

CARIBBEAN HEALING TRADITIONS

Implications for Health
and Mental Health

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PRACTICAL MAGIC IN THE US URBAN MILIEU

Botánicas and the Informal Networks of Healing

Anahí Viladrich

Introduction

The growing market of religious healing in the United States (US) has called attention to the role of religion in American society and to the multiplicity of coexisting healing systems, as a cultural epiphenomenon resulting from the country's ethnic and religious diversity. Folk healing practices have been blossoming in recent decades along with the holistic health movement (developed in the 1970s) and its successor, the New Age trend, followed by the newly-institutionalized field of complementary and alternative medicine (Baer, 2001; Baez & Hernandez, 2001). Nevertheless, there has been a paucity of research on the intertwining fields of religion, spirituality, and health, particularly pertaining to Caribbean healing traditions.

Contrary to the popularity of New Age and holistic therapies, folk healing practitioners have remained an understudied universe in the US. Conversely, while the safety net for health services has become more unraveled in recent years, the burden of health care has increasingly shifted to immigrant communities that mostly serve the poor and the undocumented (Viladrich, 2006a; 2007a). In this context, traditional healing systems, rather than being diluted by globalization and the ubiquitous presence of Western practices, have been blossoming more than ever before. Undoubtedly, the popularity of African and Caribbean traditions in the US has been prompted by an increasing international clientele searching for either traces of the Americas' indigenous cultural forms, or for innovative versions of transnational healing therapies (see Polk, 2004).

This chapter examines the presence of botánicas in New York City (NYC), which are ethnic-religious stores that provide a physical and social space for the reproduction of informal faith-healing networks on the basis of religious belonging

(e.g., *Santería* and Spiritism). Botánicas are main healing outlets serving a pan-ethnic population of Latin American and Caribbean immigrants in urban milieus. Either in El Barrio of upper Manhattan or in “the United Nations of New York City” (as the borough of Queens is often called, see Tyree, 2005) or in the Hollywood outskirts of Los Angeles, botánicas’ products and services unveil the overlapping fields of religious healing and community bonding in ways which, until recently, had mostly remained unexplored. Rather than opposing biomedicine, the main argument of this chapter aims at underscoring botánicas’ contribution to providing unique responses to their clients’ needs on the basis of complementing what the former system of healing has to offer (see Moodley, Sutherland, & Oulanova, 2008; Viladrich, 2007b). It begins with an examination of the literature on the role of botánicas in promoting Caribbean and Latin American folk healing traditions in the US, and examines the social geography of healing expressed in botánicas’ changing locations due to the ongoing gentrification taking place in main urban centers, such as NYC. This is followed by an analysis of informal healing networks that extend both within and beyond the botánicas’ premises. Lastly, it highlights the need for developing conceptual models that incorporate indigenous etiologies, including reliance on spirituality and religiosity as holistic systems of healing.

Botánicas’ Religious and Spiritual Realm

Botánicas, which literally means botany, are local dispensaries that offer spiritual and religious goods to mostly a Latino and Caribbean clientele (Murphy, 2010). While their origin can be retraced to the *droguerías* (pharmacies) that existed as early as in the 1900s, through time they evolved into becoming eclectic outlets that combine healing practices with religious traditions (Long, 2001). Botánicas are found almost anywhere in the Americas, and are named with a variety of terms including *hierberías*, *herbarías*, and *botanicos* in places such as Brazil, Colombia, and the French Caribbean. In fact, the presence of botánicas has become ubiquitous in many urban regions, where they combine an uncanny financial enterprise with a witty array of multicultural religious icons and products. In agreement with Romberg (2003), in her study on religious healing practices in Puerto Rico, rather than witnessing the birth of homogeneous healing trends as a product of globalization, botánicas represent myriad healing influences that are dynamically expressed (and transformed) into unique versions of religious faith.

Additionally, it is in the US where botánicas’ eclectic nature achieves an ultimate multinational and wide-ranging concoction. This is concomitant with immigrants relying on culturally familiar healing practices (e.g., folk healers or *curanderos*) while they are literally “crossing borders” to get services in different countries (Byrd & Law, 2009; Loera, Muñoz, Nott, & Sandefur, 2009). In the US, botánicas can be found in most Latin American and Caribbean neighborhoods, where they represent the main selling outlets of religious and spiritual objects along

with natural remedies (Anderson, McKee, Yukes, Alvarez, & Karasz, 2008; Dearfield & Pugh-Yi, 2011). Rather than being solely associated with one particular national or racial group, these stores have become multiethnic settings, since they are owned by (and serve) a variety of immigrant populations including Dominicans, Haitians, Cubans, Puerto Ricans, Mexicans, Colombians, Ecuadorians, and Guatemalans. With immigrant groups rising in numbers in the US’ gateway cities, botánicas have begun to share their front doors with magic and fortune-teller services, while offering myriad products and services—from herbs to magical potions, and from tarot reading to marriage counseling (Jones, Polk, Flores-Peña, & Evanchuk, 2001; Reyes-Ortiz, Rodriguez, & Markides, 2009; Viladrich, 2007c).

