

# Psychotherapy And Traditional Healing

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## **Abstract**

*Multicultural advocates within professional psychology routinely call for “culturally competent” counseling interventions. Such advocates frequently cite and celebrate traditional healing practices as an important resource for developing novel integrative forms of psychotherapy that are distinctively tailored for diverse populations. Despite this interest, substantive descriptions of specific forms of traditional healing vis-à-vis psychotherapy have appeared infrequently in the psychology literature. This article explores the prospects for therapeutic integration between traditional healing and contemporary psychotherapy. There is a growing trend to seek alternative, complementary and traditional healing not only as a reaction to Western biomedicine but also to the mindset of “talking heads” in psychotherapy. Traditional healing aims to restore harmony and balance within the individual through a symbiosis of the body, mind and spirit. Through this process traditional healing offers a holistic conceptualization of wellness and wellbeing, both within the individual, and between the individual and his or her environment. Comparative studies on alternative healing practices indicate that many patients/clients often see a mental health professional and a traditional healer concurrently. This paper considers the use of traditional healing alongside Western counselling psychology as a process of dual interventions for clients who engage traditional healing practices alongside psychotherapy.*

**Key words:** *Traditional healing and psychotherapy*

## **Introduction**

There appears to be an emerging trend amongst many people to seek alternative, complementary and traditional healing (Moodley & West, 2005). While this cure seeking behaviour is in keeping with the cultural traditions of many patients/clients from Black and Ethnic Minority groups, it is nevertheless a relatively new phenomenon for members of the community. Accessing alternative healing practices rather than conventional psychotherapy or allopathic medicine appears to be motivated by a number of factors; not least amongst them is a growing reaction to the pervasiveness of

biomedicine and its particular focus on psychopathology (Moodley & Oulanova, in press). Counselling psychology also suffers the same fate. Since its introduction to ethnic minority health care practice, the “talking therapies” have not been very successful. Minority clients have mistrusted counselling psychologists and psychotherapists arguing that they misunderstand minority clients’ illness representations and presentations, and use culture insensitive methods (see Bhugra & Bhui, 1998; Kareem & Littlewood, 1992; Moodley, 1999a, b; 2000; Moodley & Palmer, 2006). Even the evolution and

growth of multicultural counselling and psychotherapy interventions with its culture competency approaches has not made a significant difference in the way that minority clients use therapies. Many still depend on their cultural and traditional healing practices (Moodley & West, 2005). Comparative studies on alternative healing practices indicate that many middle class North Americans access traditional practices such as Ayurveda, naturopathy, homeopathy, acupuncture, yogic healing, herbalism, psychic and faith healing, Sufi healing, Zen Shiatsu, Qigong and a variety of new age therapies (see Chen, 2003; Chishti, 1991; Heber, Fleisher, Ross & Stanwick, 1989; Kessler et al., 2001; Poulin & West, 2005). Clearly, it seems that there are a number of alternatives for patients to make choices about their health care. Several studies report that patients are comfortable in seeing a conventional doctor as well as a traditional healer (see, for example, Dein & Sembhi, 2001; Hilton et al., 2001; Rao, 2006). For instance, Hilton et al. (2001) report that many South Asians in Canada consider the simultaneous use of traditional and Western health practices to be contradictory, nevertheless, frequently use South Asian healing methods, such as Bhuta vidya, ayurveda, yoga, unani and siddha, alongside Western approaches (see Kumar, Bhugra, & Singh, 2005; Pankhania, 2005). Similar findings were reported by Rao (2006) in the USA, and by Dein and Sembhi (2001) in the UK. Additionally, Nathan (2005) and So (2005) found that respondents reported using traditional healing methods concurrently with Western approaches. Findings of these research studies suggest that traditional forms of healing continue to be valued and sought out by many clients who seek healing (see Moodley & Oulanova, in press). This point is asserted by Novins et al. (2004) when they suggest that many clients often see a

