

HENDE A HASI MALU P'E: POPULAR PSYCHIATRIC BELIEFS IN CURAÇAOAN CULTURE

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Introduction

This paper examines how culture shapes illness behavior and how people experience psychiatric care in Curaçaoan society, by examining the cultural background of illness experience and illness behavior from an anthropological perspective. It presents preliminary findings and thoughts and raises questions for further research. The principal data sources for this paper are diverse. First, the author draws from the oral history research that she has done since the 1980s, which includes interviews with practitioners of Afro-Curaçaoan beliefs and rituals. Second, data has also been gathered through participant observation at ceremonies aimed at helping people in psychological distress. A third set of sources is the limited literature on Afro-Curaçaoan beliefs and rituals.

Mental illness has often been approached under a bio-medical model that does not pay attention to culture. In this approach the focus is on the illness rather than on the individual patient and his/her socio-cultural environment. More and more, however, the tendency is to recognize that mental health and culture are intrinsically linked. According to Bruner (2001), to deal with mental health is to deal with culture and vice versa. Showing concern for culture in psychiatry means taking cultural factors into account when diagnosing and treating mental illness. Awareness of the need to embed psychiatry in its cultural context has grown in Western societies as immigrants with different cultural backgrounds have settled there, causing these societies to become increasingly multicultural. Psychiatrists have come to realize that the assessment tools for mental illnesses cannot be based solely on Western norms of appropriate behavior. What is called cross-cultural psychiatry incorporates knowledge and understanding of the cultural background of the client.

The cultural background of the client and the therapist co-determine the setting in which therapy takes place, the interaction and communication between the therapist and the client, and the language that is used. When explicitly taken into account, these factors

allow the client to disclose sufficient relevant personal information and the therapist to gain a more profound and complete understanding of the client.

The cultural situation of Curaçaoan society is very complex. Historically, people from different cultural backgrounds have been brought together, some voluntarily, others forced as enslaved persons. In the colonial setting, a hierarchy of cultures developed over the course of time, giving shape to social classes that were largely based on ethnic origin. This social and cultural stratification was accompanied by hierarchies of ideas, including ideas about the causes, experience and treatment of mental illnesses. For the popular classes of the Curaçaoan population, beliefs about mental illness were and still are derived from the spiritualities that were brought to the island by the enslaved from Africa and that mixed with various other spiritual elements, including Amerindian and Euro-Christian religious practices. These beliefs are deeply interwoven with notions of identity, medical communication and worldview (Knoops, 2008). It has been shown that culture can nurture certain disturbances and dispel others (Idemudia, 2007: 42). One wonders whether distrust, which often plays an important role in certain beliefs and emotions of Curaçaoan people, is not an expression of the traumatic experience and memory of enslavement of a large segment of the population.

The cultural complexity of Curaçaoan society affects not only the way in which mental illnesses are experienced, diagnosed and treated by groups of people, but also the willingness of therapists to pay attention to the cultural aspects of illness. Non-European belief systems and worldviews have generally been pejoratively termed witchcraft, superstition, or are locally called *webu di gai* (cock's eggs), meaning something non-existent. These terms evoke images of "ignorance", "backwardness", "primitiveness" and "underdevelopment". There is a clear lack of objective information on these matters in the Curaçaoan situation. This article alone will not fill this void. What I propose to do here is examine some of the traditional ways of looking at mental illness as expressed in experience, diagnosis and therapy. I will do so by presenting and discussing certain ethnographic information that I have collected during my oral history research since the 1980s. I will also point to key questions arising from the analysis of my data that require further study in order to better incorporate culture within psychiatry.

Significant sources for culturally sensitive psychiatry in Curaçao

The American cross-cultural psychiatrist and medical anthropologist Arthur Kleinman looked at psychiatry through an anthropological lens. According to him, every society develops assumptions about the behavior of sick individuals, methods for coping with threats to health and wellbeing, as well as a body of therapeutic solutions. According to Kleinman, it is important to pay attention to the culturally specific notions that

individuals and groups have about understanding the symptoms, the causes and the treatment of illnesses (1980).

Kleinman's culturally specific explanatory models are used to interpret a given culture's worldview as it relates to health, the understanding of disease, direct treatment and healing. To facilitate the understanding of what is called transcultural medical practice, a distinction between disease and illness has been proposed. The two terms are linguistically nearly synonymous, but Kleinman purposely uses them differently to refer to two related but separate conditions (1980). The term *disease* refers to a pathological condition or malfunction that is diagnosed by a doctor. It is the clinician's conceptualization of the patient's problem, which derives from the paradigm of disease in which the clinician has been trained. In contrast, the term *illness* refers to the sickness that is experienced and perceived by the patient, including his or her subjective experience, perception and interpretation of suffering.

