
“If Old Heads Could Talk”: Sango Healers in the Caribbean

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Abstract: This paper examines Sango beliefs and representations of illness with a primary focus on Sango healing practices. In addition, it explores ritual borrowing, divination and spirit possession within the Sango tradition and examines relationships between Sango healers and Western biomedical practitioners. Lastly, I will address the resurgence of Sango in contemporary Caribbean societies and implications of this resurgence for biomedicine and health care in the region.

Keywords: Healing, religious syncretism, Sango

Résumé : Cet article examine les croyances et les représentations de la maladie chez les Sango, avec un intérêt particulier pour leurs pratiques de guérison. De plus, il explore l'emprunt rituel, la divination et la possession par le surnaturel dans la tradition Sango et étudie les relations entre les guérisseurs sango et les praticiens médicaux occidentaux. Finalement, je m'intéresse à la résurgence du Sango dans les sociétés caribéennes contemporaines et aux conséquences de cette résurgence pour la biomédecine et les soins de santé dans la région.

Mots-clés : Guérison, syncrétisme religieux, Sango

Introduction

There is a longstanding interest in religious healing in the Caribbean. Nineteenth-century travellers, like Mrs. Carmichael (1834, especially in chapters VIII and X) and Edward B. Underhill (1862), reported extensively on African healing practices and witchcraft (*Obeah*) in the region. During the 1980s, psychiatrists Michael Beaubrun (1924-2002) and Ezra Griffith underscored the therapeutic potential of African-derived religions like Sango and the Spiritual Baptists (Griffith 1983; Ward and Beaubrun 1979). Sango healing also provides a mechanism for Caribbean people to validate their past and recover their African “roots.”

In *Traditional Medicine and Women Healers in Trinidad*, Kumar Mahabir (2012:21) suggests that religions like Sango and the Spiritual Baptists are part of a “hidden health care system” in the Caribbean. Healers within this “hidden system” share common traits. They enter into trance or possession, perform animal sacrifices, act as spirit mediums, offer direct consultations, perform exorcisms, do hands-on healing, and provide information about the nature, treatment and cause of illnesses. Mahabir specifically emphasizes herbal medicines, baths, fasting, and divination, all of which are noted in Sango healing.

This article examines Sango beliefs and representations of illness with a primary focus on Sango healing practices. In addition, it explores ritual borrowing, divination and spirit possession within the Sango tradition and examines relationships between Sango healers and Western biomedical practitioners. Last, it addresses the resurgence of Sango in contemporary Caribbean societies.

Sango is the Yoruba god of thunder (Bascom 1972; Houk 1995). His devotees are found throughout the Caribbean and Latin America; indeed, everywhere Yoruba people have had a cultural or demographic influence. As Tishken, Falola and Akinyemi (2008) assert, “Sango is the most powerful and the most feared Yoruba deity both in Africa and in the Diaspora”(2).

As the god of thunder, Sango can kill as easily as heal. Sango is capricious, multifaceted and unpredictable, and is portrayed differently in different places. For example, Orisas (deities) can be either male or female, and in Brazil and Cuba, Sango is identified with the female Santa Barbara (Bascom 1972), while elsewhere in the Caribbean, Sango is associated with Saint John. Every Orisa has a favourite food, favourite colour, symbols and feast days that they share with the Catholic saints. Sango's day, like Saint John the Baptist, is Thursday. But Orisa do not share personality traits with their saints. Unlike Saint John, Sango is portrayed as a macho with multiple wives and a voracious sexual appetite. Sango is sometimes depicted as a mulatto, making him attractive in multi-racial societies like Trinidad, Puerto Rico and Brazil. In Grenada and St. Vincent, devotees emphasize Sango's identity as an African King. He is always portrayed as black.

Estimates vary, but some scholars believe there could be more than 100 million adherents of the Orisa spiritual tradition worldwide. An Orisa is a spirit or deity that reflects one of the manifestations of *Olodumare* (the Yoruba creator God). Orisas are not all-powerful; primarily, they assist humans by going into the past or the future to help with problems of the present. There are literally hundreds of Orisas, but relatively few (30-40) receive attention from a wide number of devotees. The most prominent among these Orisas are: Aganju, Babalu Aye, Erinle, Eshu/Elegba, Yemaya, Nana Buluku, Obà, Sakpana (Obataba), Oxossi/Ochosi/Osoosi, Oshumare, Ogun/Ogoun/Ogunda, Oko, Olofi, Olokun, Olorun, Orunmila, Oshun, Osun, Oya, Ozain, and, of course, Sango. Houk (1995) concluded that only 16 Orisas are actively worshipped in Trinidad.