mental health professional and a traditional healer concurrently. Traditional healing practices, when compared to Western health care systems, are seen to be “worlds apart” with different models of illness and health, operating within a different world view. These differences are being reduced with the adoption of many traditional healing practices in Western health care, for example, meditation, yoga, acupuncture, qigong, and many others. While the need to seek traditional healing is embedded in a cultural paradigm of cure seeking, the appeal for traditional healing is also based on the holistic nature of traditional approaches which seek to restore harmony and balance within the individual and between the individual and his or her environment. According to Muller and Steyn (2002), the process of traditional healing is seen as holistic as it engages the mind, body, and soul of individuals, as well as their families and communities. This form of mind-body-spirit integration of traditional healing practices is a major component of the healing process. The binary divide of the Cartesian body–mind split is interrogated, brought to consciousness and integrated. Therefore, it seems critical for counselling psychologists and psychotherapists to understand the role of traditional healing in the West, and how as practitioners they could accommodate it, from understanding its place in modernity to integrating traditional healing practices in their clinical work. In this paper we consider the use of cultural and traditional healing and its potential in counselling and psychotherapy. We begin by discussing the rise of traditional healing practices in the West. This discussion is followed by an exploration of the role of traditional healers and their healing practices in bringing about a more holistic conceptualization of wellness and wellbeing. Finally, the paper examines the idea that patients can

accommodate dual interventions in their cure seeking without concerns about boundary issues and other ethical matters. Evolution of traditional healing practices in the West There are a number of factors that have given rise to traditional and indigenous healing practices in the West, such as immigration, multiculturalism, failure of modern medicine, and greater access to traditional healers. First, through immigration and transnational migration, minority groups have been introducing into Western culture practices related to health and social care. Not least amongst them are traditional and indigenous healing practices that appear to be flourishing in large Metropolitan cities as previously mentioned. This growth in ethnic minority traditional healing practices seems to be more easily accepted and accommodated by mainstream society because of the lessons learnt from the struggles of indigenous and Aboriginal communities, who after centuries of struggle, resurrected and liberated their cultural healing practices from the repression of Colonialism. For example, in the Caribbean, traditional healing practices evolved as a direct response to the inhumane and life threatening conditions of slavery and subsequent colonization (see Voeks, 1993; Laguerre, 1987; Brizan, 1984).<sup>1</sup> In the USA, practices such as Voodoo and Black Magic have also been a response to slavery and racism (Chireau, 2003).<sup>2</sup> Second, under the guise of multiculturalism, indigenous and traditional practices can be integrated into a wider discourse of a holistic healing philosophy. While many of these traditional healing practices are authentic, many have also reconstructed themselves within the context of the current political, social and economic environments. In essence, indigenous healing practices not only present us with an anti Cartesian way of engaging with clients but also establish a critical discourse of resistance to the neo-

colonial attitudes prevalent in health care practices. Thus, in many Western countries traditional healing practices have remained outside of the direct control of the state and modern medicine (Waldram, 2000) and to a large extent, these practices are still perceived as rejected knowledge of an age that is embedded in primitivism. Therefore, traditional healing must be viewed within the context of Western science where political power, rather than effectiveness, is central to legitimacy (Laguerre, 1987). Current cultural healing practices are a response to these processes, and must be seen as such, if they are to have any relevance to the ways in which we deal with the “psychological illnesses” of today. Third, in mainstream society there is a growing consciousness of the failure of modern medicine to treat the whole person resulting in clients turning towards alternative methods of healing. For example, many cancer patients are undertaking practices such as mindfulness meditation, yoga, and Ayurveda. Through these practices these patients are interrogating the mind-body division that splits and fragments the self. Furthermore, the “Back-to-nature movement” that has been gaining momentum since the late 1990s, especially in the larger Metropolitan cities, is another reason for the use of traditional healing practices. With its early beginnings in the anti-establishment tenor of the 1960s that supported alternative and complementary healing practices, the “Back-to-nature movement” has critiqued the way in which allopathic medicine has depersonalized patients, removed choice, and empowered large drug companies to determine research and the future of health and mental health care. In the last decade, patients have been taking some of this control back through engaging in complementary, alternative and traditional healing practices (Moodley & West, 2005). Another reason for the growth

of traditional healing is the availability in the West of traditional healers who are highly trained and experienced from the home countries of immigrants. These traditional healers possess profound knowledge and understanding of the community's historical, religious and cultural beliefs, thus playing a pivotal role in the life of the community, providing stability under conditions of economic despair, political conflict and changing values (Crawford & Lipsedge, 2004). Working within the framework of traditional cultural beliefs concerning health and illness, the traditional healers are familiar with the behaviour, beliefs, values, and often, the language of clients. They can interpret illness in a way that has familiar implications and thus, a predictable course of treatment. Even in cases where the healer may use techniques that may be unknown to the client, the treatment is nevertheless harmonious with the client's worldview (Press, 1978), since traditional healers are familiar with the cultural meanings of health, illness and healing of the community.

