiving the Warriors

The initiation of receiving warriors (*Eleggua, Esun, Oggun, and Ochosi*) represents another major step in joining the Santería religion. The

warriors are powerful and mighty entities that protect the initiate and help them to fight and overcome any and all obstacles. They also provide the devotee a sense of control and mastery when confronted with difficult situations. There is a significant degree of personalization with the warriors as they are aligned with each devotee's needs and prepared and tailored to each initiate. Each is specially prepared or *cargados* (charged) by the padrino/ madrina; for example when molding Elegguá's effigy in the shape of a head with cement and cowrie shells, the padrino/madrina will ask the person who will be receiving it to provide a stone, a jewel, or some other personal item that will be included in the effigy.

Because Elegguá is the guardian of the gates and destiny, the warriors are symbolically kept close to the home entrance or else in the ritual room. The most personalized warrior is Esun. It is depicted as a metal pedestal holding a cup-like compartment fringed with tiny bells and a rooster standing on top of it. The cup-like compartment contains cotton, roasted corn, coconut, and other roots and herbs (Brandon 1991). Some santeros include the name of the initiate inside the cup. Esun is recognized as one's self or personal essence. Oggún and Ochosi are both depicted in the mythology stories or *patakis* as fearless warriors. Ochosi is the orisha of justice and rules over courts, jailhouses, police stations, etc. Oggún is the god of metals represented by railroad spikes, knives, and all things metal. The symbolism surrounding the warriors guides the Santería practitioner in the daily struggles that all humans deal with in different contexts. The warriors empower the devotee to confront obstacles head-on with the conviction that victory is assured (Martinez 1979, Fernandez-Cano 2008).

The Priesthood Initiation

Becoming a priest or priestess in the Santería religion is a one-year process that includes multiple rituals, observance of taboos, dress code, and numerous rules governing daily activities. Not every Santería practitioner moves on to this initiation level, however, it is a crucial step for those persons confronting serious health issues and other major obstacles in their lives. The first step in the priesthood initiation process is to identify the orisha that rules over the devotee's head. All of the rituals, including the preparation before the actual initiation, are going to be dictated by the orisha that is to be *coronado* (crowned). This initiation is called *hacer santo* (to make saint) or the *asiento* (settlement), the latter referring to the settling of the orisha on the initiate's head.

Each Orisha has specific preliminary rituals before the actual initiation. For example, sons/daughters of Oya, the goddess of death and the cemetery, will participate in rituals nine days before the actual initiation (nine is Oya's number). Each day, ceremonies are conducted at the railroad tracks, the cemetery (at midnight), at the foot of the Royal Poinciana tree, at a Catholic church, etc. The day before the initiation, the novice is taken to the river by the *yugbona*, or the godfather/godmother, to be ritually cleansed and bathed in the river. It is also customary to perform a *misa de entrada* (entrance mass) to identify the spirits of the dead that must be worshipped or propitiated before the initiation. This ritual is actually based on *espiritismo* (spiritualism) beliefs that have been incorporated in this Diaspora religion. Various other rituals are performed to prepare the person for the initiation (Sandoval 2006).

The day of the initiation numerous santeros will gather for an all-day event that includes preparing the herbs and plants sacred to each orisha into a liquid called *omiero*, the sacrifice of animals specific to each orisha, numerous prayers, songs and invocations performed on the novice, etc (Brandon 1991). The focus of the ritual is on the initiate's head, which is shaven and painted with various designs and concentric circles representing the orishas and particularly the one that is being 'crowned'. The initiate will wear white during this ceremony as well as a couple of other special dresses made for the occasion.

The initiation ceremony will continue for seven days with each day having unique activities. Some of these include an open house celebration immediately following the day of the initiation called *dia del medio* (day in the middle) to welcome family and friends and present the new initiate to the Santería community, and the *Ita* which is conducted the day after the open house. This is a divination ritual conducted by an *oba* or a *babalawo* and results in a blueprint of religious activities, do's and don'ts, and other observances. Each orisha received during the initiation is consulted (Gonzalez-Wippler 1989a).

The initiate will remain in the house where the initiation was conducted for seven days, meditating and learning about the religion. She/he is treated like a newborn. For example, they are the first ones to be served food, are walked to the restroom when needed, and are referred to as *Yawo*, a name used for all neophytes in the Santería religion. The complete initiation into the Santería priesthood lasts a year. It is a period marked by strict taboos and observances. Neophytes are forbidden from drinking any alcohol or attending parties. Females are not allowed to put on make-up and both males and females must cover their heads with a white hat, cap or shawl as well as dress in white. It is a period marked by frequent interaction with the godfather/godmother

while learning from the santeros associated with the particular family called *ile* or *casa de santo* (House of Saint) into which they were initiated. All restrictions are lifted at the end of the one year period, and the person is now recognized as a full-fledged priest or priestess (santero or santera) in the religion. The individual is re-incorporated (van Gennep 1909/1960) into the community while recognized in his/her new role (Fernandez-Cano 2008, Garcia-Cortez 2000, Martinez, 1979).