Sango is only one member of a larger pantheon of African deities in the Caribbean; for example, when Frances Henry first met Pa Neezer (one of Trinidad's most renowned Sango healers), Henry told Pa she wanted to learn about "Sango." He corrected her responding: "It's not Sango. It's Orisha. ... It's the 'African' work" (Henry 2008:xi). Pa Neezer emphasized that the religion should not be known as "Sango" since other Orisas are always present at Sango's ceremonies.

In Haiti (Desmangles 1992), Cuba (Brandon 1990), Brazil (Hale 2009; Matory 2005), Puerto Rico (Romberg 2007; 2009) and the Dominican Republic (Deive 1975), Sango occupied a prominent place from the 17th century onward. In the English-speaking Caribbean, however, Sango was not a major presence until the mid-19th century (Henry 1999; Trotman 1976). The popularity of Sango has waxed and waned over time. Sometimes, Sango

was practiced openly; at other times, it was practiced in secret. While it is clear that the Sango religion was perceived as a form of "protest" by colonial authorities, it is also clear that many of Sango's earliest followers saw themselves as maintaining ties with the collapsed Oyo Empire, which was centered in what is now western and northern Nigeria. Established in the 14th century, the Oyo Empire was one of the largest West African states encountered by pre-colonial explorers. The Oyo Empire was at its height from the mid-17th to the late 18th century when it began to decline. However, Oyo's religious importance continued. Many of Sango's 19th century devotees saw themselves as reaffirming an established, African state religion (Trotman 2007).

As noted, in Trinidad all Orisa devotion is labeled *Sango*. Trotman (2007) contends that the designation of all Orisa religion as *Sango* in Trinidad may have come about because in Africa, the rulers of the Kingdom of Oyo used the Orisa Sango to consolidate imperial power. Trotman (2007) also contends that in Trinidad and Grenada, various sub-ethnic Yoruba groups sought to "transcend intra-religious animosities by emphasizing the common symbol of Sango" (219). This may be one reason Orisa religion was designated as "Sango" in Trinidad and Grenada, but does not explain why the Orisa religion is not designated "Sango" elsewhere in the Caribbean and the Americas (Bascom 1972).

Sango healers are cosmopolitan. They travel extensively. Prominent Sango healers consult with clients (and maintain religious centers) on multiple Caribbean islands, in the United States, Canada and Europe. In Trinidad, Glazier (2008) noted that nearly half of Sango healers were born or born and raised in Latin America and the Caribbean (Venezuela, Guyana, Grenada, Barbados, St. Vincent, Puerto Rico and Aruba).

Prior to the 1980s, many traditional healers in Trinidad, St. Vincent, and Grenada were known locally as "Sango Baptists." The Baptists (also known as Shouters and Spiritual Baptists) are an international religious movement with congregations in St. Vincent, Grenada, Guyana, Venezuela, London, Toronto, Los Angeles and New York City. Ninety per cent of Sango devotees also participate in Baptist rituals, and 40 per cent of Baptists also participate in Sango (Desmangles, Glazier and Murphy 2009; Rocklin 2012). Spiritual Baptists and Sango share a common history on the islands, and in many respects the religions "grew up" together. Since 1980, however, a number of Baptists have worked to establish distance from Sango, and some Sango devotees have sought separation from the Baptists.

Sango Beliefs Concerning Health and Illness

A central premise of Sango belief is that illness and misfortune result from a lack of attention to the Orisas and a belief that the Orisas, when properly attended, care about their devotees and are both willing and able to help them in their daily lives. The Sango worldview also assumes that there are no random events. Every event is determined at a higher, spiritual level and, most important, can be retroactively altered (Olupona 2004).

The Orisas' powers, including Sango's, are limited and many events are out of their control. But, because the Orisas lack bodies and thus are not bound by time and space, they can journey from the past to the present and to the future; thereby offering predictions and practical advice to their devotees. Devotees attempt to establish binding contracts with Orisas, but the Orisas (as gods) are not bound by agreements with humans. Relations with the Orisas are fluid, and characterized by a high degree of uncertainty; at times, the Orisas keep their promises, while at other times they do not (Glazier 2003).

Sango healers operate in a highly competitive environment. A wide array of traditional healers practice in the Caribbean, ranging from dispensers of traditional Bush medicine (Lans 2007; Mischel 1959; Wedenoja 1989), to Pentecostals and Catholic Charismatics (Csordas 1980), to Spiritual Baptists (Glazier 1991), to Rastafarians (Chevannes 1995), to Kabalists (Lum 2000), to traditional Ifa (Yoruba) diviners (Hucks 1998; Olupona 2004), to practitioners of Shakti Puja (McNeal 2011), to Obeahmen and Obeahwomen (Paton 2009; Stewart 2005; Williams 1932). As Chesnut (2003:119) astutely observed, traditional healers borrow techniques from one another and often compete for the same clients. In Hindu areas of Trinidad, for example, Shakti Puja rituals and Charismatic "laying-on of hands" occur frequently before or after Sango consultations (McNeal 2011). In Central Trinidad, Sango initiation rites and healing practices are thoroughly integrated with Spiritual Baptist practices and have been for the past 80 years (Lienert 1998).