### **Cultural meaning of illness and healing**

The study of culture, illness and healing is not a new phenomenon. The Arab historian and philosopher, Ibn Khaldun (1332–1406 [1967–68]) in the 14th century conducted an important study linking culture and health, particularly mental health (for discussion see Murphy, 1986; Moodley, 2006). Ibn Khaldun noted that the socio-cultural environment of the individual, the network of meanings of illness and healing and the way that the individual conceptualized his/her illness and cure seeking constructed a schema of wellness. Current research in this field uses these ideas to form the basis of how we understand culture, illness and healing (see, for example, Alladin, 1999; Bhugra & Bhui, 1998; Fenton & Sadiq,

1993; Kleinman, 1980, Krause, 1989; Good & Good, 1982; Moodley, 2000, 2006; Schober & Lacroix, 1991). For example, Good and Good (1982) suggest that the meaning of illness for an individual is grounded in the network of meanings an illness has in a particular culture, the metaphors associated with the illness, the care patterns that shape the experience of the illness and the social reactions to the sufferer. Similarly, Bhugra and Bhui (1998) assert that culture shapes the language and experience of emotions which in turn signals to other members of that society that a person is ill and in need of help. Thus, a "close correlation exists between a patient's cultural beliefs about his/her illness and between his or her understanding of the treatment of such distress" (Moodley, 2000, p. 163). Studies on the relationship between culture, illness and healing have also supported the idea that illness is thought of as disharmony between the individual and his or her environment – including social relationships, relationships with the natural world, as well as relationships with the spirits and the ancestors (Crawford & Lipsedge, 2004). For example, Latino healers in New York City locate the causes of many health conditions in social relationships or *sociosoma* which is based on diverse cultural belief systems that highlight the interconnectedness of the individual with the physical and social environment (Viladrich, 2006). If one aspect of a person's life is out of balance this may lead to physical, psychological, spiritual or behavioural problems. In traditional healing philosophy, illness does not simply refer to the problems associated with the body and mind, but also the spirit, where the ancestors, gods, spirits, deities and the environment are all legitimate points of reference for understanding causation and treatment (Weisz, 1972). This is in sharp contrast to Western models of health care

that understand illness as located in the body or the mind of the individual. Consequently, treatment focuses predominantly on the individual. In traditional healing there is a holistic conceptualization of health wherein spiritual, physical, emotional, and mental wellness is regarded as inseparable, while in Western mental health, the focus is often exclusively on the mental and emotional components (see, Duran, 1990; Garrett & Carroll, 2000; Ross, 1992). Hence, when clients seek the help of a traditional healer they are in a position to address their spiritual, physical, emotional, or mental wellbeing in one consultation or with the same healer. We see this often in many ethnic minority clients who see traditional healing as their first port of call, thus making allopathic medicine their alternative method. Because of their cultural philosophy of 156 R. Moodley et al. health and illness ethnic minority clients represent and present their illness and psychological discomfort with the mind-body-spirit conceptual framework that is understood by traditional healers (see Buhrmann, 1986; Good & Good, 1982; Moodley, 2000). For example, Buhrmann (1986) in her work with Zulu people observed that they do not divide their 'illness' into different categories of somatic, psychological and psychosomatic; they do not split themselves into good and bad parts, but express their distress as "when part of me is ill, the whole of me is ill, irrespective of what the illness is" (p. 26). On the other hand, Western allopathic medicine tends to view illness as a form of biological malfunctioning which expresses itself through chemical, anatomical, or physiological alterations (Ross, 2008); thus healing is viewed as the scientific process of treating the disease through appropriate medical, surgical, and chemical interventions (Chalmers, 1996). Traditional healing conceptualizes illness as a broader concept, recognizing disturbances in the

outside environment as playing a part in the affliction of the individual (see Some, 1994; Viladrich, 2006). This understanding sets the agenda for traditional healing. While it is often directed at alleviating physical pain and suffering, it is also concerned with restoring emotional balance between the individual and his or her environment; the focus is not on the disease which the healing experience may leave unaffected or unresolved. For the individual, healing can occur while the disease remains. In this sense, healing becomes a means of coping with disease, distress, disability, and recovery rather than the elimination of symptoms (Waldram, 2000). Critical features in experiencing traditional healing. An interesting and attractive feature of traditional healing is the fact that it can be conducted both publicly and privately, each with its own performances and behaviours. On the public arena it is drama within the theatre of cultural aesthetics, and importantly, it is part of the cultural and historical narrative of a community. The healer, the illness and the person suffering enter the realm of the metaphysical and act as mediators with the ancestors to achieve a modicum of equilibrium in the collective trauma of the community. In other words, through the healing of the client in a public way, others in the community or even the whole community may be healed. On the private level, the healing of the individual is also an enactment of hope for the family and the community. Clearly, at a philosophical level the healing journey offers the client historical and social continuity within the community but also recreates for the client the cultural symbols and archetypes. Since the healer is usually part of the client's social network (Rappaport, 1977), the healing process is also contextualized and grounded in their day-to-day reality. In essence, the healing process encompasses the social, economic, historical, and cultural