Santería Themes as Healing Practice

The history of 21st century Western medicine has rarely considered indigenous healing practices, such as, herbal remedies, magic, witchcraft, and religious practices as legitimate forms of healing (Airhihenbuwa 1995). As the Western medical perspective gains prominence, it has insisted that the field and its practices be exclusively scientific in nature, objectively measureable, and consistently replicable. The increased emphasis on scientific medicine has left little space for traditional approaches and has unnecessarily constructed a rigid reality that overlooks the fact that there is more to healthcare than medical (biological) care. This is a critical oversight as these "local" tools and explanations of sequelae have not been universally replaced by scientific explanations. Furthermore, these traditional frameworks are rooted in cultural knowledge, and not only serve as a lens through which to view a group's system of culture and its potential influences on perception, judgment, communication and behaviors, but, in a practical sense, address a number of psychosocial dimensions which will impact healing (Mphande and James-Meyers 1993, Thomas, 2001). The power of the practitioner (and treatment) comes in part from the client's belief in the ability of the healer, as inferred from their analysis of the practitioner's training, educational degree, experience, or community status (Moodley and Sutherland 2010). So in spite of the fact that traditional healing and Western approaches to medicine are often viewed in binary opposition to one another, especially from the perspective of medical professionals, the reality is that the two are often cultural bedfellows which can be compatible, used simultaneously, and ultimately may result in a more efficacious treatment undertaking (Baez and Hernandez, 2001; Del Castillo, in press; Moodley and Sutherland 2009).

The previous discussion of Santería's history and its basic tenets offers insight into how followers view themselves, the world, and the events therein. Not only does this constructed reality have implications for how self is viewed, along with linkages to others, but equally as important, self-in-relation to the material and spiritual world (Holliday, 2008). Rites

and rituals serve a number of roles in the development of (individual) self and are also individual behavioral expressions of cultural identity. Not only are rites and rituals an expressions of shared commonality among individuals, they are often done in the presence of others. Thus, they also serve to promote group solidarity and reaffirm an individual's connection with the group.

Santería can function as a supportive system of culturally meaningful symbols and healing processes, both of which can serve to bring about enhanced treatment (Martinez and Welti 1982). The initial step in all major Santería rituals is to consult the oracle (i.e., the *Obi*, the *Dilogun* or the *Opele*) to identify the source of trouble or diagnose the consultant, determine a course of ritual steps, and establish a follow up strategy. The divination rituals always begin with a series of invocations to the ancestors and the orishas (*moyugbar*). These prayers tie the consultant to a spiritual realm of ancestral spirits and divinities, and provide psychological connectedness to other Santería followers protected by the same supernatural entities. The divination ritual provides a mechanism to structure the situation of the consultant and provide a sense of control, which is a common psychotherapeutic theme. An individual arrives at the divination session (*consulta*) full of questions and uncertainties and walks away with a blueprint for action, including specific religious rituals believed to bring back normalcy in everyday living (Lefley 1981).

On matters related to health, it must be noted that Santería followers sometimes seek western medical diagnoses and the corresponding treatments (Ness and Wintrob 1981; Suarez, Raffaelli, and O'Leary 1996). Religious rituals are performed to ensure the success of the medical intervention. Still, the etiology or ultimate cause of the problem can be traced to supernatural causation such as punishment by the orishas due to their neglect by the follower, sorcery or *brujeria* performed by an enemy wishing harm on the person/victim, and on occasion, disruptions may be caused by spirits of dead ancestors who have been neglected in rituals. Common or minor rituals are called *addimus* and include offerings of flowers, fruits, incense, glasses or rum or aguardiente, etc. to please the spirits of the dead (*los muertos* or *egun*) and/or the orishas. Major offerings known as *ebbos* will include the sacrifice of birds and four-legged animals (e.g., roosters, pigeons, goats). In more serious health crises or situations, the follower may be told that he/she needs to receive the necklaces, the warriors, selected orishas (e.g., *Yemaya-Olokun*, *Babalu Aye*), or even proceed with initiation into the Santería priesthood.

In these ritual performances, the Santería follower is actively involved in seeking his/her cure or solution to the problem. There is intense and

frequent interaction with the *padrino/madrina* who conducts or prescribes rituals aimed at symbolically sending away any negative forces or hexes through religious cleansings known as *limpiezas*, *despojos* or *rogaciones*. These rituals strive to attract good karma (known as *ashe*) as well as the blessings of the ancestors and/or the orishas. These ceremonies help transition the consultant from a passive agent to an active participant in the healing process (Santi, Jr. 1997).

