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ROOTLORE AS THERAPY: EVOLUTIONARY IMPACTS OF RITUAL SUGGESTION (1)

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Abstract

Rootlore is an African-American ethnomedical system based mainly on magical rituals derived from West and Central African traditions. A review of the academic literature regarding rootlore and analysis of 78 rootlore narratives gathered in Northeastern North Carolina support arguments regarding the evolutionary impacts of ritual suggestion, social-psychological functions of rootlore stories, psychophysiological bases of rootlore experiences, and the value of reviewing clinical cases regarding rootlore. These arguments support the ritual healing theory which hypothesizes that ethnomedical systems, such as rootlore, provide greater benefits for those having genotypes related to hypnosis and dissociation. According to this theory, increased frequency of these genotypes allowed development of religious sentiment. Analysis of example cases supports the argument that the ritual healing theory coincides with social-psychological, physiological, and clinical arguments.

Rootlore is an African-American ethnomedical system based on magical rituals derived mainly from West and Central African traditions. Although some consider rootlore a synonym for Voodoo, rootlore reflects European, Protestant, and Native American influences of the Southeastern US. Technically, Voodoo refers to an organized religion, related to Haitian Vodou. Voodoo flourished in New Orleans during the colonial era and through the nineteenth century. Rootlore is a parallel, but uninstitutionalized tradition, evolving in Georgia and the Carolinas. Black immigration spread rootlore to all major urban ghettos in the Central and Eastern United States where it became mixed with Voodoo, Native American, Hispanic, and New Age beliefs. Rootlore practices include ritual preparation of herbs, roots, minerals, and animal curios to control others magically (Anderson, 2002; Long, 2001; Yronwode, 2002).

The word "root" is probably derived from the use of roots in herbal potions. Prepared substances may be symbolically manipulated, put in the victim's food or drink, or placed in the person's vicinity. "Root" can be an adjective, verb, or noun. A "root doctor" or "root worker" "roots", "places a root", or "does rootwork" on a person and the person is then "rooted". The person is then expected to act in accordance with the practitioner's desires (fall in love, become faithful, grant a promotion, dismiss a court case, leave the area, get sick, die, etc.). A rooted person may fall ill and consult a root doctor who suggests a ritual for removing the root.

The Ritual Healing Theory

Explanations of ethnomedical systems can be evaluated through analysis of rootlore stories. One such explanation, the ritual healing theory, argues that, over many millennia, humans with greater capacity for hypnosis and dissociation responded more fully to ritual suggestions and, as a result, had survival advantages. Over time, genotypes associated with hypnosis and dissociation became more prevalent and these genotypes shaped the incidence of particular anomalous experiences including apparitions, waking extrasensory perceptions, paranormal dreams, out-of-body experience, and psychokinesis. Such episodes generated beliefs in spirits, souls, life after death, and magical abilities, providing the foundation for humankind's first religion, shamanism.

Much evidence supports this theory (McClenon, 2002). Studies indicate that hypnotic suggestibility has a genetic basis (Duke, 1969; Morgan, Hilgard, and Davert, 1970) and that the incidence of anomalous experience is significantly correlated with hypnotic/dissociative ability (Kumar and Pekala, 2001). Anomalous experiences have been found to create belief in spirits, souls, life after death, and magical abilities, the foundations of shamanism (McClenon, 2002). The ritual healing theory argues that people with trance abilities and the capacity for anomalous experience became the first shamans due to their profound beliefs. Over time, as rituals provided survival advantages to those with suitable genotypes, humans developed the capacity to be religious in the modern sense. The ritual healing theory explains the

prevalence of similar forms of anomalous experience in all societies, the universal emergence of shamanism, and recurring features within all folk religions regarding magic and spiritual healing (McClenon, 1997a, 2002a). This theory is open to empirical evaluation and can be tested within the fields of anthropology, social-psychology of religion, folklore studies, physiology, and medicine. The ritual healing theory is parallel to arguments made by Laughlin, et al. (1990) but is more testable than their work.

Within this evolutionary paradigm, rootlore can be viewed as a cultural manifestation of the human propensity to benefit from magical rituals (2). By attributing human problems to magical forces, root doctors can use rituals to manipulate symbols so as to provide therapeutic suggestions. Those more cognitively open to this strategy gain greater benefits.

The ritual healing theory does not refute or deny other orientations for evaluating rootlore narratives but extends their arguments. The academic literature regarding rootlore specifies that this tradition: (1) provides social-psychological functions, (2) has a psychophysiological basis, and (3) should be understood by clinicians treating patients believing in rootlore. The ritual healing theory helps resolve problems inherent within other orientations.