context of the person's illness, as well as the locus of the illness within the individual (Finkler 1994; Waldram, 2000). To experience the full impact of traditional healing, the person is expected to be in a state of readiness to be healed, to believe in the spirits and be willing to acquiesce to the will of the supernatural (McCabe, 2007). Indeed, there can be elaborate preparation before and after the healing process (discussed in the next section), but the critical issue is in the meaningful way that the person engages with the process. According to Hammond-Tooke (1989), healing may be promoted by the meaning the client derives from the process of treatment. A sense of comfort and relief from pain, anxiety, and despair may be provided through traditional medicine, even though a cure is not always found.

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Several researchers have highlighted a number of key aspects for successful healing. For example, McGuire (1991) highlights the importance of what is referred to as "symbolic healing" with one of the important symbols being the naming of the client's problem. This is consistent with the research on illness representation by Lau and Hartman (1983), Leventhal, Meyer and Nerenz (1980), Leventhal and Diefenbach (1991), and Scharloo et al. (1998) who suggest that labeling or naming an illness is critical as part of their five dimensions of illness representation model, i.e., identity, causes, consequences, timeline and cure (see Moodley, 2006, for discussion). Building on this model, Alladin (1999) also offers an elaborate and complex schema in which illness conceptualizations and healing beliefs are central to an individual's illness representations. Indeed, these models are affirming a key feature of traditional healing by emphasizing that the belief system of the individual is not only critical to the healing process but it also engages the body, mind,

and spirit dialogue within the individual. Traditional healers in dialogue with the body

When clients resort to traditional healing services that include participation in ceremonies, prescription of specific herbal medicines, and a reaffirmation that the body-mind-spirit does not exist in the same way as in conventional psychotherapy, they feel that such a service is not just culturally sensitive but historically and perhaps politically relevant. Clients feel confident that traditional healers know their anguish and pain because they too have suffered afflictions before becoming healers. This notion relates to the "wounded healer" concept, referring to the process by which the healer connects with his or her own vulnerability and pain to help alleviate the suffering of others (see Kirmayer, 2003; Koss-Chioino, 2006). The healing powers of traditional healers are characterized by their ability to communicate with, and learn from, the ancestors and the spirits. Their personal charisma, knowledge of ceremonies and rituals, and knowledge of medicines and herbs are essential ingredients in the healing process. This in turn instills in clients a willingness to accept mystery and magic, and to relinquish control to the healer and the spirits of the ancestors, thus leading clients to have an unquestioned belief in the power of the healer who is expected to act as an intermediary between the spirit world (the world of the ancestors) and the inner world of the client (see Moodley, 2005). Many of the therapeutic techniques of traditional healers involve direct contact with the body in terms of acquiring information, treatments, as well as actual manifestations of the healing; they believe that the body is a container which channels the energy for healing (Santiago-Saavedra, 2004). In general, traditional healers consider the body as a vehicle through which clients can unearth the underlying causes of their problems. For example, a

participant in a study conducted by Woessner (2007) on the integration of energy work and psychotherapy states: The body becomes, in a sense, a record of everything that has ever happened, is happening, will happen, from the smallest level to the most grand level ... You take a journey through the body, because everything will be held in the body ... and in the journey you find the story that is manifesting in symptoms. (p. 62) When traditional healers undertake this journey “through the body” of the client, they experience the suffering and pain of the client. Koss-Chioino (2006) describes the process of “radical empathy”<sup>3</sup> where the healer enters into the feelings of suffering and distress of the client, these healers possess the body awareness and consciousness that allow them to 158 R. Moodley *et al.* connect through the body to experience their client’s needs. At the same time, this notion of embodiment is not limited to simply feeling what the client feels, it is also apparent in their therapeutic techniques while performing healing rituals. These may include touching, feeling and massaging the body (Vontress, 1991). In other words, the traditional healers are in dialogue with the body, as well as the mind and spirit. For example, in traditional Chinese healing such as Tao, there is a focus on the connection between body, mind and psyche to integrate the individual into a coherent and harmonious unity (Ma, 2005). Clearly, it seems that attending to the somatic and psychic part of the person may provide access to information or experiences which may not be accessible through verbal treatment alone (Woessner, 2007). This is also seen in the work of the Unani (Moslem traditional healers) who focus on the psyche and soma as much as they do listening to clients. As Inayat (2005) reminds us: In Islamic psychology three essential elements of the human psyche, ruh, nafs, and qalb, are