Ritual borrowing is common among healers because healers are more open to experimentation due to the perceived urgency associated with the onset of illness and a willingness on the part of clients to try new therapies. Much ritual borrowing can be explained in terms of geographical proximity; for example, Vertovec (1998) documented extensive ritual borrowing among Sango, Spiritual Baptist, and Kali-Mai healers located along the Eastern Main Road in Trinidad. All three religions utilize identical forms of spirit possession and Sango and

Kali-Mai perform similar types of sacrifices. While Sango has an African (Yoruba) origin, Kali-Mai (the "black mother") has its origins in Hinduism. Kali-Mai was once a village-based religion, but has become more widespread. A recently constructed Kali-Mai temple in St. Augustine, Trinidad, attracts over 200 people for Sunday ceremonies.

While some Caribbean healers encourage ritual borrowing, others healers do not (Van der Veer 1994); for example, Sango healers readily borrow from Ifa (especially by borrowing verses from Ifa sacred texts), but Ifa diviners seldom incorporate healing techniques from Sango. Ifa diviners seek instead to establish a high degree of African ritual purity (Henry 1999; Hucks 1998). Of course, Ifa healers' concern with ritual purity does not stop their clients from frequenting other healers from other religious traditions including Kabala, the Spiritual Baptists and Sango (Lum 2000).

Sango healing is both orthodox and heterodox. Mother Camara, a Sango healer from Point a Claire, Trinidad, follows ritual practices laid out by her great-grandfather (Lienert 1998: 38). In her orthodoxy, Camara totally integrates Sango (African) and Baptist (Christian) practices and beliefs. Most Sango healers are religious pluralists who have dabbled in a variety of religious traditions over the course of their lifetimes. Each healer's practices ("operations") reflect his or her personal religious history as well as any prior religious affiliations (which might have included Roman Catholicism, mainstream European denominations, Spiritual Baptists, Kali-Mai, Pentecostalism and Obeah).

While Sango healing practices vary considerably from religious centre to religious centre, and (sometimes) even from week to week within the same centre, depending on individual practitioners and the particular needs of clients, practitioners are united by a number of core beliefs. First, Sango "healing" is broadly conceived and includes problems that ordinarily would not be treated by biomedical practitioners. Sango healers regard their techniques as holistic; that is, they assume, in the words of Mother Camara, that "physical symptoms have spiritual causes" (Lienert 1998:43). Second, despite myriad differences among practitioners, Sango healing focuses on the Orisas as opposed to the Christian Holy Ghost or Hindu deities. And, third, Sango healers assume that illness is a "call" from Sango to participate in his ceremonies. Mother Camara became active in Sango after she developed asthma. After she began rebuilding her great-grandfather's *palais* (ceremonial center), she was cured of her asthma.

Relatively few clients follow this path because sponsorship of ceremonies is a substantial financial burden and is seen as entailing “too much” personal sacrifice (Glazier 2003). For Sango healers with strong Spiritual Baptist connections, an alternative “cure” is participation in Spiritual Baptist mourning ceremonies. Psychiatrist Ezra Griffith (1983, 2010) has convincingly argued that sponsorship of Spiritual Baptist and Sango rituals may be therapeutic as clients gather necessary ritual items and, in the process, experience positive, mutually reinforcing contact with believers and non-believers alike. There is especially strong and positive reinforcement between female Sango leaders and their “spiritual” children (those initiated at her shrine).

By far the most popular way to treat illness is through private consultations with Sango healers. Consultations allow for direct communications between the Orisas, healers and their clients. As noted, such interactions entail spirit possession; offerings and sacrifices; divinatory procedures including casting *obi* and *Ifa* as well as the use of herbal medicines, ritual baths and, employing charms, amulets and *gris gris* (small cloth bags filled with animal bones, dirt from cemeteries, twigs, foodstuffs and other items).

Casting *obi* is a comparatively simple divinatory technique utilizing kola nuts (if available) or coconut shells split into four equal parts. *Obi* is used to ask “Yes” or “No” questions and to determine whether or not an offering is acceptable to the Orisas. *Ifa* divination is more complex than casting *obi*. It entails casting a string of shells (called an *Opele*) and relating the resulting configuration to verses of a lengthy, complex literary corpus known as the *Odu Ifá*. There are more than 256 configurations, and *Ifa* diviners have memorized and attempt to recite five or six verses for each of these configurations. A lifetime of learning is involved in interpreting the *Obi* (Bascom 1980). The diviner is expected to recite all the verses he or she knows. The client (in consultation with the diviner) then determines which verse is most applicable to his or her particular situation. *Ifa* divination is controlled by the god “Orunmila” and the technique “*Ifa*” and the god “Orunmila” are used interchangeably.

