

# SPIRITUAL TRANSFORMATION, RITUAL HEALING, AND ALTRUISM

by Joan D. Koss-Chioino

*Abstract.* Based on studies of spirit healing in Puerto Rico and the United States, this essay proposes a model of ritual healing process focused on the core components of spiritual transformation and empathy. It describes the central role of spiritual transformation in healers from which emerges their capacity for relation, empathy, and altruism. Many spirit healers, following a spiritual transformation, begin to exercise what I label here *radical empathy*, in which individual differences between healer and sufferer are melded into one field of feeling and experience. This produces a type of altruism in which spirit healers feel compelled to be altruistic in responding to suffering whenever they encounter it. The model is compared and contrasted with aspects of healing process in some psychotherapeutic and analytic therapies. These comparisons are offered in the light of the growing interest in incorporating spirituality into psychological and medical treatments.

*Keywords:* altruism; empathy; healing process; ritual healing; spiritual transformation.

---

An extraordinary experience occurred many times over the course of my research into Spiritism/Spiritualism, a popular healing cult in Puerto Rico found in most Latin American countries with similar healing cults across the world (Koss-Chioino 1992; 1996; 1999). A consultant or friend attending a healing session for the first time would be told by the spirits brought to the session about a serious illness or problem, past or present, that he or she had never discussed with anyone! How could the spirit healers divine so accurately, especially when visitors had never before attended a spirit healing session and some did not even understand Spanish,

Joan D. Koss-Chioino is Professor Emerita of Anthropology at Arizona State University and Research Professor of Psychology at George Washington University, 2753 Bon Haven Lane, Annapolis, MD 21401; e-mail [jdkoss@gwu.edu](mailto:jdkoss@gwu.edu).

[*Zygon*, vol. 41, no. 4 (December 2006).]

© 2006 by the Joint Publication Board of *Zygon*. ISSN 0591-2385

the language of the session? It was this kind of experience, also reported many times by Puerto Rican supplicants, that led to my three-decade-long exploration of ritual healing process.<sup>1</sup> Explanations in the literature did not fully account for the healers' work, the spirits' diagnoses and predictions, or the affective expressions of healers and supplicants.

The model of ritual healing process I describe here (and elsewhere; see Koss-Chioino and Hefner 2006) focuses on spiritual transformation and empathy as central components. Its formulation led to questions about the motivations of the spirit healers in their lifelong work with supplicants. From many observations and years of participation it was clear that a deeply caring attitude, although not always overt, is strongly associated with development and practice as a spirit healer. Given the distress that healers experience on behalf of supplicants (described below) but also the spiritual and psychological benefits they receive as part of their healing vocation, are they altruistic? And, if so, how do they become that way?

Empathy and altruism have been linked in a number of experimental studies (Batson 2002; Batson et al. 2002; Mikulincer and Shaver 2005). A few studies have demonstrated that altruism is a core component of spirituality, a notion that reflects common discourse and many descriptive studies (Greenwald and Harder 2003). Of interest to the present discussion is a study by Carolyn Schwartz and colleagues (2003) that showed that engaging in helping others was associated with better physical and mental health among a stratified, random sample of members of the Presbyterian Church in the United States. Both helping others and receiving help were predictors of mental health; however, giving help was a better predictor than receiving help. The literature that relates altruism and empathy is not well developed, but the few studies available resonate with the notion I suggest regarding ritual healing process: that the emergence of a deeply felt empathy (at its fullest extent, the experience and practice of what I call *radical empathy*) develops from the initial stages of spiritual transformation and leads healers to respond altruistically to persons in distress seeking their help.

In this essay I first describe a foundational model of ritual healing process based on my experiences of spirit healing in Puerto Rico (Spiritism), the United States, and elsewhere as well as the large anthropological literature on ritual healing. I also consult the psychology literature on psychotherapy. I then show how empathy develops in novitiate healers as central to ritual healing and describe its role in healing process. Finally, I raise questions about whether the healers are altruistic in practicing their healing avocation. This is difficult to answer because, once the new healer has undergone the spiritual transformation that initiates his or her development as a medium with faculties to communicate with the spirit world, his or her life and well-being most often center around the work at a healing center and responses to distressed persons. Even though he or she is en-

joined by the spirits not to profit monetarily from healing work, the question of motivation complicates the picture because he or she feels compelled to carry out healing work. Nevertheless, as I show, the healer makes some significant sacrifices to do so.

#### CORE ELEMENTS OF RITUAL HEALING PROCESS

Given many rich, parallel descriptions of healing rituals that employ spirits, gods, or other extraordinary beings across cultures, it seems important to explore core elements of healing process, with the assumption that cultural elaborations—such as very different mythic worlds, diverse symbol systems, different schemas to identify illness and disorder, various types of ritual paraphernalia, and so on—are elaborations of content rather than process. This seems particularly true for spirit healing, which has very similar ritual forms, enhanced by local content, across diverse regions of the world. Some of what I suggest here as foundational aspects of ritual healing process has also been identified in some psychotherapeutic modalities, such as Jungian analysis and client-centered therapies, as important though not essential to therapeutic process. My formulation of core components of ritual healing process, using spirit healing as a prototype, focuses on the nascent healer's experience of spiritual transformation associated with a severe illness or period of distress, and an emergent ability to commune with the sacred (however conceived in diverse cultures as spirits, gods, saints, or God or a numinous being, and so on). From this type of spiritual transformation emerges a capacity for empathy and what I call *radical empathy* in the developing healer that threads her healing work for the rest of her life. A model of ritual healing based on these foundational components is described in the sections that follow.