Past and recent research supports the application of Kleinman's model to Curaçaoan society. Father Brenneker was the first to provide a holistic view of the various beliefs which he placed under the collective term of *brua*. He defined *brua* as sorcery, charlatanism, spiritualism, superstition and everything else that goes beyond the limits of the natural world (1966: 1, 7). In her seminal piece of research called *Montamentoe, een beschrijvende en analyserende studie van een Afro-amerikaanse godsdienst op Curaçao* [*Montamentu: a descriptive and analytical study of an Afro-American religion in Curaçao*] (1981), the anthropologist Frieda Bernadina described the Afro-Curaçaoan rituals called *montamentu*, whereby people fall into a trance state and start to display different kinds of behavior depending on the spirit that enters them. Bernadina went further than Brenneker and his colleague Elis Juliana in attending *montamentu* ceremonies; she in fact used the anthropological research method called participant observation. My work *Ziek zijn binnen de Curaçaoase samenleving* [When People become ill in the Curaçaoan society] also reflects on this issue. The anthropologist Richenel Ansano (1988; 1990; 2006) has been studying these phenomena from an anthropological point of view for some time both in Curaçao and in the United States. Recently Roy Knoops finished his degree in the Cultures of Arts, Science and Technology (CAST) with his thesis entitled *Mediating Medicine: Creole Spirituality, Health Care and Psychiatry in the Netherlands* (2008). He writes about how in the Netherlands immigrants of African heritage from Suriname and the Netherlands Antilles integrate their traditional beliefs about healing with modern Western medical technologies and psychiatry (syncretism). Also important is the recent publication by Witteveen & Harms (2009), *Altá i santunan di Kòrsou*, in which they describe important non-material as well as material elements present in Afro-Curaçaoan religious practice.

Within the psychiatric profession there have been several ways of approaching illness from a cultural point of view. In the 1980s the Surinamese psychiatrist Dr. Baal would often approach his patients based on their own conceptualization of their illness and he and Father Brenneker would subsequently perform certain rituals as a form of therapy. Not everyone accepted this form of therapy at that time. In their article, *Een Antilliaanse psychose? Behandeling van een psychose die door de patient geduid wordt als zwarte magie* [An Antillean psychosis? Treatment of a psychosis interpreted as black magic by the patient], the psychiatrist A.Y. Jessurun of the Capriles Psychiatric Clinic in Curaçao and the professor in forensic psychiatry B.C.M. Raes (2005) applied Kleinman's cross-cultural model to the Curaçaoan situation in order to better understand the psychosis of a Curaçaoan patient. A similar approach is also used by the psychiatrist Gilbert Thomas (1998) in his paper called *Psychiatrie en brua* [Psychiatry and *brua*]. The considerable interest on the part of psychiatrists in Curaçao in the phenomenon of *brua* is based on the fact that Curaçaoan patients often use this term when they interpret their psychological distress.

Curaçaoan folk conceptualizations of moods and mental disorders

While modern psychiatry has made significant progress in its scientific understanding of the nature of psychiatric disorders, many people in the Caribbean, especially among the popular classes, hold on to various folk concepts of mental illness. Curaçao is not an exception. The psychologist Tseng (2001) provides some examples of the way in which people in other cultures conceptualize mental disorders, i.e., by using terms such as loss of soul, intrusion of illness objects, the wrongdoing of ancestors, deficiency of vitality, and an imbalance of yin and yang. In their above-mentioned paper, Jessurun and Raes (2005) show how Curaçaoan patients somatize a psychological disorder. The co-authors discuss the case of a patient who explained that he had been suffering from a bad energy or spirit for five years. At night this spirit would enter his spine, go up to his throat and cause him to have a pricking feeling in his head (Jessurun & Raes, 2005: 4). What emerges from this case is that the client had his own idea about the cause of his problem, i.e. *brua*, and that he also had his own idea about how to solve his problem, which was completely different from the solution offered by the psychiatrists.

Curaçaoans often explain uncontrollable changes in behavior or mood in terms of *brua*. In Papiamentu a variety of terms exists for denominating gradations and changes in mood. *Anshá* [restless, fretful], *nèrvio* [nervous], *pisá* [pulled down], *kibrá* [broken], *wantá*, *tranká* [stuck], *sin stansha*, *sin smak*, *sin grasia*, *laf* [spiritless], *fadá* [fed up] and *frus* [frustrated] all indicate mood changes for which the help of a specialist — a

psychiatrist or a *hasidó di brua* [sorcerer] — is not necessarily required. All these terms require further investigation in order to better understand their significance.

Curaçaoans have also developed a body of folk knowledge about curing these mood changes. Herbs play a very important role in this regard. The leaves of the almond tree [*Terminalia catappa* L.], *indigo shimaron* or true indigo [*Indigofera tinctoria*], *kanelublum* or chamomile tea [*Matricaria chamomilla* L.], *siboyo largu* or chives [*Allium cepa* L.] and the leaves of the *sorsaka* or soursop tree [*Annona muricata*] are all used for people who are suffering from the symptoms that fall under the popular name of *nèrvio* (Veeris, 2006: 68, 74, 111, 112, 161). For more serious diseases, the *Amor di neger* [*Cuscuta Americana* L.] can be used against black magic and the leaves of the *Basora pretu* [*Cordia cylindrostachya*] (Roem & Schult) can be burnt to chase evil spirits away (Veeris, 2006: 9, 42).