Sango healing is never free. A client’s willingness to sacrifice (whether by a monetary contribution, the sponsorship of a Sango feast, or by providing a live animal) is seen as integral to the healing process. Sacrifice is a sign of commitment to Sango and is considered a first step toward a “cure.” According to the Orisa tradition, all illness is a call to sacrifice. Sacrifices vary (a coin, candle, cob of corn, a chicken or a goat), but are the only way to gain the attention of the Orisas. Sometimes, depending

on the reputation of the healer and the desperation of the client, payments to Sango healers may be considerable (in the hundreds of dollars over several years) and, in some instances, more costly than biomedical treatment, which is often available free of charge in state-run General Hospitals (Paton 2009).

Since Orisas are gods, they are not obliged to answer all questions posed or to answer questions unambiguously. In my experience, Sango seldom allows for any follow-up questions (Glazier 2008). Orisas decide when a session is over; sometimes stating bluntly, “bring the next child.”

Sango’s comments can be cryptic, metaphorical and contain arcane phrases that require further explication. Sango reveals only what he wishes to reveal, no more or less. At times, the Orisas are silent and at other times, they may answer in an “African” tongue or in “Creole” (Caribbean *patois*). Such answers may be further interpreted for the client (usually for an additional fee). Older Sango healers might know a few Yoruba phrases, but many of these phrases are African sounding nonsense words, which they believe to be of Yoruba origin (Simpson 1965). These words may or may not be understood by Yoruba speakers or by other Sango healers (Warner-Lewis 1989). Almost all younger Sango healers know a number of Yoruba phrases that are interspersed in healing ceremonies.

Sango Healing Practices: Contested Categories, Contested Cures

Every major Orisa has devotees who turn to them in times of crisis. In addition, particular Orisas specialize in particular diseases. *Sakpana*, for example, cures smallpox. *Osun* is adept at curing asthma and tuberculosis. Personal preferences play a large part in the selection of an Orisa; for example, some healers prefer *Ogun* over Sango. *Ogun* (the Yoruba god of iron and war) is a powerful healer, but he demands strict military discipline from his devotees who must fast, refrain from sex, and abstain from alcohol. For this reason, some healers prefer instead to work with Sango who can be capricious but is less demanding (Glazier 2003). Both Sango’s and *Ogun*’s healing practices are fluid, dynamic, transactional and contractual (Skorupski 1976).

George Eaton Simpson (1965) suggested that “all” leaders in the Sango tradition also acted as healers. If this was true in the 1960s, it was not true by the 1970s. Today, only a very small percentage of Sango leaders also act as healers. There is little formal training to be a healer, and most Sango healers claim to have been selected directly by Sango. This contrasts with Trinidad’s *Ifa* diviners (Bascom 1980; Hucks 1998; Olupona 2004) who have

undergone lengthy initiations and periods of overseas study in Cuba, Miami and Africa. Ifa training consists mainly of memorizing sacred verses from the *Odú Ifá*. The more verses an Ifa diviner knows, the more powerful the healer.

A small number of Sango healers have trained under established practitioners, but a majority emphasize that they have been inspired or “called to heal” directly by Sango. As Townsend (1997) noted for shamanic healers globally, many Sango healers, like Mother Camara, report that they were first afflicted and later cured of their illness by Sango (Lienert 1998). Some healers are “called” by Sango in a dream, or Sango “speaks” directly to them while they are in the midst of everyday chores, walking down the street, or driving. Sango is ever-active, and prefers to communicate with his devotees while they, too, are in motion. It is common for healers possessed by Sango to get up and move about during consultations.

What ultimately differentiates Sango healers from all other healers is that they say their healing powers come directly from Sango (as opposed to the Holy Spirit, Hindu deities, or other Orisas). Whatever techniques may have been borrowed from other religious traditions, these healers believe it is Sango who makes these techniques efficacious (Glazier 2009).

While clients of Sango healers represent all age groups, Sango healers are predominantly “old heads.” A few are in their mid-30s, most are in their 50s and 60s, with a few in their 80s. It takes many years to develop a following as a Sango healer, and clients are willing to experiment with new techniques, but are reluctant to try new healers. Healing powers are based on personal reputation, and reputation is largely based on word-of-mouth. Healers are not expected to promote themselves and the most powerful healers are those who have been practicing the longest. This is consistent with Max Weber’s (1960) prediction that traditional authority usually outweighs personal charisma.

In Trinidad, St. Vincent and Grenada, Sango healers are both male and female; older, and educated; in fact, all Sango healers of my acquaintance are literate, and a number have advanced university degrees. Some Sango healers have also received medical training as nurses, chiropractors and pharmacists (Glazier 2009; Lienert 1998). Over time, this has had an impact on Sango healing practices. There is a high degree of “compartmentalization” by which Sango devotees with biomedical training separate their Sango beliefs from their professional duties in biomedical settings. For example, one Sango healer with pharmaceutical training dispenses biomedicines in a suburban drug store and dispenses traditional “bush medicines” at Sango ceremonies.

