



Obeah-Illness Versus Psychiatric Entities among Jamaican Immigrants: Cultural and Clinical Perspectives for Psychiatric Mental Health Professionals



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ABSTRACT

In order to provide culturally authentic healthcare, psychiatric–mental health nurses and other professionals must familiarize themselves with the culture-specific syndromes, idioms of distress, beliefs and practices that may present among the diverse patient groups with whom they work. Psychiatric conditions relating to the Jamaican belief in “Obeah” are specific, culturally-interpreted phenomena that psychiatric nurses may encounter among Jamaican patients. This paper describes the phenomenon of Obeah and its influences on the worldview of life, health, illness; psychiatric conditions in the form of culture-bound syndromes; and help-seeking behaviors throughout Jamaican cultural communities. Inability to understand the obeah-illness concept from a culturally-interpreted perspective may be constrictive and result in less-than-optimal care. Armed with the knowledge of the concept of Obeah from a core belief perspective, how it influences psychiatric presentations, and embracing its significance to the Jamaican health belief model will assist in building a workable, caring, best-practice framework aimed toward a clinical and practice paradigm for this unique folk-health belief system.

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In present-day globalized societies, indicators for quality healthcare delivery are largely measured by the degree to which the patients' culture is identified as influencing their illness and care-seeking behaviors; and to the degree that psychiatric–mental health nurses and other professionals are competent in integrating these cultural aspects into the patient's treatment. Despite advances in research, education and practice in biomedicine, Jamaican obeah-related health conditions remain a pervasive belief structure. The purpose of this paper is to revisit the concept of folk beliefs and practices of Obeah as it relates to culturally-interpreted psychiatric presentations and idiom of distress within the Jamaican culture. Additionally, this paper highlights some of the practice challenges that this unique cultural population often brings to a wide range of clinical settings, where mental health nurses and other interdisciplinary health professionals provide direct care. Non-psychiatric–mental health professionals can benefit from this critical reflection since culture and cultural care spans multidisciplinary and interdisciplinary borders. Drawing on the wealth of ethno-sociological work reviewed for this paper, the term “Jamaican culture” will be used to describe people who are culturally Jamaican, regardless of their present geographical location. The terms “Jamaican culture” and “Jamaicans” will also be used interchangeably throughout this paper.

The interest in this epistemological undertaking is three fold. First is the widely accepted view that neuropsychiatric presentations and culture-bound illnesses are frequently interlocking phenomena that the naive practitioner may find challenging to comprehend, differentiate between, and work with (Low, 1985). Second is that the literature points to a significant lack of awareness on the topic of Obeah from the standpoint of scholarly healthcare explorations (Kirmayer, 1989), which could cause wide gaps in many practice areas. Third is that these gaps in knowledge among contemporary healthcare professionals could lead to misdiagnosis, mismanagement, and ultimately poor outcomes for Jamaican and Afro-Caribbean individuals seeking treatment (Hahn, 1985; Nations, Camino, & Walker, 1988).

BACKGROUND

Obeah is an interlocking system of beliefs and practices for harnessing supernatural forces and spirits designed to affect non-human forces in an effort to cope with personal, physical, spiritual, and psychological distress (Campinha-Bacote, 1992; Hickling, Matthies, Morgan, & Gibson, 2008; Olmos & Paravisini-Gebert, 2011; Wisecup, 2013). Obeah exists in the form of witchcraft, sorcery, religion, and malignant magical rituals, charms, and mysticism (Dein, 1997), and is a prevalent belief system found mostly among Jamaican communities but is seen in other Afro-Caribbean cultures as well (Hickling et al., 2008).

Bonander, Kohn, Arana, and Levav (2000) observed that there are heterogeneity and complexity to the categories of obeah magic, and that it represents a composite group of traditional practitioners with a

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multitude of differing etiologies and practices. However, empirical research on the effects of these practices is not available. Despite the many paradigms of Obeah, this paper will focus specifically on Obeah's influence on psychiatric presentations as a single dimensional construct for the purpose of beginning a clinical discussion among mental health professionals about best practice principles. Specifically, this paper aims to apply the limited knowledge-base about the concept of Obeah from the ethno-psychological and folk-cultural perspectives to the medical and psychiatric implications of this unique Jamaican worldview.

Similar to the other Caribbean islands, Jamaica has its cumulative history of over five centuries of colonization, indigenous culture, independence and migration. Located just 90 miles south of Cuba and 118 miles west of Haiti, this Greater Antilles island has a population of 2.8 million (Miller & Campbell-Forrester, 2010). Nearly ninety percent of Jamaicans are slave descendants of the Ashanti-Fanti and Koromantin tribes from the Gold Coast of West Africa's present-day Ghana (Olmos & Paravisini-Gebert, 2011). The slaves brought with them and preserved many of the traditional folk beliefs and practices that were central to their cultural orientation. Many of these folk beliefs and practices continue to be core linguistic expressions in Jamaican societies locally and internationally. This includes the concept of obeah-conjuring, which was part of their core religious and health belief system.

Due in part to misunderstanding and fear, Obeah as a traditional religious and health custom was considered paganism and criminalized by the colonial British regimes who also forced the slaves to convert to Christianity. Subsequently, the term "Obeah" developed pejorative associations and became a clandestine phenomenon that continues to be illegal in Jamaica (In cayawar, Wintrob, & Bouchard, 2009). However, despite its illegality and condemnation by the mainstream establishment, Obeah continues to flourish due to centuries of strong oral and written narrative, and has gained international recognition as an informal national symbol.