considered to reside in the region of the physical heart, which is commonly indicated to be the location of emotional pain ... Mental unrest is thought to be a manifestation of an incongruent heart ... A ‘rusted’ or ‘hard’ heart is a symptom of chronic ill feelings ... described mainly as an aching heart, trembling heart, or pressure in the heart ... (thus) ... the heart is the locus of thought, feeling, memory and awareness. (p. 161). When seeking a cure from a traditional healer the client may need to undertake a rigorous schedule of preparation. These can include fasting, vegetarian diets, the purchase of specific artifacts for the ceremony, or cleansing baths before the session; they may also dress in ethnic robes to attend the healing session. Furthermore, they may not talk or discuss the problem but let the healer decipher it through the ceremony. If the healer requires more details then the client is expected to talk about the issue in a community, family and cosmic-centered way. Eventually, this kind of preparation and participation of the healing process manifests a holistic conceptualization of the self in which the ‘body-mind-spirit’ is inseparable. Thus, when clients seek the help of a traditional healer they are in a position to address their spiritual, physical, emotional, and mental needs with the same healer. Nevertheless, when clients seek the services of both the traditional healer as well as the psychotherapists, they can be confused about the relevance of categorizing personal difficulties and distress according to a scientifically constructed statistical manual of psychological disorders (Soulayrol, Guigou & Avy, 1981), or by the behavior of therapists who encourage them to solve their own problems. Since many of them are familiar with traditional healers who take direct action to resolve their problems (Vontress & Epp, 2000), counsellors and psychotherapists can be seen to be less

effective. This perception can be changed once clients are aware of the different possibilities in engaging in dual interventions. Dual intervention and its implications for clinical practice. An examination of the literature reveals that more and more people are seeking out the services of traditional healers alongside conventional treatments, thereby engaging in dual interventions (see Moodley & West, 2005). As our earlier discussion suggests, accessing traditional healing alongside counselling may provide the client with holistic care that addresses the needs of the body, as well as the mind. At first sight such interventions do not pose a problem because each dyad (“client – psychotherapist” and “client – traditional healer”) can be conceptualized as a unique self-generating clinical relationship within *Counselling Psychology Quarterly* 159 which the client’s distress is shaped, interpreted and ultimately produces its own specific version of healing. In the case of psychotherapy, this distress is conceptualized in psychological terms whereas in traditional healing, the client’s body becomes the central focus. In both instances the dyads enter an intersubjective or “third space” (Moodley, 2007) or “analytic space” (Ogden, 1994) within which the client and the therapist or healer negotiate a way of being with each other so that the healing process can be facilitated. Nevertheless, a closer examination reveals several challenges when clients engage in such dual interventions. According to Fischer, Jome and Atkinson, (1998) it is important for counsellors to determine whether their client’s problem can be resolved in a way that is compatible with their repertoire of psychological interventions and rituals or whether they need to coordinate their services with or refer their clients to traditional healers. While collaboration between Western counselling professionals and traditional

healers is encouraged (see, McCormick, 1997; Restoule, 1997; Sima & West, 2005; Solomon & Wane, 2005), it can prove to be challenging and, in some cases, may even present some ethical concerns. For example, given the emphasis on sound “empirical” evidence for interventions in counselling and psychotherapy and the lack of such evidence in traditional healing systems, referral to traditional healers may be difficult even if clients allude to this possibility. Indeed, will a counsellor or psychotherapist recognize instances where working with the client’s body in a physical or ritualistic way may be therapeutic? In such cases, will the counsellor refer the client for traditional healing despite the lack of “empirical” evidence? Thus, it seems that efficacy and the lack of empirical evidence in traditional healing is a major point of contention in clinical practice. At the same time, Young (1979) argues that efficacy should be determined according to at least three kinds of standards: empirical proofs, scientific proofs and symbolic proofs, implying that efficacy can be perceived from many different perspectives. Furthermore, within these kinds of proofs it must be accepted that classifications and determining factors of efficacy do not remain constant but shift within sickness episodes and within the different medical traditions (Waldram, 2000). Hence, efficacy must be viewed as something that is essentially negotiated in each encounter of a client and a practitioner in both conventional and traditional healing systems. Other questions that emerge with clients engaging in dual interventions involve the therapeutic alliance where transference is interpreted exclusively with the psychotherapist. This process could potentially create much dissonance in the therapist’s countertransference reactions resulting in negative projections and stereotyping of the “Other”. When clients engage in dual