*Spiritual Transformation.* Spiritual transformation, defined very generally as “Profound changes in the way people understand, approach, and experience whatever they hold as sacred” (Pargament 2006, 21), is foundational to ritual healing process. It has been defined more specifically as “dramatic changes in world and self views, purposes, religious beliefs, attitudes or behavior. These changes are often linked to discrete experiences that can occur gradually or over relatively short periods of time” (Katz 2004, 1). It also has been described as a “transition from a lower to higher consciousness, transformation in the essence (soul) of the individual, or the experiencing of a fresh acquaintance with rare, dramatic . . . spiritual states” (McLean 1994, 76).

As the hallmark of spirit healer initiation, spiritual transformation is reported by many ritual healers across cultures and also by some of their clients (see Csordas and Lewton 1998; Katz 1993; Peters 1981). It appears to be a central component of healing process in many healing systems, with the exception of most Western biomedical and cosmopolitan healing

systems, such as classical Chinese medicine, which are grounded largely in biophysical concepts. Furthermore, bodily and/or psychic incorporation of spirits or God(s) or other extraordinary beings, as outcomes of a spiritual transformation, are directly associated with being healed, whether or not the sufferer's symptoms remain (Csordas 1994; Kleinman and Sung 1979). The role and effect of spiritual transformation on healers and healing process has been described in reports of ritual healing in a number of societies and groups (see, among many others, Csordas 2002; Katz 1993; Koss-Chioino 1992).

*The Wounded Healer.* The anthropological literature contains numerous examples of how indigenous healers and shamans are initiated into their healing roles by way of a serious, often life-threatening illness that is resolved when an extraordinary being(s) is introduced into their consciousness and life world. Behavioral and attitudinal changes ensue once the spirit becomes an integral part of the novice's life and being. Initiation into the healer role is both preceded and accompanied by changes in self and world views. Descriptions of healer initiation via life-threatening illness have led to the formulation of the "wounded healer," whose source of power and authority as a healer is a continuous relationship to her/his own woundedness, exemplified by the healer's willingness to maintain consciousness of those parts of herself that are perpetually wounded. Whether the healer's wounds are physical, emotional, or existential, they often must be confronted by the healer during transactions with ill and distressed clients.

The idea of the wounded healer continually repeating his own process of being healed is not new. Apart from the anthropological literature on shamanism, Carl G. Jung viewed the wounded healer as a central archetype represented by Asklepios, the God-healer and founder of Greco-Roman healing cults. Jung and some post-Jungians view this archetype as a key aspect of the analyst-patient relationship, one that activates the endogenous healer in the patient (Groesbeck 1975; Guggenbuhl-Craig 1978; see Kirmayer 2003 for a detailed discussion of the wounded physician/healer; also Miller and Baldwin 2000). In the Jungian formulation, as explained by C. Jess Groesbeck (1975), the patient projects his inner healer onto the analyst because the distress of the wound blocks the inner healer. If the analyst does not recognize the healer-wound polarity in himself he may project his woundedness onto the patient, which prevents healing. The patient's wound can be successfully treated when interaction with the analyst (who recognizes his own woundedness) facilitates the patient's withdrawing his projection of "healer" from the analyst so that the patient's own inner healer is activated.

In his cogent discussion of the wounded healer Lawrence J. Kirmayer (2003) cites Marie Van Franz (1975) who relates Jung's work to that of "shamans and medicine men" who mediate between the spirit world and

the suffering client. A key aspect is that the shamanic healer gains power and credibility through her own inner experience of severe illness and recovery. During this event, most often with the intervention of other spirit healers, the novice develops the capacity (Spiritists use the word *faculty*) to communicate with and control spirits or other extraordinary influences that can cause illness or distress. She also acquires one or more spirit guide-protectors to facilitate her new healing vocation.

*A Case Example.* In spirit healing in Puerto Rico, which I use as a prototype for this discussion, openness to confront one's own woundedness (related to partial recovery from a life-threatening illness) is commonly associated with new, life-shaking experiences of spirit beings who occupy a world parallel to that of living beings (see Hefner 2006 for a description of the qualities of and encounters with the sacred). A woman in Puerto Rico recalled the events of her initiatory illness in great detail although it had occurred several years earlier. Excerpts from the transcript follow.<sup>2</sup>

Evelyn (a pseudonym) recalled:

I began to feel weak, lost weight. My mind was chaotic. I was irritable, the economic situation was terrible, and I began to look for work. But I didn't feel good, because I depended on public welfare, one wasn't cared for well when you went to a doctor. . . . Each day I felt worse. When I walked, I walked on air. My husband decided to take me to the hospital . . . and they left me for twenty days, but nothing happened. I came home. I got a mania for water. I couldn't be quiet, all day, agitated. I couldn't do anything. A friend told me, "You should go to an Espiritista because it looks like you have something." I answered her: "I don't believe in that." . . .