Academic Treatment of Rootlore Traditions: (1) Social-Psychological Functions

Academics regard rootlore as a folk religious tradition, subject to psychological and sociological analysis. Rootlore is said to have “functions”, providing psychological benefits and contributing to social cohesion. Scholars believe it reflects the deprivations of slavery, history of segregation, and lack of economic opportunity among African-Americans. Rootlore “provided an escape from the oppressive environment and degrading life situation” (Harvey, 1981: 155). As African-Americans migrated, rootlore adapted to US urban environments where it served “functions of acculturation, guilt displacement resulting from failure to achieve, and subgroup identity maintenance” (Press, 1979: 71). Some discussions of this type are ethnocentric since they imply that rootlore beliefs are associated with cognitive deficiency (for example, Puckett, 1926).

Although much depends on defining *deprivation*, this argument does not fully explain rootlore traditions. First, all folk traditions include magical practices, not merely those associated with minority groups. Magical rituals used by dominant religions are typically not portrayed as reflecting deprivation. Second, surveys indicate that many magical beliefs are more prevalent among high status groups (Emmons and Sobal, 1981). The typical modern occult believer tends to be educated, young, and upper-middle class. Two-thirds of college educated people believe in extrasensory perception compared to about half of those in the general population (Gallup, 1979; McClenon, 1994). Educated people also tend to use alternative healthcare systems, unproven by science, to a greater degree than less educated people. For example, patients using unorthodox treatments for cancer tend to be better educated, younger, and white compared to patients using conventional treatments only (Hufford, 1992).

Because all societies use magical rituals within folk healing practices, rootlore should be considered merely as an example of an ethnomedical system. “Supernatural explanations are no less common in developed nations than in developing ones when people are confronted by unexpected personal disasters such as flood, fire, death of a spouse or child, or sudden illness” (Winthrop, 1973: 318).

On a basic level, functionalist arguments are valid since ethnomedical systems provide benefits by alleviating social-psychological problems. Rootlore consists of orally transmitted ritual “recipes” that people have found useful for solving common problems over many generations. Rootlore survives because it sometimes “works”. Anthropologists argue that such ethnomedical systems are effective mainly due to social-psychological processes (Bergman, 1973; de Montellano, 1975; Finkler, 1985; Garrison, 1977; Harner, 1973; Kapferer, 1983; Kiev, 1964; Kleinman and Sung, 1979; Kleinman, 1980; Laderman, 1987, 1991; Lambo, 1974; Moerman, 1979; Sharon, 1978; Vogel, 1970). Much rootlore literature coincides with this assertion (Anderson, 2002; Mathews, 1992; Harvey, 1981; Jackson, 1976; Puckett, 1926; Watson, 1995; Whitten, 1962). This argument is supported by the emerging fields of psychoneuroimmunology and mind-body medicine. Researchers find that health is influenced by psychological states affected by suggestion, especially within religious contexts (Benson and Stark, 1996; Friedman, Klein, Friedman 1996).

A rootlore story from the North Carolina collection illustrates how root doctors may be as useful as psychiatrists when working with lower status African-Americans:

Keisha has been involved with a particular man for almost three years...He is very jealous and was mentally and physically abusive...he even accused her of sleeping around and beat her in front of her whole family...She decided to leave him before someone got seriously hurt. For the first week or so things seemed to be going fine.. [but] all of a sudden, she began to think about him constantly. She told me, "Girl, I was going crazy thinking about him; missing him...It was almost like I completely forgot everything he had done to me. I wanted him so bad that I could actually taste him." She could not eat or sleep... and she couldn't figure out where these urges were coming from. Her family began to notice changes in her [which became so severe that her grandmother decided that she had been "rooted".] Her grandmother insisted that she visit a root doctor and even went along with her. The root doctor told her things about her relationship with this man [that he could not have found out normally.] Keisha had no idea how the root doctor knew those things. According to the root doctor, the man had indeed put a root on her. Keisha was told to go home and find a piece of his clothing and repeat some words that sounded like they could have been some type of voodoo spell, while she threw the clothing across her left shoulder into the largest body of water near her home. She followed these instructions and the feelings stopped.

If Keisha had spent more than an hour a day dwelling on her problem, and her symptoms were judged to be sufficiently severe, a psychiatrist might diagnose her problem as obsessive compulsive disorder. Although anxiety disorders are more prevalent among African-Americans than in the general society, only a small percentage seek help from psychotherapists (Neal and Turner, 1991).

The narrative portrays an alternate paradigm. Keisha marveled at the root doctor's psychic ability and her belief probably contributed to the ritual's effectiveness. Although believers attribute Keisha's "healing" to magic, this story illustrates the power of suggestion and placebos.