Saints are also called upon for healing purposes. Saints, besides God, are believed to have power in determining one's destiny. One can request their divine intervention in difficult situations. The use of statues to evoke the help of Catholic saints is a form of religious syncretism. Afro-Catholic religion centers on the worship of saints and the performance of rites in front of altars in the home. These saints can also be portrayed in pictures which are displayed in the home. They are venerated in the privacy of the home or during ceremonies with a group of devotees. For example, people may pray to San Marco de Leon [Saint Mark] who has the ability to calm people [*santu pa mansa hende*] and to Santa [Saint] Barbara who takes away evil [*santu di kita kos malu*].

The following case is an example of the treatment of a mental condition involving the help of a specialist.

Case

A *montamentu* session in which I participated involved a woman who had suddenly begun to display bizarre behavior. Her relatives attributed her change in behavior to *brua* and took her to a *trahadó di misterio* [mystery worker]. *Brua* is a term which has a negative connotation in this society, therefore the specialists do not call themselves *hasidó di brua*, but *trahadó di misterio* [mystery workers]. Upon careful examination, the *trahadó* declared that the woman was indeed suffering from a malefic influence sent by someone who wanted to harm her. After further careful examination, which included the invocation of various spirits that spoke through the *trahadó*, the *trahadó* came up with the final diagnosis and the method of treatment. The latter included praying for nine days (*novena*), the use of essences, bathing with herbs, and the use of certain paraphernalia such a prepared cord around the waist. The approach was called *trabou grandi* (a big act) as opposed to a *trabou chikí* (small act). It was named that way because it took several days to perform and required the use of various materials.

The specialist in this case is the *trahadó*. *Brueria* can be one *modus operandi* of the *trahadó* and has a mostly negative connotation in the Curaçaoan society. Most of the time *brua* practices are associated with doing evil such as trying to harm someone. This is described as *hende a hasi malu p'e* [people have harmed him/her]. In this position the *trahadó* creates mental discord by persecuting someone. However, *brua* has a repertoire of functions on a continuum. A *trahadó* can also be a person with knowledge of medicinal herbs which he/she uses for the benefit for his/her client. The anthropologist Richenel Ansano provides a more neutral definition of *brua* (1988: 9; 1990: 174), i.e., an agglomeration of non-Christian spiritual practices, similar to *obeah*¹ in the Anglophone Caribbean, which include preparing and using lucky charms, eliminating purported and declared enemies, healing physical illnesses and social relationships, ensnaring spouses, divining, making amulets, spirit possession, and consulting the dead. In my study on spirituality I deduced that *brua* worked on two levels, doing either harm or good, depending on the nature of the request. Evil practices entail the use of paraphernalia and rituals with the intention of harming somebody. However, the same person may perform a service with good intentions, such as curing someone, physically or mentally. At the positive extreme this specialist can help cure an ill-stricken person or act as a positive force against the debilitating fear of *brua*.

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In the above mentioned case the specialist was a woman. Women play an important role in these practices, both as specialists and as seekers of the help of these specialists. Some rituals are performed by groups of people organized under the leadership of a woman. These women wield much power as they perform rituals that can cure people. Seeking the help of *brua* has been incorrectly associated with women, since men are also help-seekers. Their motives for seeking help from a practitioner may differ.

Spirits are believed to be responsible for certain bizarre behavior. The Afro-Curaçaoan spiritual domain encompasses, in addition to Roman Catholic icons, a vast array of supernatural forces, including good and evil spirits that may also be related to deceased persons. Such spirits can be invoked in a variety of ways. In a recent radio interview (September 2009), a local coroner stated that she would receive petitions from people to place, for example, someone's underwear inside the coffin of a person ready to be buried. This request had the intention of harming someone else. According to the coroner this would occur in situations where rivalry had existed between two women for the love of the deceased man. Her information supports research data that indicates that people often use the power of a deceased person to harm their rivals. Jealousy between two women is at the root of the ill-intended behavior in this example. Other forms of jealousy can also lead to such practices. Success, conspicuous happiness, and being too arrogant and

¹ *Obeah* is a term used in the English-speaking Caribbean and refers to folk magic, sorcery and religious practices.

boastful often engender jealousy and envy among close social acquaintances. Artifacts such as dolls with pins are sometimes thrown into the yard of the person who is the object of one's envy in order to mentally destabilize him/her.

Some concluding remarks

I have identified and discussed, from a cultural perspective, ways in which people in Curaçao may deal with mental disorders. Considerable further research is required to attain an adequate level of understanding of how culture influences the way in which people relate to mental illness, so as to arrive at more culturally sensitive psychiatric approaches and, by extension, an enhanced quality of psychiatric care and, ultimately, improved patient wellbeing. Important topics for further research include a glossary explaining the Papiamentu terms used for moods and mental problems and the belief systems that underpin these terms. Relevant research questions include: What role do relatives play or can relatives play in the diagnosis and treatment of mental disorders? How do people in Curaçao construct 'normality' and 'abnormality'? And, considering that the level of education and medical knowledge (as well as the personal life experiences) of the popular classes have changed significantly in recent times, how do traditional ritual, symbolic and experiential dimensions of healing practices manifest themselves today?

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