Some Sango healers choose to live visibly beneath their means to avoid being accused of Obeah. Obeah is “African” witchcraft as it was first defined by Europeans (Carmichael 1834; Paton 2009). To practice Obeah is to take money under false pretenses (Paton and Forde, 2012; Williams 1932). It was (and remains) illegal in the Caribbean. To avoid being convicted of Obeah, Sango healers do not display wealth. They dress modestly, live modestly, and a number of prominent Sango healers—like Leader Small, who was the doorman at the Hilton—live in small, wood-frame houses without electricity or running water, claiming this is what the Orisas (and their clients) demand.

As noted, healing practices vary considerably from religious centre to religious centre, and (sometimes) even from week to week within the same centre depending on individual practitioners and the particular needs of clients. As Lienert noted (1998), “each shrine has its own beliefs and styles of worship” (17). Much healing is based on reciprocity, whereby clients make gifts to the healer and healers, in turn, make gifts to the client. Sango healers always offer clients something to take home: an amulet, a cloth sachet, a candle, a cloth or pebble with the blood of sacrifice, a sachet of herbal tea, pages from a sacred book, a twig, a bag of herbs and spices, bath oils, and so on. In addition, Sango healing mobilizes specific actions by both healers and their clients including absolutions, observance of taboos (no pork, no salt), incantations, formal offerings, sponsorship of ceremonies and animal sacrifice (Houk 1995; Mischel 1959).

Sango healers meet with some clients once or twice a week; other clients only consult a Sango healer once or twice during a lifetime. Most Sango healers set aside two or three mornings each week for healing, although some very prominent healers receive clients four days a week and consult with as many as twenty clients each day. About 30 per cent of Sango consultations are carried out in Spiritual Baptist churches. No consultations are carried out in Sango *palais* (open ceremonial centers with cement floors and *tapia* roofs). When I asked why, I was told that Sango did not like “crowds” at his *palais*, an incongruous statement since a *palais* is built to accommodate over 100 people. A second—and more likely—response is that healers are reluctant to bring the uninitiated to sites of animal sacrifice.

A majority of consultations are carried out at the healer’s home. Sango healers who can afford it (or are willing to risk displaying their wealth) dedicate separate areas of their homes to the Orisa. Some healers devote an entire room of their houses to Sango. Others dedicate a particular wall or area of a room to Sango by building shelves to hold decorated plates and candles, hanging

lithographs of Saint John, who is associated with Sango, and constructing small multi-tiered altars for daily offerings. Animals (goats and chickens) are sacrificed outside and the meat (often after being cooked) is set on household altars. Sango prefers West or North-facing walls, although his healers utilize available space on any wall. Some healers hang a shower curtain to separate “sacred” (Orisa) areas from “profane” (“living”) spaces. Those with smaller residences use their kitchens and bedrooms for consultations (Glazier 2009; Houk 1995; Hucks 1998). Much ritual paraphernalia is portable, and items are removed from the kitchen once consultations are over, especially, as sometimes happens, when other members of the household are not devotees of Sango.

Most Sango consultations are fairly straightforward: healers, like other spirit mediums, are possessed by Sango and carry on conversations with the afflicted. Orisas “speak” through female healers in a low voice or through male leaders in a high, falsetto voice. Sango’s voices are always unlike the healer’s normal speaking voice. When possessed by Sango, the healer’s eyes are rolled back, arms and legs are at first rigid, then flaccid. Lienert (1998) describes possession by Sango as “eyes empty, face like a mask; staring into space without noticing the client”(22).

Like shamans (Townsend 1997), Sango healers go back-and-forth between the world of their clients and the world of the Orisas. They seldom enter into “deep trance” (Ward and Beaubrun 1979). One indication they do not enter deep trance is that healers remember everything that goes on during consultations, both in the clients’ world and the gods’ worlds. They communicate information between one world and another. During Sango feasts (*ebo*), by contrast, those who are possessed by Sango claim not to remember anything that transpired while they were possessed.

There is a strict protocol to consulting Sango. Sango gives advice. The client’s job is to listen and follow that advice. In many cases, Sango speaks clearly in English. But Sango’s pronouncements are not always clear and forthcoming and, sometimes, there is considerable ambiguity surrounding the cause or causes of an illness. Consultations are ostensibly private, but a curtain might be all that separates other clients (and the visiting anthropologist) from hearing Sango’s pronouncements. Sango supplicants are addressed on a first name basis, while clients address Sango as “Mighty King.” In general, Sango refuses to help those who are disrespectful or who have not followed his advice in the past.