They gave me many remedies . . . but it seemed that nothing helped because I lacked faith. . . . I was failing. . . . One day the girl who had told me to go to an Espiritista appeared at my house. . . . The only thing she said was "you are still drinking water." I remember . . . that a loud shout came out of me of which I was aware, but nothing more.

Well, they took me to an Espiritista, but I was so wild, laughing at those things; well I believed that they had separated my body from my spirit . . . I didn't know where I was. . . . In my ear I heard someone who said to me, "Look, now you are with me. You don't have a body because look where your body is." I didn't see anything . . . only a gray coffin with my body inside and someone was repeating many times, "Now you know that spirits exist. Look where your body is in that box. Do you see?"

. . . I didn't have a body—nothing, nothing. In a moment I felt like my blood was circulating and my feet were feeling the ground but I tried to open my eyes and couldn't. At that moment, with my eyes closed, I saw a tall black woman with a dress woven of a very thick thread but she was smiling. ("I guess that would be my *madama*," she interjected.)

The figure Evelyn saw is a spirit guide-protector of many women; she is an image of a Caribbean *obeah* healer. Evelyn reacted with great fear at first because she believed that she was really dead. However, her husband brought a Spiritist medium to the house who worked with Evelyn, saying that she had just developed her "faculties" and that he could see her house

full of people seeking help. After two weeks of rest she went to a Spiritist center and was told that she had to do spiritual work and prepare a healing center at her home.

Communion with the sacred may take three main forms: visions of the spirit world; journeys to that world; and voluntary (involuntary for persons who are not “developed”) embodiment (that is, possession trance) with spirit beings. In Spiritism, for example, both protector/guide spirits and intrusive, often harmful, spirits may possess mediums; the harmful spirits displace the medium’s own. Novitiate healers learn how to control communication with spirits or gods through the tutelage and/or observation of other healers. They then experience protector/guide spirits in ways that are both personally and cosmically meaningful.

Given widespread belief in the special qualities of extraordinary beings across many cultures, experience of these beings during a life-threatening illness can make a significant impression upon the sufferer, who is in a state of high emotional arousal—confused, fearful, desperate, and socially withdrawn. As Victor Frankl (1959) observed long ago, and many writers since, there are many reports of transcendence in the context of suffering, facilitated by both psychological and physical factors. If a healer is present who establishes a significant association between a spiritual entity and the hope of or actual relief from danger and/or suffering, the spirit can take on significant personal meaning for the sufferer. This then appears to reinforce or establish belief in the power of extraordinary beings (spirits, God, gods, as conceived in each group), as has been noted throughout years of anthropological writings on illness and healing. One might say, following Thomas Csordas (1994), that for those who hold a worldview centered on the self, the spirit-other becomes embodied within the self of those who become healers. In Spiritism and numerous other spirit-healing cults, embodiment of spirit is experienced as the continual, often lifelong, presence of one or more spirit alters with whom a special relationship is maintained. A personal spirit protector/guide (or several) makes healing work not only possible but also safe from contagion—that is, immune to distress-causing spirit beings brought to the healing session by suffering clients.

Following such experiences, spiritual communion becomes the foundation for the healer’s capacity for empathy. As I describe in more detail below, the healer is not only empathic in her healing work but also comes to employ radical empathy in healing relationships constituted by visionary experiences, trance, and possession by spirits. Spirit work is based on the emergence of an intersubjective space where individual differences are melded into one field of feeling and experience shared by healer and sufferer. In Spiritism intersubjectivity is essential to making a “diagnosis” (that is, getting evidence) that describes the spirits and their reasons for causing distress to the sufferer. Incidentally, strangers who seek help at the center are recognized by the healer as made up of the same spiritual com-

ponents as are persons in her local group, a universalistic orientation and approach to healing that levels out social class and cultural difference. Clients in many healing traditions may undergo spiritual transformation as a result of their recognition of this phenomenon, although not all of them become healers. In my studies of spirit healing in Puerto Rico, about one-fourth to one-third of the sufferers at particular centers were diagnosed as “in development” to be healers when they showed signs that indicated a spiritual transformation was taking place.

*Empathy.* George H. Mead (1932) proposed that adequate empathy is the ability to take the attitude of another person. There are now a plethora of meanings and explications of empathy in psychology and other literatures. In the social psychological literature, the concept may be referred to as social insight, interpersonal sensitivity, or interpersonal judgment. In psychological research, empathy is the subject’s ability to predict how another person will respond to items displaying certain psychological properties. Although empathy has been a focus of client-centered therapy (Rogers 1957; 1959) and object relations work by Hans Kohut for decades, interest in its clinical role as a component of clinical process has expanded recently, going beyond the idea that empathy is useful only in establishing a therapeutic relationship as a “kindly and supportive posture” (Bohart and Greenberg 1997, 4).