Placebos are defined as "a positive healing effect resulting from the use of any healing intervention presumed to be mediated by the symbolic effect of meaning of the intervention for the patient" (Moerman and Jonas, 2000: 34, 35). People who believe that a certain symbolic action will help may experience benefits due to their own physiological responses. An alternate definition of "placebo" specifies that the benefiting procedure be "objectively without specific activity for the condition being treated" (Shapiro, 1964). "Nonspecific or placebo effects can be very large; up to 80% of the effects in a number of medical conditions can be attributed to these nonspecific effects" (Moerman and Jonas, 2000: 34). The percentage of those responding to placebo treatment varies markedly, depending on the procedure and environment (Moerman, 1983).

Hypnosis provides an additional explanation for rootlore effects. The repetitive quality of rituals often constitutes hypnotic inductions, particularly for suggestible people. Such people respond to suggestions inferred within the ritual context. Hypnosis does not require trance since "waking" suggestions (without inductions) have almost as much impact on hypnotizable people as suggestions following inductions (Hilgard and Tart, 1966). Because hypnosis is associated with mechanisms related to the trait "hypnotizability", it does not constitute a placebo according to the "nonspecific effect" definition (Van Dyck and Hoogduin, 1990). Yet when people believe in hypnotic rituals, placebo results occur, even in un hypnotizable people, since belief causes placebo effects. If Keisha had little hypnotic ability, her belief would create placebo effects, even though she gained no hypnotic benefit. If she were a good hypnotic subject, suggestions within the ritual context would provide her benefits, even though she did not believe.

Although we cannot differentiate hypnotic from placebo effects without controlling for hypnotic ability (rarely possible within field settings), distinctions between placebo and hypnotic effects have been established experimentally. Definitions regarding "hypnosis" and "placebo" have changed with increasing knowledge and are likely to continue changing over time (Shapiro and Shapiro, 1997). Although use of the term "hypnosis" may fall out of favor, the ritual healing theory argues that some collection of genes (a genotype) has resulted from humankind's use of ritual healing processes and that this genotype has shaped religiosity.

Much evidence indicates a connection between hypnosis and spiritual healing (McClenon, 2002a; Moerman, 1979; Wright, 1995). The inductions and procedures of hypnosis are parallel to those of spiritual healing (McClenon, 1997b, 2002a). Religious elements such as focused attention, rhythmic repetition (chanting, prayer, dancing, etc.), charismatic leaders, belief and expectancy, emotional arousal,

and group settings inspire hypnotic effects. Hypnosis has been proven through controlled experiments to relieve a wide range of physical and psychological symptoms (Bowers and LeBaron, 1986; Brown, 1992) and spiritual healing alleviates equivalent symptoms (McClenon, 1997b, 2002a). Treatment strategies for both hypnotherapy and spiritual healing involve expectation, suggestion, innovative perspectives, role playing, and re-framing client histories. Spiritual healing is intrinsically linked to psychotherapy through its use of expectation and suggestion (Calestro, 1972). Those who are more hypnotizable gain greater benefit from brief psychotherapy (Nace, Warwick, and Kelley, 1982). Hypnotic processes are used in all mental health systems, all of which reveal therapeutic efficacy (3).

Academic Treatment of Rootlore Traditions: (2) Physiological Bases

A second perspective within the academic discourse regarding rootlore focuses on physiological processes. Cannon (1957) hypothesized that "Voodoo" death (sudden death attributed to a ritual) was the result of excessive activity of the sympathico-adrenal system. An extremely frightened person might exhibit an elevated heart rate and die from shock due to an outpouring of adrenalin. Richter (1957) investigated related physiological processes in stressed rats and found other factors affecting survival. Parasympathetic systems (associated with slowing heart rates) play an important role -- some rats give up hope, stop struggling, and die. Other studies portray complex social psychological processes -- some hexed people give up hope, stop drinking, and, as a result, die from dehydration (Mathis, 1964).

Although Voodoo deaths involve various processes, Cannon's physiological orientation provided a foundation for the emerging fields of neuropsychophysiology and mind-body medicine. Social-psychologists note that complex emotional processes affect human physiology. For example, people's behaviors around a hexed person are influenced by the victim's demeanor. The victim, seeing these responses, might become even more alarmed and, as a result, fall ill. This outcome is a *nocebo effect*, or "expectation-based symptoms of disease" (Moerman and Jonas, 2000: 39). People who feel "rooted" may suffer a wide range of nocebo effects (sickness, divorce, loss of job, etc.). Conversely, rituals designed to remove curses may alleviate anxieties and bring about placebo effects.

