STEALING THE SOUL, *SOUMWAHU EN NANIACK*, AND *SUSTO*: UNDERSTANDING CULTURALLY-SPECIFIC ILLNESSES, THEIR ORIGINS AND TREATMENT

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The bus drove along the winding, narrow road in a remote region of northeastern Brazil, stirring a brown cloud behind it, a mix of diesel fumes and earthen pavement that had not seen a drop of rain for many months. We were in an area known as Lima Campos, in the state of Maranhão, surrounded by a sea of tall palms, locally called *babassu*. In a tropical forest in this part of the world, *babassu* palms grow among the taller, more verdant vegetation, spilling seeds into the ground, where they can remain for decades without germinating. After the natural forest cover is destroyed by clearing for pasture, the seeds of this species in collaboration with the Brazilian government since the late 1970s.

Our purpose in coming to Lima Campos today was to visit the *babassu* forest, to show a distinguished group of international palm scientists our research site, and to develop a network of collaborators who might help to study this plant in other locations. A few hours into our bus ride, we passed a *quebradeira*, a solitary woman sitting along the road, cracking a large pile of *babassu* fruits, and tossing the oleaginous kernels into her basket.

“Stop!” one of the scientists in the group shouted. “Look at what she is doing.” The bus lurched to a quick halt, and a dozen men from many countries, garbed in their national costumes, furiously piled out of the vehicle and gathered around the rather surprised young woman. Each man quickly opened his knapsack and pulled out his silver movie camera with its long lens and trigger handle—it was the early 1980s, before the advent of the video camera. Raimunda, as the woman was called, found herself completely surrounded on all sides by a group of strange men, speaking a language she did not understand, aiming their cameras at her. At each person intently looked through the viewfinder, the movie cameras whirred in hand. The *quebradeiras*, a term referring to the women who break open the fruit, sit on the ground supporting an upturned axe head with their legs. They hold the fruit on the blade with their hands and tap it with a small wooden bat. When properly split, the fruit cracks in half and the oil-rich kernel can be extracted. These kernels are processed into an oil similar to that from the coconut. The oil can be extracted on the farm or the kernels sold to middlemen who transport them to processing factories in the larger cities of the northeast. The shells of the *babassu* are carbonized, mostly in small pits close to where they are cracked, and turned into the charcoal used for cooking in most rural households in this impoverished region. The charcoal is rather remarkable in that it has a higher energy content with a lower yield of pollutants than mineral coal. But these are only a few of the uses of the tree of life. Because of these many properties, our research group, based at The New York Botanical Garden, had been studying and domesticating this species in collaboration with the Brazilian government since the late 1970s.

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harmony. A loud chorus of “bzzzzzzzzzzzz” permeated this intensely hot, dry, and otherwise peaceful roadside. After a few minutes of filming, Raimunda began to shake uncontrollably, scream, and go into hysterics. One of her neighbors came over to investigate the commotion and see if she could help her friend. Our guide sent everyone back to the bus and tried to speak to Raimunda, who was by this time beside herself. “They have stolen my soul, these devils with their machines, they have sprayed something on me and taken my soul in their machines” she moaned.

The local scientists who were our guides summoned a vehicle to take her to the hospital in Coroatá an hour away. There she was administered oxygen and given a sedative. She remained in the emergency room until she became tranquil and had retaken “possession” of her soul. Our tour continued. The scientists made their observations of the palm project and returned to the local hotel.

That night at dinner, we reviewed the day’s observations, and the incident with the quebradeira was raised. While some of the group discussed the need for more sensitivity to local people, others argued that this young woman’s reaction was “ridiculous, primitive, and had no scientific foundation.”

But was it really? Could a group of people speaking a strange language quickly descend on someone peacefully shelling fruits in her front yard, surround her, take aim with strange whirring machines, and spray something that could steal her soul? Perhaps, if this illness was a part of the local traditional medical system, and if it had affected others in the village as well.

In another part of the world, Belize, Central America, people struggle with conditions equally as complex and disabling. Infants and children who suffer an emotional trauma, perhaps from witnessing a fight between adults at home, or a suicide, or a murder in the household, can manifest an illness known as susto or fright. The child—or adult—suffering from this condition will be unhappy, have chronic indigestion, may have diarrhea or constipation, does not sleep well, and can break out in a cold sweat for no apparent reason. If an infant has susto, he or she will be cranky, sleep poorly, vomit frequently, and have a rash that will not heal. Traditional treatment of susto in this part of the world is specific to the healer involved, but usually involves the administration of herbal teas and baths, along with prayers said by the healer.

Among the Maya people of Belize, malevolent spirits can cause mal vientos or bad winds. Such bad winds are thought to be sent by practitioners of “evil magic,” and a shaman must be called in to intercede on behalf of the affected patient. These evil spirits are thought to be associated with persons who died in sudden and violent incidents—drowning, murder, or suicide—and who wander between the physical and spiritual dimensions of life, wanting to make contact with the physical world. Their confused state adds to their predisposition to do harm to the living. Symptoms of a person suffering from mal vientos often include but are not limited to poor sleep, nightmares, irregular heartbeat, itching skin, poor appetite, indigestion, and melancholy. Patients sometimes report hearing voices. Treatment again varies from healer to healer, but includes prayer, herbal teas and baths, burning of copal incense, and obtaining a protective amulet from the healer.