Sango healers also consult with and make referrals to other traditional healers. Sango healers sponsor joint healing ceremonies with devotees of Osun or Oyo (or other

of Sango’s many wives). Healers recognize limitations to their techniques and sometimes encourage clients to try readily available patent medicines such as aspirin and antacids. Bush medicine is considered too strong for some illnesses. For some ailments, Sango healers encourage their clients to consult with Western-trained doctors; for example, there is little Sango can do for clients diagnosed with advanced forms of cancer, except to prepare them for the next life. Sango healers attempt to make clients comfortable and prescribe soothing herbs, fasting, Spiritual Baptist mourning ceremonies, animal sacrifice, sponsorship of Sango feasts, and performing acts of charity. Collaboration between Sango practitioners and biomedical practitioners is often one-way: Sango healers refer their clients to physicians, but biomedical practitioners rarely refer their patients to Sango healers.

Access to traditional healers is a persistent problem. In many rural areas, there are more traditional healers than trained health care professionals, but traditional healers do not work “full-time” as healers. Most Sango healers have secular jobs in addition to religious obligations that take up much of their time. Sometimes, it is easier to consult an urban biomedical specialist than consult with a well-known Sango healer. Cost is also a factor. Biomedical treatment in the Caribbean is often available at little or no cost. Traditional healers, such as Pentecostals, Catholic Charismatics (Csordas 1980), and others, provide healing at very low cost (a small contribution is expected, but is not required); however, Sango healing can be expensive and a client’s willingness to make a monetary contribution, help sponsor a Sango feast, or provide an animal for sacrifice is understood as integral to the healing process. It is the first step toward a “cure” (Olupona 2004).

Diagnosis: Good Medicine, Good Messages

Clients approach Sango instead of other Orisas because Sango is believed to be helpful in dealing with particular problems. Because Sango is virile and has had many sexual affairs, Sango is considered effective for dealing with cases of impotence and sterility. One couple in Arima, Trinidad, conceived their first child after sponsoring three Sango feasts. Because he is an advocate of justice (one of his symbols is the “scale of justice”), Sango is approached on legal matters. As the god of lightening, Sango is frequently consulted on issues pertaining to electronics; for example, when one’s computer fails (Kremser 2001). By contrast, biomedical practitioners are rarely asked to establish Internet connections or enable printing.

Much Sango healing focuses on diagnosis. The first step is to determine the exact cause of an illness. Causes are sought in past behaviors, relations with others,

relations with the spirit world, and treatment of ancestors (Elder 1970). Private consultations are direct and personal, while Ifa divination is indirect, less personal and more focused on technique. In those instances where consultations are inconclusive, divination is the first step in the healing process. As in other areas of religious life, Sango devotees experiment with multiple forms of divination; in some cases, the results of divination are unclear forcing them to explore multiple options. There is a sense in which all illnesses are characterized by uncertainty and, as Winkelman and Peek (2004:166) astutely note, divination becomes “a broader inquiry into life circumstances and meaning, of which diagnosis of the immediate causes of a malady is a part.” Again, healing is defined very broadly; to heal is to address everything that troubles a client, be it physical illness, anxiety, social disruption or help in making difficult decisions. The assumption is that divinatory procedures reveal information that is accessible to the gods but would otherwise be inaccessible to humans.

For the client, divination is an enormously practical enterprise. But, divination does not automatically resolve uncertainty; rather, it can raise as many questions as it answers and is “edification by puzzlement” (Fernandez 1986:44-59). The popularity of a particular divinatory technique is largely determined by its perceived cost, efficacy and the level of personal commitment engendered.

Healers and clients within the Orisa movement have recourse to a variety of divinatory techniques including Ifa (Hucks 1998) and “Sixteen Cowries” (Bascom 1980). Other options include Kabala, astrology, seances, private consultations with Orisa, reading tea leaves, reading animal entrails, breaking chicken bones, dreams, Spiritual Baptist mourning ceremonies, *Oiji* boards, throwing bones, tossing coins, throwing dice, and consulting Obeahmen or Obeahwomen. Many Sango healers utilize a combination of the above techniques, although consulting an Obeahman or Obeahwoman is usually a last resort because Obeah is seen evil and Obeahmen are as likely to send an illness as to cure one (Williams 1932).

Most divination involves dealings with spirit messengers (intermediaries) in various guises, and some messengers (“old heads”) are more reliable than others. Messengers like the Orisa Exu are tricksters and are distrusted. But as Hale (2009) observes, “without the trickster spirit Exu, one can do nothing” (27), because Exu is a go-between. He likes to play tricks on his devotees causing them to lose things and become disoriented. Like the Greek god Hermes (Crapanzano 1992), Exu is impossible to coerce, predict or control, has mixed loyalties and is not bound by human conventions. Therefore, dealing with Exu requires years of training and even more years of

experience. One of the reasons it takes so long to become an Ifa diviner is that it takes a lifetime to establish rapport with Exu and to master the verses of Ifa. Sango, too, can be something of a trickster. Occasionally, he will first present himself at feasts as one of his wives (Oyo or Osun). Only later do devotees discover that she is the Mighty Sango. As noted, Sango healers sometimes prefer to deal with other more predictable members of the Yoruba pantheon such as Ogun (Glazier 2003).