Rituals can produce altered states of consciousness facilitating hypnotic suggestion and healing. Much evidence indicates that shamanic altered states of consciousness cause beneficial physiological changes in some people (Winkelman, 2000). This evidence coincides with the physiological correlates associated with hypnotic suggestion (Crawford, 1994). Research strategies include use of computerized electroencephalographic (EEG) frequency analysis, EEG topographic brain mapping, positron emission tomography (PET), regional cerebral blood flow (rCBF), single photon emission computed tomography (SPECT), and nuclear magnetic resonance imaging (Crawford and Gruzelier, 1992). Highly hypnotizable people focus more effectively, are more able to sustain their attention, and are better able to ignore irrelevant stimuli than less hypnotizable people (Crawford, Brown, and Moon, 1993). As would be expected of a physiologically-based process, studies reveal that "waking" and "hypnotic" suggestibility have genetic components (Duke, 1969; Morgan, Hilgard, and Davert, 1970).

The physiological basis for hypnosis means that hypnotizable people who do not believe in a particular ritual may benefit anyway. A North Carolina account portrays this process:

Mary had a problem with men. She complained about never being able to get a man [so after many years she went to see a root doctor.] Dr. W. began to talk to her about how to solve her problem with men. He gave her a lot of books and pamphlets to read. Then he told her that he was going to take her hand and read her palm. She didn't believe anything that he was telling her....He told her that he could see into her future. He saw the problem that she had been facing for many years. "I will now solve all your problems and you will never have to worry again", he said. He began to say this sentence over and over again...[she felt very strange as he continued repeating this "riddle".] He told her to go home and lie down for two hours and to call him within that two hour span. She did exactly what he told her to do. The next day, she began to have real bad pains in her stomach. She called the root doctor back and told him about the pains. He told her to bear with the pain for three days and that on the fourth day there would be a man in her life. [Mary and her relatives found these events to be very strange.] But on the fourth day, there really was a man in her life! Until this day, we all have questions about this incident.

Although we have no means to determine if magic played a role in this outcome, this story suggests use of lay therapy and hypnosis. As do regular therapists, the root doctor gave factual information (books and pamphlets) that may have included sexual counseling. He provided an hypnotic induction (repetition of the "riddle".) He conducted a follow up telephone interview and later encountered psychosomatic resistance - common among highly hypnotizable people. He probably provided hypnotic suggestions regarding actions after four days. He had previously found that "she did exactly what he told her to do", a pattern indicating hypnotic suggestibility. Although Mary did not reveal embarrassing details, her actions on the fourth day resulted in a relationship. This story illustrates aspects of counseling and hypnotherapy. Good hypnotic subjects need not "believe" in a specific ideology for suggestions to be effective - they comply with suggestions and benefit as a result.

Academic Treatment of Rootlore Traditions: (3) Clinical Cases

Much academic literature pertaining to rootlore is designed to educate medical practitioners so that they can better treat African-American believers (Cappannari, et al., 1975; Kimball, 1970; Lichstein, 1992; Mathews, 1992; Rocereto, 1973; Snell, 1967; Tinling, 1967; Wintrob, 1973). These reports provide a bridge between functionalist and physiological positions since writers link social-psychological processes with clinical outcomes. Authors hope to "demonstrate how often seemingly bizarre beliefs and practices espoused by adherents of the system make sense within the traditional historical and cultural context" (Mathews, 1992: 68). They argue that "cases of hexing are instructive for the light they shed on the ways in which patients experience and interpret symptoms, as well as how and from whom they seek medical care" (Lichstein, 1992: 99). Symptoms attributed to rootlore in the literature include false pregnancy (Kimball, 1970), regional enteritis (Cappannari, et al., 1975), vomiting, profuse perspiration, frequent convulsive movements, muscle weakness, paralysis, and inability to take sufficient food and fluids (Rocereto, 1973), abdominal pain, psychiatric emergencies, family conflict, dementia-like symptoms, organically-based symptoms (Tinling, 1967), depression and anxiety (Snell, 1967), intermittent fever, weight loss, fatigue, pain in joints, respiratory failure of undetermined etiology, depression, schizophrenia, manic depressive illness, possible drug intoxication, difficulty with swallowing, swelling in legs, persistent pain and itching (Lichstein, 1992).

Clinical accounts often portray complex social-psychological processes. Patients may find ritual treatments ineffective until they encounter suggestions fitting their mind-set. For example, Cappannari, et al. (1975) described an African-American woman who complained of abdominal pain, nausea, vomiting, and diarrhea. She was eventually diagnosed as suffering from regional enteritis. Medical efforts failed to relieve her symptoms and her mother consulted a "gypsy" who explained that she had been hexed by her mother-in-law. The gypsy referred them to a herbal practitioner who affirmed the diagnosis of hex. The practitioner's medicine, designed to end the negative spell, caused vomiting and appeared ineffective. The patient believed that her husband fell under the spell since he decided to divorce her.

After obtaining information about a local voodoo cult, the psychiatric consultant suggested that a fundamentalistic black Baptist minister (who was also involved with voodoo) talk with the patient. He briefly interviewed the patient and informed her the hex was "all in her head". Then he read biblical passages concerning the casting out of devils, whereupon she entered a hypnoid-like state from which she emerged stating that she felt better. The next day she said she had "forgotten" about the hex and did not wish to be reminded of it. [She then recovered in a normal fashion.]