Furthermore, botánicas combine a mosaic of ethno-religious practices that merge Afro-Caribbean religious beliefs and traditions such as *Santería*, Palo Monte, Voodoo, and Spiritism (see Gomez-Beloz & Chavez, 2001; Fernandez Olmos & Paravisini-Gebert, 2011; Gelb, 2005; Romberg, 2011; Trotter & Chavira, 1981). The transnational liaisons taking place between immigrants’ country of origin and of destiny, as in the case of *Santería* practitioners in Puerto Rico and NYC, make of their “spiritual capital” (Romberg, 2011) a matter of ongoing religious and commercial exchanges across nation-states. Among botánicas’ diverse products, one can find aromatic candles named after Latin American saints, who are well known for their healing powers, as well as herbs often imported from Puerto Rico and the Dominican Republic. Botánicas’ staples also include oils, tinctures, and candles aimed at cleansing both the physical and the spiritual environment (see Reyes-Garcia, 2010).

As a result, most botánicas have become vivid representations of transnational faiths, as they offer every key charm revered and utilized in Afro-Caribbean spiritual traditions—from necklaces (or *Elekes de Santo*) to *canacoles* (cowry shells used for divination) and voodoo dolls for *trabajos* (used for spells and other magical works). These religious practices, which evolved in the Americas as part of a culture of resistance among African slaves, are expressed through a syncretic blend of Yoruba and Catholic beliefs, which find a common ground in the communication with and possession by an array of incorporeal spirits (McCarthy Brown, 1991; Murphy, 2010; Singer & Garcia, 1989).

The Changing Social Geography of Botánicas

Social geography is defined in this chapter as a multi-level layered map that interweaves physical location with the sociodemographic and cultural characteristics of Latin and Caribbean immigrants in urban milieus. In any big US city, it is easy to observe the large (and rising) number of botánicas, mostly located in neighborhoods where ethnic minority groups reside. Paradoxically, and despite their outstanding presence in key urban areas, these establishments seem to be catering to a diverse clientele in search for unique religious and healing products.

Being unique aesthetic places that feed on transnational liaisons, the social geography of botánicas in NYC are embedded in immigrants' grassroots settings in the *barrios* (Latino neighborhoods), where they coexist along with *bodegas* (Latino grocery stores), amid a variety of community organizations, including Latino churches and immigrant organizations (Solimar, 2007).

In tracing the botánicas' physical and social settings in NYC, Viladrich (2006a) found that the largest location of these establishments correlated with the highest percentage of Latinos per neighborhood. Furthermore, the higher the density of Latino residents, the bigger the number of botánicas—independent of residents' country of birth. Conversely, most geographical areas that register the lowest percentage of Latinos also have the least number of botánicas.¹ By all means, the presence of botánicas in NYC reflects both the current ethnic composition and the ongoing changes taking place in the city's urban fabric. Viladrich's study showed that the shifting patchwork of botánicas symbolizes the paradigmatic displacement of minority populations from NYC's gentrified neighborhoods, marked by their disappearance of ethnic stores from most upwardly mobile areas, *vis-à-vis* their slow (but steady) emergence in others.

For example, botánicas found in the Manhattan neighborhoods of Washington Heights and Inwood are mostly located within the Dominican enclave, while the ones in East Harlem reflect the vanishing Puerto Rican presence in that area as a product of ongoing gentrification. Finally, the botánicas scattered around Manhattan represent spotted vestiges of the former presence of Latinos, as it is the case with the neighborhoods of the Lower East side and Morningside Heights (Viladrich, 2006b). In sum, the distribution of botánicas in NYC is living proof of the demographic shifts that have lately taken place in many large cities in America.