Jules-Rossette (1978) deftly outlined what she saw as continuities between discovery processes in divination and discovery processes within Western science. She emphasized that in Africa, divination is the major vehicle for uncovering and relieving social conflict. Jules-Rossette also noted that African diviners offer interpretations that are central to the social distribution of information. At the same time, she acknowledged that some information should never be accessible or made public. Healing rites, for example, are not always public events, and most divination is conducted for individuals and carried out in private settings.

The main goal of divination is to reduce randomness and establish hitherto unrecognized patterns. Clients may have experienced a set of events that they already see as interconnected; thus, diviners are charged with the task of discerning linkages and commonalities. As Evans-Pritchard (1937) suggested in his study of the Azande poison oracle, divination can be a closed system entailing “circular reasoning” but its results are difficult if not impossible to refute. Divination procedures are accessible while at the same time being deliberately mysterious. They are simultaneously public and private; clear and opaque; and attempt to bridge the gap between the mechanical and the magical (Greenwood 2009:78). Similarly, Winkelman and Peek (2004) emphasized that divination constitutes a potent “way of knowing,” enabling its practitioners (diviners and their clients) to see and participate in an alternate, more predictable, coherent world.

Divinatory procedures are accessible while at the same time being deliberately misleading and mysterious. They are simultaneously public and private, clear and opaque and attempt to bridge the gap between the mechanical and the magical. Furthermore, all forms of divination collapse time and space. In divination, the present partakes of the future as well as the past; everything is contingent on everything else. Most importantly, through divination the future can be changed by blood sacrifice, which makes Ifa among the most potent divinatory options. Some Sango devotees, however, are ambivalent about animal sacrifice; as one devotee stated, “the gods call for it, but it vexes me” (Glazier 2009:25).

Divination may be impromptu or highly organized. The two major contexts of divination are preparation of sites for religious ceremonies and healing. Almost every aspect of preparation for Spiritual Baptist and Orisa ceremonies must be confirmed and re-confirmed by the Orisa before being implemented (see for example, Houk's 1995 description of Leader Scott's frequent use of obi). As Sango healer Scott began preparations for ceremonies, he repeatedly tossed obi seeds asking a series of "yes or no" questions to discern the Orisas's preferences. According to Houk (1995), Scott mainly cast obi seeds while preparing for Sango ritual; he did not cast obi on a daily basis. Other Sango leaders cast obi throughout the day.

Within the Sango tradition, divination also occurs with Bush healers or private consultations and healing constitutes the major occasion for divination. Bush healers mostly read "signs" like tealeaves and bath rings. A competent healer is already expected to know client's problem. Healers are expected to "know," intuitively, the cause of a client's problems in advance. They avoid questioning their clients since this would constitute an insult to the Orisas and the client, and would be seen as an open admission of lack of ability as a healer. Some healers have developed a wide network of trusted healers who "help each other out" with diagnoses; however, less senior healers seldom refer clients to other healers, adding formal divinatory procedures (casting obi; reading tea leaves) to their healing rites instead. In his study of Jamaican Bush healers, Wedenoja (1989) noted that healers seldom ask patients to describe their symptoms; rather, they divine the cause of affliction by "concentration." They may stare into space, into a cup of water in which a coin has been placed, or at the direction of a flame; they may pass their hands over the afflicted or just look into a client's eyes to immediately understand what is wrong. Dolls also play a part in Caribbean healing ceremonies (Fernandez-Olmos and Paravasini-Gebert 2001). Even commercially-produced dolls, like Mattel's "Barbie," can be brought into service of diviners. If the Barbie doll falls on its head, back, or side, it reveals future events in the life of its owner.

Herbal medicines also feature prominently in Sango healing and are widely utilized throughout the Caribbean. Each healer has his or her own pharmacopoeia and most herbal medicines are taken as teas or baths (see Barrett 1976; Price 2007; Stewart 2005 for a description of ritual baths). Sango herbalists are "called" by plants who reveal their healing powers in visions and dreams. Plants "speak" to them, shouting "Pick Me! Pick Me!" as healers pray about a particular client's needs. Plant gathering is an integral part of the healing process and

healers typically offer a libation of white rum before each plant is picked, followed by salutations. Bush medicines may or may not possess biomedical efficacy (Lans 2007; Mischel 1959); nevertheless, principles of sympathetic magic abound, and metaphorical, symbolic connections often override pharmacological properties. For example, one Sango healer rubs ginger root on the hands of her arthritic clients because the root resembles a gnarled hand. It is also an irritant. Some herbs have "cooling" properties and can break a fever; other herbs "heat" the body. Recently, Trinidad herbal medical practitioners, like aromatherapists, have been organizing to gain greater official recognition (and possible insurance co-payments) for their services. Thus far, Sango Bush healers have not sought recognition or co-payments.