The diagnosis of "rooting" gained such power that it explained the husband's behavior. Due, in part, to her hypnotic experience during the minister's reading, she granted his suggestions particular weight. Both lay hypnotists and hypnotherapists can induce "amnesias" providing therapeutic benefits and research indicates that nonprofessional therapies, in general, produce outcomes equivalent to those of professional therapies (Christensen and Jacobson, 1994). As a result, the hex was "removed" and the woman recovered.

Assuming that the woman was highly hypnotizable, this story illustrates how such people are more vulnerable to psychosomatic problems and also more open to therapeutic suggestion. Wickramasekera (1986, 1988) found that those with high or low hypnotic ability are at increased risk to develop stress-

related somatic symptoms. He advocates hypnotherapy for hypnotizable patients and biofeedback for those with low hypnotizability. He urges highly hypnotizable people to discuss their anomalous experiences during therapy. Studies indicate that people reporting many anomalous experiences tend to be more hypnotizable, likely to suffer from psychosomatic disorders, and receptive to spiritual healing (McClenon, 2002a). Hypnosis has been found particularly effective for treating rootlore victims (Snell, 1967).

Analysis of Rootlore Accounts

Over the years, anthropology students at Elizabeth City State University, a predominately black college in Northeastern North Carolina, collected a minimum of three narrative accounts as part of their ethnographic research projects. They were instructed to interview family, neighbors, and friends, recording responses to the question, "If you have had a very unusual experience, would you describe it?" Informants were not restricted by topic but urged to provide any narrative they regarded of interest including religious and anomalous experiences, general folklore, and oral history. Interviewers attempted to transcribe respondents' exact words. During early phases of this study, there was no attempt to categorize accounts. The original research goal was to gather a large collection of narratives in order to discover the natural categories of experiential report existing in Northeastern North Carolina.

Between 1988 and 1996, 1446 narratives were collected (McClenon, 1994, 1997b, 2000, 2002a,b). Analysis revealed clearly distinguishable categories, verified through statistical evaluations of coder reliability (McClenon, 2000, 2002a,b). The 1446 accounts included 496 apparitions, 157 paranormal dreams, 96 psychokinesis events, 85 spiritual healings, 78 rootlore accounts, 71 sleep paralysis accounts, and 59 waking extrasensory perceptions. Rootlore was defined as "a form of occult practice associated with African-American traditions" that include "magical rituals with African origins" (see McClenon, 2000, 2002a,b, for a full description of coding guidelines).

Student judges rated narratives regarding respondents' mention of benefits, costs, and emotional reactions --fear, happiness, surprise, belief, skepticism (McClenon, 2002b) (4). Judges also coded each story regarding the degree that the respondent derived benefits from his/her experience. Because of the evolutionary process shaping emotions, psychologists argue that both positive and negative emotions have evolutionary value; positive emotions are linked with evolutionary benefits while negative emotions reflect evolutionary costs. As would be predicted by evolutionary theory, the data indicated high correspondence between positive/negative emotions and benefit/costs. In 95% of cases, positive emotions were associated with short term benefits and negative emotions were linked with short term costs (McClenon, 2002b). Coding allowed comparison of positive/negative emotion ratios and benefit/cost ratios for each experiential form. Among the narrative types, *spiritual healings* were associated with the highest positive/negative emotion ratio (2.9). Most forms of anomalous experience (apparitions, paranormal dreams, waking extrasensory perception, sleep paralysis) were associated with low ratios. Overall, 67% of healing accounts mentioned positive emotions compared to only 16% of non-healing accounts (difference of proportions test; $z = 5.4$, $p < .001$; McClenon, 2002b). These data support the common sense observation that spiritual healing is more often associated with positive emotions than are apparitions, paranormal dreams, waking extrasensory perception, and other anomalous experiences. Analysis of benefits reveals a parallel pattern. Among all narrative forms, spiritual healing revealed the highest benefit/cost ratio (63) and rootlore was associated with the second highest benefit/cost ratio (4). This data indicates that, if a person can choose which type of experience to have, he/she should seek spiritual healing. Evolutionists would argue that these data suggest that spiritual healing contributed greater evolutionary benefits than did non-healing experiences.

An additional content analysis focused on the 78 narratives classified in 1995 as rootlore. Coding methodology allowed an evaluation of reliability. Four coders designed nine questions pertaining to story motif, treatment method, and anomalous experience type. Two judges coded the stories and refined the guidelines so that they could achieve consensus. A third coder judged the stories independently and a fourth coder resolved discrepancies between the first two coders' consensus and the third coder's decisions, using the revised guidelines. This method revealed a degree of reliability since the final

percentages reported in this study differed from the original two coder's values by only 1-2% in a small number of cases.