Latin and Caribbean immigrants typically tend to have less access to health care because of their lack of health coverage, and due to the many barriers (e.g., financial, linguistic, and logistic) that deter them from seeking and obtaining adequate medical care in the US (Viladrich, 2007a). According to the Community Health Survey 2002 (New York Department of Health and Mental Hygiene, 2002), the density of botánicas does not change by insurance level, suggesting that their use is a matter of cultural affinity more than a surrogate for the unavailability of insurance. Furthermore, a strong correlation was found between the high presence of botánicas and the large percentage of Latinos reporting no personal doctor, which suggests that botánicas are more likely to be placed in areas where Latinos mostly lack a regular source of care.

Nevertheless, rather than using botánicas as the only point of entry, it seems that their customers combine services with those of allopathic medicine. Concomitantly with the literature on immigrants' healing practices, botánicas provide unique products that complement those offered by other local businesses including the selling of herbs and other botanical products (Menard et al., 2010; Vandebroek et al., 2010). Moreover, the fact that botánicas tend to share the front space with drugstores, pharmacies, and other health-related outlets located on main

commercial avenues, further supports the idea that these diverse businesses coexist, rather than compete, with each other. For instance, studies on ethnobotany suggest that botánicas are key points of entry for immigrants' access to plants and herbal infusions for the treatment of specific health problems, as in the case of women's health conditions such as infertility and menstrual dysfunction (Balick et al., 2000; Menard et al., 2010; Reiff et al., 2003).

Therefore, it appears that the services provided by botánicas (including counselors working on site) are somehow surrogates for the personal doctor, particularly among those of lower socioeconomic status who lack health insurance and/or are undocumented. Finally, and in agreement with research on the nonmedical sources of prescription drugs (see Vissman et al., 2011), botánicas also sell allopathic medicines, particularly non-prescription drugs. In this vein, the literature usually defines botánicas as affordable and culturally competent "invisible pharmacies," where clients are treated by those speaking their language and sharing their cultural and religious beliefs (Balick & Lee, 2001; Gomez-Beloz & Chavez, 2001; Pignataro, 2009; Polk, 2004; Tafur, Crowe, & Torres, 2009).

Botánicas' Informal Healing Networks

Regardless of the specific products they offer, the success of botánicas greatly depends on the informal social webs held by those working in their premises on the one hand, and by those who regularly visit them as either providers or clients on the other. Although the owners and employees of botánicas do not usually call themselves "healers," they are actually key players in the informal economy of care (Viladrich, 2007c). Comparable to the figure of the *farmacista* (pharmacist) in many Latin American cultures, botánicas' employees are pivotal in helping their customers navigate a complex pharmacopoeia of herbs and natural ointments, along with the provision of referrals and the prescription of home remedies. As noted by Dearfield and Pugh-Yi (2011): "Botanico staff are a primary or influential source of medical advice for some clients, and therefore are an important potential referral source to clinical practice as well as potential educator for clinicians who want to reach their clientele" (p.21). In fact, botánicas and religious healers do not claim to be biomedical experts, and they usually refer their clients to conventional medical care when dealing with health conditions they cannot treat.

Botánicas' owners and folk healers are known by word of mouth; therefore they build their reputation at face value on the basis of the esteem and popularity of their clientele (see Reiff et al., 2003; Viladrich, 2006a; 2006b). As *immigrants treating immigrants* (Viladrich, 2006b) botánicas' employers are seen as cultural brokers par excellence that are acknowledged by the community they serve, including members of hidden populations (e.g., unauthorized immigrants) who are unlikely to be beneficiaries of the health system's safety net. From tarot readers to "lay injectionists" (Rahill, Dawkins, & De La Rosa, 2011), botánicas help their clients deal with specific health ailments, such as diabetes and high blood pressure

as well as emotional and family issues (Caban & Walker, 2006; McNeill & Cervantes, 2008; Ransford, Carrillo, & Rivera, 2010).

Not only do botánicas offer a physical and a social space for the exchange of information and resources, but they also support informal faith-healing networks on the basis of religious belonging (Viladrich, 2006b). Botánicas' back rooms are typically turned into offices where healers regularly greet and treat clients seeking informal counseling and health advice. As participants of the same alternative model of cure, customers and providers are linked by social relationships that become alive in the many religious ceremonies that often take place at the botánicas' basements, waiting rooms, and adjacent spaces. In fact, the communal aspects of ritualistic healing is one of the most conspicuous elements of *Santería* and other Caribbean-religious systems, in which surrogate families of parents and godchildren remain tied to a spiritual house led by particular *Orishas* (e.g., deities such as Shango or Obatala).