For Carl Rogers, the “state of being empathic” meant to “perceive the internal frame of reference of another with accuracy . . . as if one were the other person, but without ever losing the ‘as if’ condition” (1959, 210). Losing the “as if” meant a state of complete identification, which was to be avoided. Because the goal of client-centered therapy is to facilitate an authentic sense of self in the client, transiting personal boundaries is considered countertherapeutic. Kohut regarded empathy as “vicarious introspection” (1984, 82), advocating that having a similar experience allows us to gauge what another person is feeling. This is the methodological basis for analytic work. As a clinical tool, according to Rogers, empathy is the capacity to think and feel oneself into the inner life of another person. Some of his followers have described “empathic attunement,” or the “attempt to experience as closely as possible what the patient is experiencing” (Rowe and MacIsaac 1989, 136–39). Throughout these discussions, however, there is a thread of discomfort about the therapist’s need to move in and out of an empathic state in order to preserve some sense of neutrality.

Lynn Preston and Ellen Shumsky describe an “empathic dance” in which “empathy is understood as a co-created web of meanings that are negotiated moment-to-moment, weaving the fabric of a new relational experience” (2002, 48). The focus of the “dance” shifts from the analyst to the patient and then to the dyad as the therapy proceeds, but the main direction is the therapist’s commitment to create a bridge to the patient.

Both of these schools, client-centered and self-psychology/psychoanalysis, among many others, subscribe to the ideal of the psychologically autonomous, integrated individual as normal and preferable. Any dissolve of boundaries between persons, therefore, is considered countertherapeutic (O'Hara 1997). Are mutuality and genuine dialogue possible, then, in a therapeutic relationship, given power differences between therapist and client? (See Kirschenbaum and Demanchick 2004.) Maureen O'Hara refers to Richard Shweder and E. J. Bourne's (1982) description of the Western modernist self as based on an egocentric worldview in which the "person" (the inner self) is treated as if it lacks a social and cultural context, in contrast to persons who possess a sociocentric worldview in nonmodernist societies. She asserts that modernist "Western" psychology limits and shapes the use and meaning of empathy in therapeutic interactions. This perspective is directly relevant to the discussion of radical empathy developed below. Much ritual healing is embedded in a pervasive sociocentric worldview in which persons are fully integrated into primary groups in different social and cosmic realms.

*Empathy in Ritual Healing.* Although the spirit healers I studied did not use the term or concept of empathy (I cannot find an exact equivalent Spanish word for it other than words for "understanding" or "compassion"), we might ask, What would be labeled empathic behavior in spirit healing?

The ritual healing process in Spiritism (and similar rituals that heal with spirits) includes an empathic exploration in which healer-mediums both see and feel the sufferer's distress through the agency of spirits. There are three types of extraordinary states (altered states of consciousness) routinely present at the healing sessions. At first the mediums enter into a quasi-trance state in which they call their guide-protectors to come to the table. These spirits "descend" to possess them briefly and then stand behind them while the healer-mediums work at the table in behalf of the assembled supplicants. As each supplicant is called to be worked on, one medium will enter into direct contact with the distress-causing spirit attached to that person by "seeing" into the spirit world. She or another medium then becomes deeply, most often unconsciously, immersed in the inner experience of the sufferer by "taking the spirit" into her body. The medium becomes possessed, and the spirit molesting the supplicant will then speak to the supplicant through the medium.

Spirit-mediums report that they feel a great deal of tension during spirit contacts—an "electric charge" that starts in the fingertips and goes through the body as well as an accelerated heart rate that can be very loud or violent. Mediums who have developed the faculty to take illness-causing spirits into their bodies and become possessed by them may experience the spirit's feelings of anger and aggression toward the sufferer. Most often, the expe-



rience of possession by a distress-causing spirit is reported to be extremely unpleasant, even though the mediums say that they are not conscious of actual events that occur when they are possessed by a spirit. They do report feeling intense sensations of heat, sweaty hands, pain in their extremities, trembling, headaches, buzzing in their ears, hot and cold sensations deep within their bodies, high blood pressure, and a feeling like an electric current is passing through their heads or bodies. In direct contrast, when their protector/guide spirits come through them (as at the beginning of the session), the sensations are mostly pleasant.

Mediums are enjoined not to work at the table if they are ill or fatigued, because they will be more vulnerable to the influence of illness-causing spirits. Moreover, they are instructed to prepare for the session by eating little or no food, meditating, and relaxing as ways to ready their bodies for the difficult takeovers by spirits.

The spirit healing process completely sidesteps the concerns of many psychotherapists and analysts about the negative effect of mutuality in the therapeutic dyad, when empathy in treatment means attunement, sharing, or even resonating with the inner experiences of the client. The medium is only an intermediary for spirits; the drama of the sufferer's inner life does not touch her personally except as a call to use her faculties to contact and communicate with the spirit world (and difficulties associated with that use). However, distress and suffering are calls to which she must respond even outside of the ritual session if dictated to do so by her protector guides, on whom her own well-being depends. Moreover, healer-mediums often express and act upon a collective sentiment central to their version of Spiritism (and a traditional sentiment in Puerto Rican culture that may be changing) that a person is continually affected by what other persons are feeling, particularly within families (Koss 1990). In fact, mediums at all ritual sessions refer to individuals as small units of the universe ("grains of sand"), and their spirit guides preach the need for all persons to contribute to universal "progress" of all spirits (that is, to achieve peace, harmony, and balance) by exercising *agape* love.