Many other types of spiritual disease are found in Belize; the illnesses and their treatments are discussed in Rainforest Remedies: One Hundred Healing Herbs of Belize.1

We have spent many years studying the ethnomedical beliefs and practices of Micronesia, particularly the island of Pohnpei. Here, a condition known as lusalus gives patients a high fever (karakar) during which they are thought to “lose their mind” and become incoherent. In severe cases of lusalus, people cannot speak because their teeth stick together, and their eyes roll up into the head. Healers on Pohnpei have a hard time treating lusalus. According to William Raynor, scientist, conservationist, and long-time resident of Pohnpei, this condition often is considered a symptom of another disease—soumwahu en eni, a sickness caused by the spirit of a dead person known to the patient or relative taking possession of the sick person. (Personal communication with William Raynor March 2003.)

Another sickness that is unique to Pohnpei is soumwahu en naniak, translated as “mangrove sickness.” This illness causes a person to become weak, lose weight, suffer from lightheadedness, depression, headaches, joint pains, red eyes, toothache, and itchiness, particularly at night, according to Raynor. Soumwahu en naniak makes people susceptible to other illnesses because their immune systems stop responding, and they also can develop high blood pressure and heart disease. Nightmares are characteristic of this disease; often the dreams are set in the lagoon or mangrove forest, with fishing or marine themes.

Father William McGarry, SJ, based in Pohnpei for many decades, discussed the concept of riala, which he defined as a person being cursed, as a cause of illness on the island.2 He noted,
I have run into many cases of people explaining to me why someone became sick. They simply became ill because they showed a lack of respect for the head of the family or for some other person, and that person’s Eni [ghost or spirit] became disturbed with this and caused sickness. The very respect shown for the Nahnmwarki and the Nahniken [highest of the traditional leaders on Pohnpei] ... is largely based on this fear."

The Surgeon General’s Report for 1999 discussed the influence of culture and society on mental health. In many disease states, culture affects the way in which the disease will be described to a clinician. Consequently, it is not surprising that in mental illness, ethnic variation will affect how a patient expresses distress. This often is referred to as somatization—a term describing symptoms caused by stress and experienced as bodily sensations. It is a condition that requires a thorough medical examination to evaluate the symptoms to exclude pathology as the source for the illness. The Surgeon General’s report notes that an Asian patient who expresses somatization is more likely to report dizziness but when questioned further may acknowledge having emotional symptoms. Lynn Payer, an expert in cross-cultural medicine, noted that in France somatization may likely exhibit symptoms in the area of the liver. According to Payer, contemporary medical paradigms have distinct cultural biases that not only color patients’ clinical symptoms but also physicians’ therapeutic choices in treating patients.

Most traditional cultures around the world have diseases or illnesses that are specific to their culture or region. Patients with these conditions seek traditional treatments, but when symptoms become severe, they also go to emergency rooms or to physicians in clinics. Such culture-bound diseases have received a great deal of attention, particularly in the field of psychiatry. The DSM-IV-TR, published by the American Psychiatric Association, contains an appendix on this topic, “Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes.” The first section of the appendix suggests that the clinician develop a “narrative summary” for a series of categories as follows: “Cultural identity of the individual; Cultural explanations of the individual’s illness, Cultural factors related to psychosocial environment and levels of functioning, Cultural elements of the relationship between the individual and the clinician, and Overall cultural assessment for diagnosis and care.”

This document suggests, “The term culture-bound syndrome denotes recurrent, locality-specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category.” It further suggests that

Many of these patterns are indigenously considered to be ‘illnesses’ or at least afflications and most have local names. Although presentations conforming to the major DSM-IV categories can be found throughout the world, the particular symptoms, course and social response are very often influenced by local cultural factors. In contrast, culture-bound syndromes are generally limited to specific societies or culture areas and are localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned and troubling sets of experiences and observations. There is seldom a one-to-one equivalence of any culture-bound syndrome with a DSM diagnostic entity.

The United States is a nation of immigrants. Each culture brings to our county its hopes, dreams, and knowledge from
the past. This knowledge includes beliefs that revolve around illness and healing, which history has shown us can persist for several generations. Why is chicken soup so commonly prescribed for the treatment of the common cold? Perhaps because our own great-grandmothers—one set from Russia, the other from China—found that it was such an effective remedy. We both remember that wonderful and healing chicken soup of our childhoods—one rich with dill and parsnips and the other filled with ginger, garlic, and astragalus.

As integrative medicine seeks to establish a larger role for the consciousness of and belief in contemporary healing, it is wise to remember that, wherever we come from, our ancestors recognized disease conditions and folk therapies unique to our own cultures.

As Peter Mere Latham (1789-1875) noted in his _Collected Works_, “Faith and knowledge lean largely upon each other in the practice of medicine.”

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