Within healers' faith networks, reciprocity becomes a shared trait that rests on a system of redistribution in which key resources (material and symbolic) are exchanged between godparents and their followers. Overall, disease is understood as the result of the combined effect of the natural, social, and supernatural realms, which overlap in convivial liaisons toward creating a balance in the sufferer's life. Illnesses expressed through biological and organic symptoms are often diagnosed, treated, and cured through divine intervention—for example, via Yoruba protectors who have the ability to both harm and cure. In their study on religious healing in the Caribbean, Fernández Olmos and Paravisini-Gebert (2011) point out the following:

Afro-Cuban religious practices focus on the relationship of devotees with the deities and the spirits. Those who require balance and harmony in their lives due to a physical or emotional illness or a life crisis seek out the help of a priest of Ocha who will undoubtedly consult the oracle to hear the spiritual solution proffered by the deities. The remedies can range from a spiritual cleansing, a *resguardo* or protective charm, to more advance initiatory steps.

(p. 59)

One of these *Orishas*, Babaluú Ayé, embodies the *Santería* representation of the Catholic Saint *San Lázaro*. He is highly respected among religious healers as one who not only can cure but also cause illness—a duality found in many of the divinities composing the Afro-Caribbean pantheon. Pugliese (2010) notes that: "He is an Orisha that is respected but at the same time highly feared. These two extremes exist because as he cures he can simultaneously bring sickness and disease upon you" (pp. 4–5). Furthermore, rather than opposing biomedicine, *Orishas* (or *Santos*, saints in the Catholic faith) and other spiritual beings actually represent the ultimate biomedical allies, particularly by warming and protecting the living

regarding organic ailments which, even if latent, may be waiting to arise. For example, surrounding envies may weaken the physical body by making a person more vulnerable to common diseases—from the common cold to chronic asthma or allergies. Finally, rather than being passive observers of their own maladies, patients turn into active participants in the healing process by following the *Santos'* prescriptions through offerings and cleansing ceremonies (Fernández Olmos & Paravisini-Gebert, 2011; Viladrich & Abraido-Lanza, 2009).

Botánicas and Community Mental Health

Despite the findings presented above, not all voices are as optimistic when it comes to assessing botánicas' impact on the clients they serve. Botánicas have been labeled with offering products that have dubious curative powers (see Long, 2001) and that may even be dangerous, as in the case of their alleged selling of mercury for spiritual-religious purposes (Masur, 2011). The literature also questions the labeling of botánicas as "unlicensed clinics" vis-à-vis the unclear distinction between folk and complementary medicine (Holliday, 2008a; 2008b). Critical perspectives have also noted that botánicas' folk healing practices have been swept away from their authentic ethnic and cultural roots, at the expense of turning into samples of petty capitalist enterprises, or as new representations of hermeneutic practices (see Jacobs, 2001).

There is still much to be learned in terms of understanding the liaisons between religious faith and immigrants' physical and mental health, along with the efficacy of non-biomedical systems on health outcomes. Future work should shed light on the actual therapeutic effect claimed by botánicas' products and services, while promoting community-based strategies toward educating the public about the use of potentially dangerous substances. From a research perspective, religion and spirituality are often seen as frozen concepts that miss the dynamic fluxes of the healing experience along with the subjective meaning of transcendence (Viladrich & Abraido-Lanza, 2009). This speaks to the importance of developing conceptual models that incorporate the beneficial impact of indigenous etiologies of health and disease, including reliance on spirituality and religiosity as a holistic/integrative way of healing.

In many ways, the chasm between folk practices and Western medicine has dissociated the possibility of learning from indigenous healing forms, while minimizing the contributions of the latter to Western models of thought. Health researchers should consider the multidimensional and complex influence of religious practices on both physical and mental health, including the importance of collective healing (Broad, 2002; McKenzie, Tuck, & Noh, 2011). Among the positive therapeutic outcomes of these practices, the literature suggests the power of group support and the self-reliance in the positive help of others (Hoogasian & Lijmaer, 2010).

As it was sought in the past (see Koss, 1980; Koss-Chiomo; 1992), health services that work with community-based organizations and folk practitioners could lead to forging bridges between formal and informal mental health services, while providing care in less structured contexts. Recent efforts in countries like the US and Canada (Broad, 2002; Hoogasian & Lijtmaer, 2010; McKenzie et al., 2011) stress the need to include traditional medicine into integrated health care systems. This body of research shows that service organizations are key in linking botánicas with both grassroots organizations and broader social institutions, including government agencies and biomedical services (Motta-Moss, 2008). On this line, the religious-healing practices that take place during ritualistic and collective ceremonies, often in botánicas' premises, have remained an unexplored area of research from a Western psychotherapeutic perspective. Future studies should provide an in-depth understanding of religious healing, including the influence (both positive and negative) of the social environment in promoting physical, mental, and spiritual health.