#### RADICAL EMPATHY: A STEP BEYOND EMPATHY

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). The medium experiences the feelings as felt by the sufferer (*plasmaciones*), communicated through spirit visions (*videncias*) and/or possession by a spirit. 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.

We can examine radical empathy from a number of diverse perspectives. Michael L. Spezio (2006) notes the widespread variation in the definition of empathy and that for some, such as Max Scheler (1954), *sympathy* is the more accurate term. Spezio's use of "sympathic" is similar to the notion of radical empathy that I develop here because it includes the idea not only of experiencing what another person feels but also acting upon that experience. David W. Winnicott (1971) suggests that the patient and analyst coincide psychologically in an area of illusion—the area in which the analyst meets the psychic reality of the patient via her own psychic reality. Andrew Samuels, from the perspective of analytical psychology, describes a process found in Jungian analysis as an "embodied transference," which he describes as a "physical, actual, material, sensual expression in the analyst of something in the patient's inner world, a drawing together and solidification of this, an incarnation by the analyst of a part of the patient's psyche . . ." (1985, 52). As already described, in Spiritist healing, the sufferer's inner state is mirrored by the medium-healer, who reports that she feels the same pains, distress, or confusion as the sufferer with whom she is working. These feelings often come on unbidden, especially in novice mediums. A vivid case example is that of a research assistant working in one of my projects, who had been told by several Spiritist healers that she was in development as a medium:

Sarah accompanied doña Maria on a visit to a bed-ridden client who had been paralyzed for four years. Sarah reported that at first she felt "deeply sorry for this woman." Shortly afterwards she "felt a creeping heaviness in her arm which traveled down her spine to the middle." Then she got the same feeling in her legs—especially one leg. Suddenly she was unable to move her legs. The client reported that the paralysis came upon her in exactly the same way over four days. She had never told anyone exactly how it happened. Doña Mary told Sarah that the feelings would leave if she described them verbally to the client, and they did. Sarah then felt "a calmness inside." (field notes)

Samuels talks about embodied transference in analytic work as the sharing of a mythic world, a "*mundus imaginalis*," which "refers to a precise order or level of reality," "an intermediate dimension . . . in-between patient and analyst," in between body and mind, and in between the analyst's conscious and unconscious. It is a world constellated by the analyst-patient relationship, "imaginally but not subjectively real" (1985, 58–59). While these concepts and terms are meaningful mainly to analytical psychologists, who work with a model of a therapeutic dyad in which the separateness of the individual actors may be transcended by an "embodied transference," as described by Samuels, parallels to Spiritist notions and spirit healing process are striking. For those who subscribe to the idea that spirits exist in a parallel world, there is shared imagery of spirit phenomena

(Koss-Chioino 1996). In contrast to the dyadic analytic situation described by Samuels, the imaginal world in spirit healing is constellated by a three-party relationship between the sufferer, the medium-healer (or mediums) who are the sufferer's conduit to the spirit world, and the particular spirit or spirits brought to the healing table. It is also shared, but to lesser extent, by all who attend the sessions. This very different therapeutic structure has a distinct advantage for the spirit healer. She does not bear responsibility for the effect of spirits on a sufferer, either positive or negative, or for a cure; the spirit medium does not herself "heal." Despite a strict code of ethics in Spiritism, there is no need for healer-mediums to fear that they have transgressed personal boundaries (as do therapists), because it is the spirits who invade personal space and the healers who endeavor to "take off" (*despohar*) these invaders using the faculties given them by their spirit guide-protectors.

There are several possible explanations of how radical empathy is learned. Its origin in novitiate healers may be in that first impressive experience of spirits during the index illness. When the novitiate healer is introduced into the ritual session and enjoined to have visions—to open her body to her spirit guide or to "take a spirit into her body"—some new healers report that earlier memories of alterations of consciousness are immediately replayed.<sup>3</sup>

#### ALTRUISM AND RITUAL HEALING

The concept of altruism is rather new. The word was coined by Auguste Comte (1798–1857) "to displace terms burdened by a theological history" (Post et al. 2002, 3). It relates closely to "love" as *agape*, which conveys a sense of sacred rather than romantic love. In common usage altruism refers to helping another being without expectation of benefit to oneself. Jean Kristeller and Thomas Johnson, focusing on relationships between altruism, empathy, and meditation, suggest with Stephen Post (2003) that self-transcendence is "a necessary precursor to altruism" (Kristeller and Johnson 2005, 393) and compare this approach to the Buddhist concept of loving kindness. They note the universality of these concepts (in many religions), phrased in Buddhism, for example, as compassion, an association between "suspending a sense of self (concern)" (p. 393) and relieving suffering in others. An outcome of spiritual transformation in the spirit healers I studied is the appearance of feelings and practices indicating new and deep connections to others, particularly in the sense of a cosmic connection to all human beings, past and present. However, this feeling of connection does not seem to result in the complete "suspension of self-engagement" proposed by Kristeller and Johnson (p. 394) to be an essential aspect of altruism (and empathic behavior). When ritual healers are entranced—that is, possessed by either their protector guide spirits or the

spirit “*causas*” of clients’ distress, as in spirit healing practice, for example—there is a clear suspension of self-engagement. What seems relevant to ritual healers, who are healing themselves at the same time that they are engaged in healing others, is that their motivations are mixed. It is difficult in this context to speak to a concept of “motivations” as altruistic (or not), in that the healers feel compelled to act as they do because their spirit guides mandate it for reasons discussed above.