Time is integral to the Sango healing process. Illnesses that stem from bad relations with the Orisa develop over many years. It takes months, and sometimes years, to overcome problems because it takes considerable time to organize Orisa feasts, make preparations for sacrifice, and so on; and outcomes are not immediately apparent. In the Sango tradition, every positive event (good travel connections, successful shopping trips, positive family interactions) indicates an improving relationship with the Orisa. On the other hand, bad travel connections and negative family interactions can indicate worsening relationships with the Orisa. Because it takes years to determine when and if one is sick, it also takes years to determine when and if one has been "cured."

Sango and Biomedical Practitioners

There are perhaps as many as 80,000 Sango healers in the Caribbean—a strong indication that contemporary Sango is on a rebound (Glazier 2008). This may be due to a number of factors. Much of the time, biomedical professionals (clinical psychologists, counselors, biomedical practitioners) are of a different social class than their clients and do not share a common worldview with those whom they serve. In this respect, Sango healers may possess an advantage. They are usually of the same social class and possess the same educational backgrounds as their clients. Most important, they share a worldview. Sango healing is predicated on a holistic view of health and illness (Allen 2001; Moodley and West 2005), which includes physical (biological) maladies as well as what biomedicine would classify as "bad luck." For Sango healers, illness is a "call" to serve the spirits; a call to sacrifice; a call to divine, and a call to sponsor a feast honouring the Orisas. Divination (Ifa; casting obi) encourages clients to take a more active role in their own cures. Such a holistic approach is not generally available within the Caribbean

National Health Systems. Therefore, in order to be most effective, biomedical practitioners need to acknowledge the power of the Orisas in their client's lives (Glazier 2009).

Ecstatic Religion and Healing

For some clients, participation in Sango feasts may have a cathartic effect. As Vincent Crapanzano and Vivian Garrison (1976: xiii) and I. M. Lewis (2003) have suggested, spirit possession may have therapeutic value for some individuals by providing release from tensions by catharsis of damned-up and socially unacceptable impulses. Individuals possessed by Sango (or the Holy Spirit during Spiritual Baptist ceremonies) temporarily escape tensions. But release is not permanent. Clients must repeatedly undergo catharsis. I have noted Sango devotees becoming highly agitated just prior to feasts, but becoming focused and lucid immediately following the ceremony, only to become agitated again two or three weeks later. Sango healers recognize "agitation" in terms of anti-social behaviour, disorientation and uncontrolled anger.

Conclusion

Sango has been documented in the Caribbean since the early 19th century. In the popular mind, Sango healers were lumped with other Caribbean healers like Obeah and Spiritual Baptists. Colonial authorities attempted to curtail the spread of Obeah, Sango, and the Spiritual Baptist faiths because these religions were seen as disruptive, uncontrollable and (potentially) subversive. By the latter half of the 20th century, ordinances against Sango had been abolished and Sango healing was no longer perceived as a threat to the established political order. Instead, Sango was perceived as a direct challenge to European medicine.

Contemporary Sango appears to be on a rebound. The resurgence of the religion may be accounted for both in terms of media support and a more prominent place accorded in popular culture. Sango receives favourable coverage in the media and has been the subject of numerous television documentaries and editorials as well as articles published over a one-month period in the *Trinidad Guardian* (March 28, 2012; April 1, 2012) and the *Trinidad and Tobago Newsday* (March 25, 2012). These articles stress that Sango provides a mechanism for Caribbean people to validate their past and recover their African "roots." It is also notable that the current Prime Minister of Trinidad and Tobago, Kamla Persad-Bissessar, is a Sango-Baptist.

Some traditional healers (especially those who have earned advanced academic degrees) seek formal

affiliations with biomedical health centres and foreign-sponsored Faith Based Organizations (see Allen 2001). Some Sango healers borrow extensively from other religious healers; other healers do not (Stewart and Shaw 1994). Lienert (1998:76) sees the most positive aspects of the religion as belonging to a group and the myriad ways members help each other out. For some, shrine membership is a lifetime commitment. On the other hand, people move from shrine to shrine, and many Sango healers, like Molly Ahye who is the head of the Opa Orisa organization, claim no shrine affiliation at all.

Moreover, Sango healers have made limited progress in the treatment of some symptoms of schizophrenia and depression as well as addressing alcohol and drug abuse (Griffith 1983, 2010; Maharaj and Parasram 1999; Ward and Beaubrun 1979).

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