Today, the concept and even practice of Obeah continue to resonate with many Jamaican immigrants in many countries as embodying life's important aspects such as good health, economic achievements, and social justice (Newall, 1978). This was further echoed by Olmos and Paravisini-Gebert (2011) and Brent and Callwood (1993), who stated that "Obeah is belief, power, and an intrinsically Jamaican way of life"; strongly influencing its belief system, family and social patterns, power structures and the perceived causes of symptoms in mentally ill persons.

CULTURAL CONCEPT OF OBEAH AND HEALTH

Human biological response to mental and emotional changes is universal. Dein (1997) noted that one's culture determines what behaviors are deemed acceptable, regardless if they are bizarre, disturbing, erratic, or threatening. Within these societal norms, the emphasis is on whether the person's intentions are malevolent or benevolent. This has clinical and cultural significance, especially when these behaviors fall outside of the ordinary experience. In some cultures, these behaviors may be seen as bad and meriting punishment, while in others they may be seen as signs of mental illness requiring treatment (Dein, 1997).

Within the traditional Jamaican culture, the concept of health is primarily based on folk phenomenon and does not lend itself to most Western theorists and their frameworks. One very core part of the Jamaican culture is the belief in the idea and influence of Obeah as rooted in the power of the supernatural (Olmos & Paravisini-Gebert, 2011). This highly structured system of beliefs and practice uses magical powers combined with ritual incarnations for the purpose of casting good or evil spells intended to protect one's self, property or loved ones (Campinha-Bacote, 1992; Olmos & Paravisini-Gebert, 2011). Obeah is also used to address health or illness, to harm or guard against real or perceived enemies, and to bring prosperity in academics, employment, love, politics, or life's pursuits (Campinha-Bacote, 1992; Olmos & Paravisini-Gebert, 2011).

While the concept of Obeah is not a phenomenon reserved to any single culture, "Obia" is linguistically Jamaican Patois (Olmos & Paravisini-Gebert, 2011). In various parts of the Caribbean, the theory of Obeah can take on different terms based on its trans-historical associations. For example, in Cuba it is known as Santeria, as "Voodoo" in Haiti, as "Ju-Ju" in the Bahamas, "Shango" in Trinidad, and "Kali-Mai" in Guyana (In cayawar et al., 2009; Wisecup, 2013). Obeah is also practiced in Suriname, Dominica, Barbados, Grenada, Belize, and other Afro-Caribbean Central and South American cultures, particularly among rural communities (Wisecup, 2013), and elements of Obeah have also been absorbed into several religious denominations (In cayawar et al., 2009).

CURRENT STATE OF THE LITERATURE

Due to the need for scholarly references addressing the clinical aspects of Obeah in contemporary healthcare, screenings were conducted by reviewing hundreds of titles and abstracts. Those not obviously relevant to the intended goals of the topic were eliminated. During the literature search, rarely was the topic of Obeah found as a single construct empirically influencing care of SMI persons within the past seven years. Instead, scholarly works on the concept of Obeah have been guided by ethnographical and ethno-psychological interests. As a result, the search time frame was broadened to thirteen years.

Literature searches were performed using CINAHL, MEDLINE, and PsycINFO databases. Three hundred English peer reviewed journals and books from the 2000s to the present using keywords "Obeah", "Jamaican culture", "psychiatric illness", and "psychiatric-mental health nursing" were identified. These reviews revealed very little recent scholarly work on the concept of Obeah within the context of culturally-interpreted psychiatric symptoms. As already noted, a significant weakness of the literature review is the lack of recent empirical data addressing the concept of obeah in a contemporary psychiatric context; the body of scholarly works from authors such as Olmos and Paravisini-Gebert (2011), Hickling (1988), Hickling et al. (2008), and Campinha-Bacote (1992) has focused mostly on its diasporic lexicons and narratives, contributing to the lack of empirical studies.

However, many biological, anthropological, ethno-psychological, and social science scholars have contributed significant academic relevance to the topic. These include: Bell's (1993) illustration of obeah witchcraft in the West Indies; Brent and Callwood's (1993) discussion of culturally relevant care for West Indian clients; Cecil (1996), Maraesa (2012), and Sobo's (1996) examination of pregnancy loss and reproductive challenges linked to Obeah; Hickling's (2005) exploration of mental illnesses in the Caribbean; In cayawar et al. (2009) comparison of contemporary and traditional mental health healers; Low's (1985) explanation of syndromes in the context of culturally-interpreted symptoms; Mantz's (2007) account of obeah hysteria in Dominica; and Olmos and Paravisini-Gebert's (2003) exploration of cultural religions native to the Caribbean.

Therefore, it was deemed necessary to rely on the seminal works cited in this paper. Some of these formative authors include Kiev (1963), Meile and Whitt (1981), Hahn (1985), Nations et al. (1988), Hickling (1988), Hickling et al. (2008), Kirmayer (1989), Campinha-Bacote (1992), Dein (1997), Low (1985), and Weiss (1997), among others. Collectively, this body of work provides a solid background that supports the conceptual, cultural, and practice relevance outlined in this paper. However, it does indicate a need for further research on psychological and psychiatric illnesses and how they interact with obeah beliefs and practices.

INFLUENCE OF OBEAH ON MENTAL HEALTH AND ILLNESS

To illustrate: "Mi nah hallucinate a duppy dem set pan mi". "Das why mi a walk an talk to miself." "A no so mi use to be". "Mi nah mad, mi no fool-fool". "Mi no need fi si no psychiatric". "Mi a suffa fram obia wikidness

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