Stories fell in the following categories: 51% pertained to romantic/sexual relationships, 15% involved illness but no romantic relationship, and 4% regarded court cases. Relationship accounts portrayed motifs: "rejected person put roots on lover" (27% of total stories) and "person used roots to get a lover" (10% of total stories). Relationship stories often described a healing. For example, a sick person recovers her health after a root doctor removes a "root" placed by a former lover. Two stories fell in the category of "money matters." Typically, stories describe a root doctor advocating a ritual that aids the client in achieving a goal.

Fourteen percent of the stories reported behaviors implying mental disorders. Some rootlore victims report unusual sensations, such as the feeling of having snakes, frogs, or other animals, in the body (14% of the stories mentioned snakes). Internal snake perceptions coincide with African Kongo traditions and probably represent culturally-specific anxiety disorders. As in Africa, rootlore accounts refer to the notion that a practitioner may turn a hex against the person who placed it. In 4 cases (5%), a rooting was "reversed".

Accounts portray contagious and sympathetic magical methods for placing roots: "target person touches object" (12%), "object placed near target person" (17%), "substance placed in target person's food or drink" (15%), "ritual performed on substance related to target person" (12%).

Some stories mention forms of anomalous experiences found in all societies. Narratives described 3 apparitions, 5 extrasensory perceptions, 2 cases of psychokinesis (mind over matter), 1 paranormal dream, and 17 spiritual healings.

Overall, the collection portrays how some root doctors provide therapy. They interpret clients' problems in terms of magical forces, making the issue exterior to the client and amenable to magical solution. Prescribed rituals provide inferred suggestions (and sometimes hypnotic inductions), effective for those who are hypnotizable.

General "Removing the Root" Motif

In many cases, the root doctor and client do not identify who placed a root. Within this motif, the practitioner prescribes a ritual that removes the root and the person benefits. This strategy allows Christian healers to use the rootlore paradigm.

After going to the doctor for many weeks, Charlotte still had seen no significant change in her health. Actually she felt that she was getting worse. The doctor would always tell her the same old thing, "Take your medicine and it will go away in time". So Charlotte felt she had to take other measures. She had been hearing about a new evangelist, Sister Vines. Everyone had been telling her how good a miracle healer she was and how she had saved so many people. So Charlotte decided to go one night [to see Sister Vines.] "I told her my stomach was swollen and the medicine from the doctor wasn't doin' me much good. Then Sister Vines begin to pray. After she finished praying for me, she asked me if I had any enemies. I told her that I'm pretty sure that I did but not any that I knew of right off hand. Sister Vines then told me that some one had put roots on me and that's why the medicine had done me no good. She said the power of the Lord would heal me. So she gave me a prayer cloth and told me to rub it on my stomach everyday and every night and my swellin' would be gone within two weeks. And, honey, all I could do was jump up and down and praise the Lord. I felt so good inside and I knew I would be healed. So I went home and sho' 'nough in 'bout two weeks my stomach had gone down".

This story reveals elements contributing to spiritual healing success. Sister Vine's reputation raised Charlotte's expectations, contributing to hypnotic and placebo effects. Charlotte accepted the Sister Vine's diagnosis, indicating belief. Charlotte described emotional and physical response to suggestions during the service, evidence implying that she is a good hypnotic subject.

Removing the Rejected Lover's Root

Twenty-eight percent of the stories describe a rejected person placing a root on a former lover. The actual rooting need not be verified. The root doctor learns about the sick patient's sexual history and makes the diagnosis of "rooting". The "doctor" then prescribes a ritual to remove the root. Sometimes the root is "redirected" back at the person who originally sent it. Story tellers tend to assume that the diagnosis was correct since the ritual "worked."

Mrs. N. said she had stopped seeing him because she was already involved with the man she was going to marry. So they broke off the relationship. He gave her a necklace and told her to never take it off... [then] she started getting real sick...but she didn't know why she felt that way. It got so bad that she couldn't get out of bed. [Eventually,] she went to a root doctor and told him about her affair with the man and about the necklace he had given her... He told her that the man was working roots on her. Later she confronted the man and gave him the necklace back. Then she slapped him and told him to never come in her life again.[This confrontation and the root doctor's ritual brought about a recovery.]

Although it is not certain that the jilted lover actually rooted the woman, her acceptance of the root doctor's diagnosis, and her later actions, brought about the assumed hypnotic/placebo effect. This process probably helped her reinterpret the original relationship, absolving guilt.

"Getting the Lover You Want" Motif

Rootlore includes many rituals designed to inspire another's love. Suggestible people, who gain confidence as a result of performing a ritual, increase their probability of success. Highly hypnotizable people need not believe - the ritual often works anyway.