An interesting perspective on the spirit healers comes from studies by Mario Mikulincer and Philip Shaver, who examine the relationship between attachment security and altruism. They found that compassionate feelings and altruistic behaviors “are promoted by both dispositional and experimentally induced attachment security” (2005, 34). In the case of the spirit healers, the process of spiritual transformation usually brings the novice healer out of a state of isolation related to recovering from a severe illness; it then leads to a number of new attachments—with a healer-mentor, a group of spirit healers who ally with the novice healer as she begins to work with them, and with supportive spirit-guide protectors. There emerges an enhanced sense of connection to other beings that very clearly—in reports of their experiences of spiritual transformation—changes feelings of isolation and abandonment. Mikulincer and Shaver conclude that more precise studies need to be carried out but suggest that the healers’ work acts to alleviate attachment insecurity by this extension of feelings of connection and feeling continually needed.

This type of inquiry depends on how the parameters of altruism are defined. Carl Batson and his colleagues (2002) define it as a specific type of motivation when one’s goal in helping another person is to increase that person’s welfare. Other definitions are more exacting: There is no expectation of gain for himself on the part of the altruist, thus excluding any self-interest. Moreover, the intention must be to benefit another person; the altruistic act cannot not be a secondary consequence (Renwick Monroe 2002). Samuel P. Oliner (2002) asserts that the altruistic act must inflict risk or sacrifice on the altruist.

While the mediums’ behaviors consistently indicate that they are very caring persons, these behaviors do not, in my opinion, constitute altruism in spirit healing. According to Post, altruism is other-regardness and generous self-giving (2003, 3). I propose that spirit healing (and most ritual healing) is based on altruism in this sense: Healers exert a great deal of effort, a large part of their life space and time, and risk their bodies, routinely enduring a good deal of discomfort in the service of helping others in distress. Whether this is inner-directed or indicates self-transcendence seems beside the point. As reported of many altruistic persons, ritual healers feel they have no choice but to carry out healing work (which has been thrust upon them at the time of their initiation and which they feel they must always continue); it is also through this work that they main-

tain their own well-being by acting as agents in restoring well-being to others (Colby and Damon 1992). Is selflessness aligned with self-interest, as in this example, altruism?

### CONCLUSIONS

Radical empathy and spiritual transformation, as I have defined and described them, take a healer across a wide and deep emotional spectrum that relatively few psychotherapists or medical doctors—apart from some psychoanalysts, perhaps—would welcome (Groesbeck 1975). It appears that some persons, who have the beliefs and the emotional flexibility and courage to deal with alterations in consciousness as well as with the fascinating but often fearsome sacred realms (see Hefner 2006), become ritual healers. The belief systems of ritual healers often provide ways to deal with emotional intensity and the impact of intense feelings of distress coming from a client, through both depersonalization (the spirits/gods/God heal, not the healer herself) and belief in mythic structures that explain these experiences. In Spiritism, rules about how to deal with vulnerability and avoid contagion from illness-bearing, spirit-ridden supplicants are transmitted during the informal tutelage that follows the initiatory experience of spiritual transformation, so that some sense of security and emotional support are provided. In addition, spirit healers most often work in teams, using their personal spirit protectors to support each other when distress-causing spirits descend upon the medium-healer during the session. It seems clear that healers who develop the capacity for radical empathy and take the distress-causing spirits into their bodies on behalf of supplicants or release their own spirits to travel to the world of nonliving beings in order to heal other persons undergo a good deal of discomfort, especially when they are inexperienced at doing so. I suggest that suffering while seeking to increase the well-being of others qualifies spirit healers as altruistic beings who consistently exercise caring behaviors, since many definitions of altruism suggest that such acts must be performed without concern for oneself.

### NOTES

A version of this essay was originally presented in the symposium "Spiritual Transformation and Altruism" at the annual meetings of the American Anthropological Association, Washington, D.C., 4 December 2005.

1. Four studies were funded by the National Institute of Mental Health and sponsored by the Department of Health of Puerto Rico, to whom I am indebted:

- 1979–1980 *Therapist-Spiritist Training Project in Puerto Rico*, National Institute of Mental Health (MH-15992-01), Health Department of Puerto Rico, Rio Piedras, Puerto Rico
- 1976–1979 *Therapist-Spiritist Training Project in Puerto Rico*, National Institute of Mental Health (MH-14310-03), Health Department of Puerto Rico, Rio Piedras, Puerto Rico
- 1969–1970 *Social and Psychological Aspects of Spiritism in Puerto Rico*, National Institute of Mental Health (MH-17997-01)

• 1968–1969 *Social and Psychological Aspects of Spiritism in Puerto Rico*, National Institute of Mental Health (MH-14246-01)

See Koss-Chioino 1992; 1996 for details on the projects and the subject. I wish to acknowledge my appreciation to the Department of Health of Puerto Rico who sponsored the projects and to the National Institute of Mental Health who funded them. They are in no way responsible for what I report, however.