interventions they invariably or unconsciously critique the Western models of therapy for inadequately meeting their needs, suggesting also that they retreat psychically to the “Other” place in search of cultural metaphors, symbols and archetypes (see, Moodley, 1998, 1999; Moodley & Oulanova, in press, for discussion). In such situations clients who disclose insufficiently or put up strong defenses in psychotherapy could easily give the impression that the “Other” process is a more valuable healing process. This ongoing comparison about each healing process will always be present in both clients and therapists as long as traditional healing remains marginalized in mainstream society. Given the absence of clear guidelines for navigating this process of dual interventions, psychotherapists must continuously engage with the moral and ethical challenges of working with a diverse range of clients who choose to involve the body in the process of healing alongside the place of the “Other”.

160 R. Moodley et al. Conclusion Although professional guidelines and codes of ethics directing counselling and psychotherapy have begun to recognize the immense diversity among clients, and are consequently striving to address ethical concerns which emerge in this context, these documents do not always provide sufficient guidelines when it comes to supporting the use of traditional healing practices or clients engaged in dual interventions. Many clients from all communities have been using traditional, alternative or complementary healing in one form or another. Furthermore, some are opting for traditional approaches alongside psychotherapy where such dual interventions address the mind-body-spirit holism that clients seek. Through the traditional healing process clients can also affirm their own cultural or ethnic reality which is not only denied in conventional psychotherapy but in society generally. For

these clients, even if counselling and psychotherapy affirms their worldview and their sense of being, it nevertheless places the body (and spirit-uality) at the margins of clients’ existential questions. Thus traditional healers and healing could be a critical space within which reconstructions are made towards wholeness and wellness of clients. Moreover, as more and more therapists support the idea of integrating traditional healing practices into counselling and psychotherapy, the complexity, confusion and dilemmas of dual interventions will be reduced for both clients and psychotherapists. Such a process will also generate creative and innovative theory, practice and research in the discourse of counselling and psychotherapy. Declaration of interest: The author reports no conflict of interest. The author alone is responsible for the content and writing of the paper. Notes

1. “The health and medical care of the newly arrived African slaves were gravely threatened by the inhumane life conditions imposed by the European colonizers. Neglect by the slave owners and the high cost of medical services exposed these individuals to the full violence of diseases and epidemics and forced them to tend to their own health care needs” (Voeks, 1993, p. 66). As a result, slaves relied on their African traditions and the utilization of plants that were available to meet their health care needs. Michel Laguerre (1987) contends, “the health and medical care of the newly arrived Africans as well as that of the Creole slaves, the freedmen and the maroons in the early period of Caribbean slavery, rested primarily on their efficacious use of folk medicine” (p. 15).
2. In Yvonne Chireau’s (2003) work on black magic, religion and African-American conjuring tradition she writes about the rich hoodoo, conjure and roots-working traditions that the slave communities engaged in. Chireau suggests that “Black Americans utilized

conjuring traditions not only because they saw them as valuable resources for resistance, but because they believed that the supernatural realm offered alternative possibilities for empowerment'' (p. 18). 3. In her work *Spiritual transformation, ritual healing and altruism*, Joan D. Koss-Chioino (2006) explains that radical empathy takes empathic behavior to a further degree, in that the wounded healer actually enters into the feelings of suffering and distress of those persons who attend the sessions and whom a spirit indicates need help (or, at rare times, persons she meets in the course of her life). Importantly, she has the guidance and authority of her spirit guide-protectors who prevent her from being overwhelmed or seriously affected by the client's suffering. When a healer's own well-being and continued healing avocation depends upon a spiritual connection, the interpersonal space in which healing takes place becomes sacred space, and radical empathy acts as a path to transcendence by the group assembled (pp. 885-886). 4. According to Waldram (2000) "Empirical" proofs are anchored in the "material world" and confirmed by events that are explainable; "scientific" proofs are those confirmed through the *Counselling Psychology Quarterly* 161 application of scientific methods; and "symbolic" proofs, the most ambiguously defined of the three, pertain to the "ordering" of "events and objects" that give meaning to, and allow people to manage, sickness episodes (p. 606).

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