I was a happily married woman until one day I found out that my husband was cheating on me. I didn't know what to do. I wanted my marriage to last and I wanted the other women to leave my husband alone...One day I was talking to my grandmother...[and] she gave me a spell to put on him. I didn't believe in "roots" but I gave it a try. I had no other choice. I was desperate. So I did what she told me to do. She told me that when the moon became full, on the second Wednesday in the month, take two strings of your hair and put it in a glass of water that you had previously drank out of. Make sure that he drinks all of the water. If he did this and the moon was right, he'll never stray again. And to this day my husband has never been with another woman.

Because rituals provide a sense of control, the woman may have become more confident after causing her husband to drink the water. This may have contributed to her regaining his full attention. We might assume that other women performed similar but unsuccessful rituals, perhaps due to their being less open to self-suggestion.

Healing Mental Disorders

Root doctors sometimes treat symptoms implying schizophrenia and other mental disorders. The success of African witch doctors in curing schizophrenia may be due to their ability to treat entire families using strategies that are in harmony with religious tradition (Bass, 2001; Lambo, 1974). Root doctors are often in a similar position, able to affect the beliefs and behavior of all the members of a client's family.

One of my aunts (Elsie)...was having problems with her marriage and her kids. No matter what they did for her...it wasn't good enough. At night when she and her husband (Johnny) went to bed, she would argue with him and didn't want him to touch her. She would jump up and run outside in her night clothes yelling and screaming....She was trying to pull her hair out [and] she heard strange voices inside her head [eventually, she attempted suicide]...My mother, father, and two aunts ended up going to see a root worker. They talked with him, sharing all the things that had been going on...He said that one night, when she was at the club, she had left her drink unattended and a lesbian woman had put something in it. The lesbian woman was in love with her and wanted her to leave her husband. He gave them the name and everyone was shocked because they knew that the lady was a lesbian. But from then on [as a result of this consultation and root worker's ritual]... the strange happenings ended and my aunt's life got back on track. She and her husband are still

together and her relationship is better with her children. [The family did not verify that the lesbian had placed the root.]

This strategy avoided the stigma associated with schizophrenia. Elsie was not labeled as mentally ill but as “rooted”. The root doctor’s ritual seemingly caused the family to regard Elsie as “cured” and, apparently, the family and Elsie returned to normal patterns of behavior. Although some might attribute the outcome to magical forces, the ritual probably generated placebo and hypnotic effects, facilitating Elsie’s recovery. A psychiatrist’s label of “schizophrenia, in remission” could have resulted in a less favorable outcome.

Some root doctors use sleight-of-hand magic to effect cures. For example, they seem to extract living snakes from clients’ bodies. Some prescribe herbs that induce vomiting and then show the client a snake or frog, implying that this animal had been expelled. Jim Jordan (who practiced in Northeastern North Carolina), and other famous root doctors, used these and other strategies, attracting many clients.

Bus loads of people used to come from the North to see Uncle Jimmie ...One man was feeble minded and crazy in the head. He told Uncle Jimmie he thought he had been rooted from drinking some white whiskey....Uncle Jimmie took him behind the house to his potion shack. The man stayed there for a couple of days and...later [after the man had recovered], Uncle Jimmie showed my daddy a jar of snakes. Uncle Jimmie said that [the man] was [now] free from ol' Satan.

Jim Jordan, subject of the previous story, may have earned \$3000 during many weeks and perhaps \$200,000 during some years during the 1940s and 1950s (Johnson, 1963). His life story illustrates a second mechanism by which spiritual healing could have affected human evolution. He is said to have fathered 42 children by various women. At his death, he had 33 legal grandchildren and 28 legal great-grandchildren and an unknown number borne by other women. His wealth allowed him to purchase local farms and businesses that supported an estimated 500 family members and related people. Long (2001) describes other successful root doctors -- although some experienced legal problems that reduced their net worth. Anderson (2002) reviews accounts of root doctors who gained political power in their communities.

Paleolithic shamans may have had similar power, status, and reproductive advantages. Anthropologists have uncovered evidence implying marked status differences among buried individuals. Shamans who demonstrated valued hypnotic skills such as trance speaking and (alleged) extrasensory perception probably had high status. “The spectrum of human consciousness thus became an instrument of social discrimination -- not the only one, but a significant one... [the resulting] social divisions are not necessarily maladaptive; indeed, they facilitate complex social adaptations to environments” (Lewis-Williams, 2002: 196). The human capacity for symbolization and language evolved within a relatively narrow time frame. Both ritual performance and hypnotic response would have facilitated change during this evolutionary stage.

The Anomalous Perception Motif

Rootlore stories describe apparitions, extrasensory perceptions, psychokinesis, and paranormal dreams. People reporting frequent anomalous episodes tend to develop powerful beliefs regarding spirits, souls, life after death, and magical abilities. Such people exist in all cultures and tend to adopt the folk traditions within their society explaining these events (McClenon, 2002a).