Martinez and Wetli (1982, 35) offer that Santería rites and rituals are "cathartic techniques in which anxieties and intrapsychic conflicts are objectified," and thus laid bare for treatment. For example, the Santería priest/priestess may identify the source of trouble to be a particular person who may be working evil sorcery against the consultant. It is possible that the recommended course of action be to magically retaliate by preparing a doll resembling the enemy (e.g., a male or female figurine) and include a personal item once touched by the target of the magic (e.g., clothing, hair, saliva, etc.). This doll once prepared will be placed upside down in a glass of water that is placed in a refrigerator freezer. By performing this magic, the enemy is symbolically frozen or immobilized from further evil action against the victim and all of her/his life activities will turn upside down with negative consequences (i.e., the inverted doll in the glass). Other similar rituals may involve writing the name of a person on a piece of paper and placing the paper inside a small honey jar in order to "sweeten" their disposition towards another person or situation. A number of similar symbolic rituals allow the person to objectify his/her fears and conflicts without using direct confrontation or violence against the enemy.

Rites and rituals, as part of the socialization process, aid in epistemological development (i.e., knowledge of the world), which in turn, forms the foundation of interpretations of the world. In terms of health related processes, cultural knowledge and interpretation link directly with perceived causality of illness and this, in concert with an individual's disposition, has implications for treatment (Sandoval 1979). In reviewing the diverse characterizations of each orisha and their corresponding avatars, we observe a comprehensive list of human traits, behaviors and dispositions. The fact that each follower of Santería is believed to be a "son" or "daughter" of a specific orisha points to an affinity between the personality of the follower and the avatar of a specific orisha. For example, sons and daughters of Elegguá tend to be playful, tricky, and sometimes prone to creating misunderstanding while others are helpful and facilitate or prevent situations from happening; followers of Chango are impulsive and combative; the children of Yemayá are wise and moody; and so on (Sandoval 2006).

Each orisha is also believed to be responsible for specific afflictions, illnesses and disruptions should the follower fail to properly worship the deity. For example, Obatala punishes with paralysis and birth deformities; Oshun is connected with abdominal distress, domestic strife, etc. Yemaya inflicts respiratory distress; Oya is associated with marital separation, etc. (Sandoval 2006). The Santería practitioner is careful to always follow and align with the behaviors and lifestyles expected of a son or daughter of specific orishas. In fact, those who get initiated as *santeros/a* will have a divination ritual known as *ita* performed on the third day of the initiation. At this time, a lifetime blueprint of do's and don'ts and other prescribed behaviors and taboos are established for the initiate. Any deviation or misalignment with one's Orisha will result in punishment by the supernatural (Pasquali 1994).

Many traditional worldviews consider all elements of the world to be connected and view health as equivalent to harmony (Mphande and James-Meyers 1993). Maintaining a harmonious connection to the ancestors or familial spirits of the dead is also important in the Santería religion. As mentioned, all major rituals begin with invocations calling for the ancestors' blessings. Failure to remember the departed or acting in ways that dishonor their memory, may trigger their anger and punishment, resulting in disruptions such as chronic illnesses, general misfortune, accidents, etc. Santería practitioners will find out through divination the cause of their problem(s) to be the neglect of the ancestors. They will be advised as to what ritual offerings and/or ceremonies must be conducted in order to bring back harmony and avoid the ongoing ancestral wrath. In this sense, Santería rituals serve to connect the living and the dead, thus establishing a continuity of tradition, values, family and community ties (Lefley 1981).

Another situation involving spirits of the dead is when the suffering presented by the consultant is related to the presence of an evil or dark spirit (*muerto oscuro*) that was sent by an enemy *santero/a*. In such situations, rituals involving cleansing and purification rituals will be prescribed to exorcise and "send away" such malevolent entities. At times, rituals are performed where the evil intruder is removed by the officiating *santero/a*. These rituals are considered dangerous and performed only by the seasoned priests or priestesses who at times go into trance states, convulsing and displaying the symptoms of an intruding evil spirit just removed from a victim. The *santero/a* will eventually get rid of the evil spirit, thus liberating the consultant from further suffering (Suarez et al. 1996). These rituals are frequently performed during spiritist masses (*misas espiritistas*), which are a religious syncretism of *Espiritismo* and Santería practices.

Conclusion

Many health service delivery systems and treatment modalities are dominated by Western-based approaches and conceptualizations. Culturally responsive practice does not mean the supplanting of evidence-based practices, rather that clinicians remain open to the complementary use and incorporation of other belief systems that unwell people bring to the therapeutic encounter. Ill people ultimately want answers about life and alleviation from their symptoms and a variety of treatment approaches can offer these. As culture and its belief systems impact and determine an individual's worldview and interpretive lens, clinicians must be acutely aware of this and the potential boon and bane of alternative worldviews. Understanding the variety of folk beliefs that patients hold will increase the likelihood of a successful treatment endeavor and the betterment of patient outcomes, which at the most basic level is the true role of all healers.

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