Conclusions

Botánicas constitute the visible entry to the concealed world of immigrant healers' practices in urban milieus. This is supported by studies that emphasize botánicas' role as a viable substitute of health care, given the financial and cultural barriers that minority populations face in the US. These establishments provide alternative sources of care by making their products highly visible in storefronts, which are run by their owners or employees, many of whom are healers themselves.

Despite the rising of international trade of spiritual and religious products, botánicas (and the healers associated with them) have remained loyal to their Latino and Caribbean clientele, which find in their premises unique answers to both their organic and spiritual ailments. Botánicas' customers are mostly drawn from disadvantaged populations that have little access to formal health care, and for whom religious healing offers an available outlet to both their physical and emotional needs. To a certain extent, these ethnic businesses have become an integral part of the city's informal networks of healing as they offer personalized attention to spiritual, mental, and organic conditions that would probably remain unattended otherwise.

As part of the urban fabric, botánicas function as informal hubs for the dissemination of information about community resources: from where to obtain a cheap second-hand piece of furniture to the newest treatment for children's *empacho* (indigestion). As discussed in this chapter, Latino and Caribbean folk healers, and their followers, tend to recreate familiar surroundings through communal practices that promote emotional bonding and interpersonal support, while building relational buffers against social stress, discrimination, and isolation in urban settings.

Botánicas found in cities such as NYC, Los Angeles, or Miami are mostly located in areas where Latino and Caribbean populations live, by offering products

not typically available in other health stores and services. Nevertheless, slowly but steadily, botánicas have been moving away from places that have experienced deep ethnic and social transformations due to gentrification. As a result, they tend to be either concentrated in transitional areas or in neighborhoods where immigrants have increasingly become the majority (e.g., Jackson Heights in Queens).

Botánicas may continue changing their locations in years to come, but they are meant to stay as long as they keep offering unique products and therapies sought by a growing Latino and Caribbean clientele residing in urban milieus. The unsolved health and social problems of low-income immigrants, along with the importance of religiosity and spirituality in their lives, promise to keep botánicas thriving in most American cities in decades to come. In their pivotal role as main outlets for community bonding, botánicas are called to stay as long as they continue providing practical, emotional, and spiritual responses to their clients' unmet needs.

Note

1. The neighborhoods where the correlation between the high number of botánicas and the density of the Latino population was the strongest included: Washington Heights, Inwood, and East Harlem, in Manhattan; the middle and southern Bronx; Jackson Heights, Queens; and in East New York, East Williamsburg, Bushwick, and Sunset Park, Brooklyn.

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CARIBBEAN TRADITIONAL HEALING IN THE DIASPORA

Roy Moodley and Michel'e Bertrand

Introduction

Caribbean traditional healing has been a part of the social, cultural, and geopolitical landscape of the West since the time of slavery, a process that has taken several decades to evolve and develop to the degree that many are now regarded as part of the mainstream in the Caribbean and rapidly becoming accessible in the diaspora. Religious and healing practices such as Voodoo, Shango, Spiritual Baptist, *Santería*, *Espiritismo* and others that are a unique blend of African Animism, Christianity, and the healing modalities of the Amerindians have been reconceptualized in ways that are relevant to modern metropolitan urban living in the West. As a result these healing practices have become deeply engraved into the psyche as something that is frightening, dangerous, and grotesque, and reinforced through its Eurocentric representations in literature, art, popular culture, and film, particularly in Hollywood's depiction of some of these practices (e.g., voodoo) as immoral, violent, and evil. The fear and trepidation of Caribbean healing practices illustrates the complex relationship between the Caribbean and the West. For example, the history of slavery, the struggles for liberation and independence, and the current neocolonial relations between the West and the Caribbean are riddled with numerous signifiers that construct Caribbean people as inferior and uncivilized despite the rise of liberal humanism within a postcolonial, multicultural, and diverse environment.

The post-World War II period saw an increase in immigrants from several Caribbean islands to rescue North America and Europe from economic depression through cheap labour in various sectors of industry, transport, social, and health care services. Amongst these new Caribbean immigrants were many traditional healers whose healing practices offered hope and wellness in an environment