My mother [insisted that she had to tell me about her dream] about my grandfather who had been dead since 1985: "Last night, I had a dream about your grandfather. He was talking to me and I said, 'William, why did you come here to bother me?' He said, 'Someone is trying to do something to Poochie'. (Poochie is my nickname). She went on, " 'Why do you say that someone is trying to do something to harm him?'" He said, 'Go and clean up Poochie's room. Someone has put roots under his mattress'. I didn't know what to think so I ignored him and I went back to sleep...[but] he was still there and he just kept saying, 'Go and clean up his room!'-- so I got up the next morning ... and looked up under your mattress and I found a red cloth bag full of rusty nails, a mason jar full of old tree bark and what looked like brown sugar". [My mother and I were afraid]. We wondered, "Who would do something like this and how could they have gotten in the house and put it under the bed?" My mother said, "It was one of your friends ... someone must have done this while you

were in the shower". My mother called a root doctor [who told her it was a love potion. He told her that she would] know when the person came back. He said to have this person throw the roots into the trash without letting the person know what was happening. [Later] my mother asked my friend to take out some trash because this was the one she believed did this....My mother believes that my grandfather was looking out for me and she is convinced [that her actions solved a real problem]... I still have questions about this....so to me this is still a mystery.

The mother accepted the root doctor's diagnosis partly because it coincided with her dream. Even her skeptical son acknowledged a "mystery". Both spontaneous experiences, as in this story, and root doctors' performances, as in a previous case, inspire belief. This process contributes to spiritual healing since belief increases hypnotic/placebo effects.

Rootlore Accounts and Morality

Some stories are not directly related to therapy but reveal rootlore's social functions. These stories portray supernatural forces enforcing morality. For example, one account describes a man who consults a rootdoctor regarding his wife's infidelity. The doctor provides a magical powder that the man spreads on his doorstep. His wife's lover steps in the powder, which causes his feet to burn so badly that he ends the relationship. Another story describes a mother knowledgeable regarding rootlore. After her death, she generates occult events that punish a child molester and protect her children.

Morality stories may "function" to support folk traditions, having possible evolutionary impact. Although the majority of anthropologists reject "group selection" theories, some argue that religious beliefs facilitate group survival (Sloan, 2002). Some rootlore accounts seemingly function at the group level, aiding communities to survive.

Rootlore, based on hypnotic and placebo processes, works on both social and psychological levels. Highly hypnotizable people, who have experienced childhood trauma, often suffer from stress related disorders. They also tend to have many anomalous experiences, causing them to believe in occult traditions. Their belief facilitates spiritual healing. As a result, these people develop powerful belief systems and may become spiritual healers themselves, gaining valued status within their communities. This status contributes to their recovery.

Conclusion

Rootlore provides social and a psychological functions, has a physiological basis, and should be understood by clinicians treating patients believing in this tradition. Analysis of a collection of 78 rootlore accounts from Northeastern North Carolina reveals how rootlore facilitates hypnotic and placebo effects. Therapists can use this knowledge for designing treatment strategies. Particular people, who express belief in occult forces and who claim anomalous experiences, have a tendency to suffer from stress-related somatic symptoms. These people have a propensity to benefit from ritual treatment and from hypnotherapy. Discussion of these cases contributes to the "personalizing" of neurophenomenology (Throop, 2004) since various examples portray complex interactions between belief, culture, suggestibility, and performance.

The analysis supports the argument that, over the millennia, ethnomedical systems affected the frequency of genotypes related to trance and anomalous experience. This process led to shamanic systems based on belief in spirits, souls, life after death, and magical abilities. Over time, humans developed the capacity for modern forms of religiosity.

Endnotes

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2. It is beyond the scope of this study to define "magic" or "magical ritual." There is much discussion within the anthropological literature regarding relationships between "magic," "rationality," and "science" (Tambiah, 1990). Within the context of the ritual healing theory, magical performances capture viewers' attention due to special qualities (noted within the context of the viewer's

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culture). Such events capture people's attention, allowing suggestions, associated with the performance, to generate psychological and physiological effects.

3. Much research indicates that no particular theory within Western therapeutic systems is superior (Hubble, Duncan, & Miller, 1999) and that practitioners' effectiveness is not increased by training or experience (Christensen and Jacobson, 1994). Psychotherapy has not been proven to be more effective than indigenous mental health systems. African "witch doctors", using the rootlore paradigm, seem *more* effective in Africa than are psychotherapists in the West (Bass, 2001; Lambo, 1974).

4. Judges were not instructed regarding coding emotions that Fessler (1999) labels as "second order" such as pride and shame. Mention of such emotions were very rare.

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