2. This is my translation.

3. I had this experience on two occasions when I reexperienced the feelings of dizziness, sinking, and loss of control that cues entry into a state of trance at healing sessions. At the time, I felt that I was “pulled back” by friends who shook me back to my normal consciousness as we sat together at the session. Later, I recognized those feelings and pulled myself back to baseline reality before they could engulf me.

## REFERENCES

- Batson, Carl Daniel. 2002. “Addressing the Altruism Question Experimentally.” In *Altruism and Altruistic Love: Science, Philosophy and Religion in Dialogue*, ed. S. Post, L. G. Underwood, J. P. Schloss, and W. B. Hurlbut, 89–105. New York: Oxford Univ. Press.
- Batson, Carl Daniel, Nadia Ahmad, D. A. Lishner, and J. Tsang. 2002. “Empathy and Altruism.” In *Handbook of Positive Psychology*, ed. C. R. Snyder and S. J. Lopez, 485–98. New York: Oxford Univ. Press.
- Bohart, Arthur C., and Leslie S. Greenberg. 1997. *Empathy Reconsidered: New Directions in Psychotherapy*. Washington, D.C.: American Psychological Association.
- Colby, Anne, and William Damon. 1992. *Some Do Care: Contemporary Lives of Moral Commitment*. New York: Free Press.
- Csordas, Thomas J. 2002. *Body/Meaning/Healing*. New York: Palgrave MacMillan.
- . 1994. *The Sacred Self: A Cultural Phenomenology of Charismatic Healing*. Berkeley: Univ. of California Press.
- Csordas, Thomas, and Elizabeth Lewton. 1998. “Practice, Performance and Experience in Ritual Healing.” *Transcultural Psychiatry* 35 (Dec.): 435–512.
- Frankl, Victor E. 1959. *Man's Search for Meaning*. Boston: Beacon.
- Greenwald, D. F., and D. W. Harder. 2003. “The Dimensions of Spirituality.” *Psychological Reports* 92 (3): 975–80.
- Groesbeck, C. Jess. 1975. “The Archetypal Image of the Wounded Healer.” *Journal of Analytical Psychology* 20 (2): 122–45.
- Guggenbuhl-Craig, Adolf. 1978. *Power in the Helping Professions*. Dallas, Tex.: Spring.
- Hefner, Philip. 2006. “Spiritual Transformation and Healing: An Encounter with the Sacred.” In *Spiritual Transformation and Healing: Anthropological, Theological, Neuroscientific, and Clinical Perspectives*, ed. Joan D. Koss-Chioino and Philip Hefner, 119–33. Lanham, Md.: AltaMira.
- Katz, Richard. 1993. *The Straight Path: A Story of Healing and Transformation in Fiji*. Reading, Mass: Addison-Wesley.
- Katz, Solomon H. 2004. *The Spiritual Transformation Scientific Research Program*. Philadelphia: Metanexus Institute on Religion and Science.
- Kirmayer, Lawrence J. 2003. “Asklepian Dreams: The Ethos of the Wounded-Healer in the Clinical Encounter.” *Transcultural Psychiatry* 40 (June): 248–77.
- Kirschenbaum, Howard, and Stephen Demanchick. 2004. “Much Ado about Dialogue: Review of K. Cissna and R. Anderson, *Moments of Meeting: Buber, Rogers and the Potential for Public Dialogue*.” *Contemporary Psychology* 49 (4): 422–24.
- Kleinman, Arthur, and Li Sung. 1979. “Why Do Indigenous Practitioners Successfully Heal?” *Social Science and Medicine* 13B:7–26.
- Kohut, Hans. 1984. *How Does Analysis Cure?* Chicago: Univ. of Chicago Press.
- Koss, Joan D. 1990. “Somatization and Somatic Complaint Syndromes among Hispanics: Overview and Ethnopsychological Perspectives.” *Transcultural Psychiatric Research Review* 27 (1): 5–29.
- Koss-Chioino, Joan D. 1992. *Women as Healers, Women as Patients: Mental Health Care and Traditional Healing in Puerto Rico*. Boulder, Colo.: Westview.

- . 1996. "The Experience of Spirits: Ritual Healing as Transactions of Emotion (Puerto Rico)." In *Yearbook of Cross-Cultural Medicine and Psychotherapy, Vol. 1993, Ethnopsychotherapy*, ed. W. Andritzky, 251–71. Berlin: Verlag für Wissenschaft und Bildung.
- . 1999. "Integrating Mental Health Care and Traditional Healing in Puerto Rico: The Story of an Experiment." In *Anthropology in Public and International Health*, ed. R. A. Hahn, 279–99. New York: Oxford Univ. Press.
- Koss-Chioino, Joan D., and Philip Hefner, eds. 2006. *Spiritual Transformation and Healing: Anthropological, Theological, Neuroscientific, and Clinical Perspectives*. Lanham, Md.: AltaMira.
- Kristeller, Jean I., and Thomas Johnson. 2005. "Cultivating Loving Kindness: A Two-stage Model of the Effects of Meditation on Empathy, Compassion, and Altruism." *Zygon: Journal of Religion and Science* 40 (June): 391–407.
- McLean, J. A. 1994. *Dimensions in Spirituality*. Oxford, England: George Ronald Press.
- Mead, George H. 1932. *The Philosophy of the Present*. Chicago: Univ. of Chicago Press.
- Mikulincer, Mario, and Philip R. Shaver. 2005. "Attachment Security, Compassion, and Altruism." *Current Directions in Psychological Science* 14 (1): 34–38.
- Miller, Grant D., and Dewitt C. Baldwin Jr. 2000. "Implications of the Wounded Healer Paradigm for the Use of Self in Therapy." In *The Use of Self in Therapy*, 2d ed., ed. M. Baldwin, 243–62. New York: Haworth.
- O'Hara, Maureen. 1997. "Relational Empathy: Beyond Modernist Egocentrism to Postmodern Holistic Contextualism." In *Empathy Reconsidered*, ed. Arthur C. Bohart and L. S. Greenberg, 295–319. Washington, D.C.: American Psychological Association.
- Oliner, Samuel P. 2002. "Extraordinary Acts of Ordinary People: Faces of Heroism and Altruism." In *Altruism and Altruistic Love: Science, Philosophy, and Religion in Dialogue*, ed. S. Post, L. G. Underwood, J. P. Schloss, and W. B. Hurlbut, 123–39. New York: Oxford Univ. Press.
- Pargament, Kenneth. 2006. "The Meaning of Spiritual Transformation." In *Spiritual Transformation and Healing: Anthropological, Theological, Neuroscientific, and Clinical Perspectives*, ed. Joan D. Koss-Chioino and Philip Hefner, chap. 2. Lanham, Md.: AltaMira.
- Peters, Larry. 1981. "An Experimental Study of Nepalese Shamanism." *The Journal of Transpersonal Psychology* 13:1–26.
- Post, Stephen G. 2003. *Unlimited Love: Altruism, Compassion, Service*. Philadelphia: Templeton Foundation Press.
- Post, Stephen G., Byron Johnson, Michael McCullough, and Jeffrey P. Schloss. 2002. *Research on Altruism and Love: An Annotated Bibliography of Major Studies in Psychology, Sociology, Evolutionary Biology and Theology*. Philadelphia: Templeton Foundation Press.
- Preston, L., and E. Shumsky. 2002. "From an Empathic Stance to an Empathic Dance: Negotiation." In *Progress in Self Psychology*, ed. A. Goldberg, 47–61. Hillsdale, N.J.: Analytic Press.
- Renwick Monroe, Kristen. 2002. "Explicating Altruism." In *Altruism and Altruistic Love: Science, Philosophy, and Religion in Dialogue*, ed. S. Post, L. G. Underwood, J. P. Schloss, and W. B. Hurlbut, 106–22. New York: Oxford Univ. Press.
- Rogers, Carl R. 1957. "The Necessary and Sufficient Conditions of Therapeutic Personality Change." *Journal of Consulting and Clinical Psychology* 21:95–103.
- . 1959. "A Theory of Therapy, Personality and Interpersonal Relationships, as Developed in the Client-centered Framework." In *Psychology: A Study of a Science*, ed. S. Koch, 184–256. New York: McGraw Hill.
- Rowe, Crayton, and David S. MacIsaac. 1989. *Empathic Attunement: The Technique of Psychoanalytic Self Psychology*. Northvale, N.J.: Jason Aronson.
- Samuels, Andrew. 1985. "Countertransference, the *mundus imaginalis* and a Research Project." *Journal of Analytical Psychology* 30:47–71.
- Scheler, Max. 1954. *The Nature of Sympathy*. Trans. P. Heath. London: Routledge.
- Schwartz, Carolyn, Janice Bell Meisenhelder, Yunsheng Ma, and George Reed. 2003. "Altruistic Social Interest Behaviors Are Associated with Better Mental Health." *Psychosomatic Medicine* 65 (5): 778–85.
- Shweder, Richard, and E. J. Bourne. 1982. "Does the Concept of Person Vary Cross-culturally?" In *Cultural Conceptions of Mental Health and Therapy*, ed. A. J. Marsella and G. M. White, 97–137. Boston: Kluwer.

- Spezio, Michael L. 2006. "Narrative in Holistic Healing: Empathy, Sympathy and Simulation Theory." In *Spiritual Transformation and Healing: Anthropological, Theological, Neuroscientific, and Clinical Perspectives*, ed. Joan D. Koss-Chioino and Philip Hefner, 206–22. Lanham, Md.: AltaMira.
- Van Franz, Marie. 1975. *C. G. Jung: His Myth in Our Time*. Toronto: Little, Brown.
- Winnicott, David W. 1971. *Playing and Reality*. London: Tavistock.