

Clinical Sociology Review

Volume 6 | Issue 1

Article 19

1-1-1988

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Recommended Citation

Freedman, Jonathan A. (1988) "Cross Cultural Intervention: The Case of the Hexed Hair," *Clinical Sociology Review*: Vol. 6: Iss. 1, Article 19.

Available at: <http://digitalcommons.wayne.edu/csr/vol6/iss1/19>

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Cross Cultural Intervention: The Case of the Hexed Hair

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ABSTRACT

One aspect of my work as Director of Education and Training at Hutchings Psychiatric Center is to consult on cases that are difficult for clinical staff. It is in these situations that my clinical sociological skills are used extensively. I wish to present an unusual case on which I was asked to consult in the Fall of 1986. I present this case with the permission of the client whom we shall call Sophie Koslowski.¹

I first met Ms. Koslowski in my office where I was to interview her as a prelude to suggesting a treatment plan to her treatment team. The team included a therapist, a social worker, a psychiatrist, and the interdisciplinary staff of the Hutchings Day Treatment Unit. This was the first admission for Ms. Koslowski, a colorfully dressed woman in her forties. I had been told the problem in advance. Ms. Koslowski believed that she had been hexed by her next door neighbor, a woman of Ukrainian descent. The hex took place eleven years previously and took the form of her (Ms. Koslowski) being unable to cut her own hair. Many practitioners have difficulty with cross cultural issues. As a clinical sociologist, I get consulted when some unusual aspect of culture is part of a presenting problem. I am asked to judge whether the belief is delusional or is related to a legitimate cultural phenomenon.

Ms. Koslowski was quite different from the picture that had formed in my mind when her condition was described to me before our first meeting. I had expected her hair to be wildly tangled and to be flagrantly displayed, a badge of her condition. Instead the hair that was displayed was waist-length, well-combed, and a stylish addition to an outgoing presentation of self. This was again unexpected. I assumed I would be dealing with a slovenly, sorrow-filled, self pitying woman. I noted these differences as I established rapport. I shared

with her my part Polish background and my extraordinary ignorance of how this background affected me.

She began to talk easily about her life. She was born in a Polish village during World War II in Poland. Shortly after her birth, her parents were moved from the village to a refugee camp. When she was three, the family was able to move to the United States, albeit with some hardship. They settled on the West Side of Syracuse in the Polish parish. She was the eldest child. She progressed through high school, graduated, took a job and worked for a year as a secretary-receptionist. She then moved to New York City to learn fashion design but returned within six months. She never again worked at a paying job. For the next twenty-five years, she stayed at home and helped her parents. She sang in the church choir and took part in the religious life at St. Casimar's Parish.

During this period, she believed hexes were being placed on her by her next door neighbor. The white magic practiced by her mother reversed the hexes until one that took place eleven years ago which resulted in her not being able to cut her hair. At this point she decided that she could trust me enough to show me her real hair. She pulled this thick tangled mass of hair from under her wig. She told me it weighed eleven pounds. I then noticed the straight necked position she held in order to support the hair.

I resisted my desire to gag, and asked why she didn't have it removed. "I have no power to remove it. If I would cut it I would die. All my energy is in the hair. It must be removed by a znachor, a holy person who practices white magic." I asked, "Do you know a znachor?" "No," she replied. "It must be an old man, holy in the eyes of the Church, or a holy woman past menopause. Five years ago, I visited a clairvoyant who told me there would be a time coming when it would be possible for me to get the hair removed once I had grown stronger. When that time came, I was to find the Reverend Tommy Jones on Tallman Street and he would cut my hair." I asked her if she had "shared this with the Parish Priest" [whom I knew conducted healing services involving the laying on of hands]? "Yes," she replied, "but he is not the person I would choose to do this. Father Karon is closer to my family than the Monsignor and he's been trying to help me."

I sensed that Ms. Koslowski was disturbed by how much she had told me, so I stood up and ended the interview. I now had the task of determining whether these beliefs were supported by her cultural heritage, or were delusional. It had already become clear that the solution to her problem would have to be related to these beliefs or the condition that underlies the hex would remain unchanged.

In preparation for the treatment team's review and planning of treatment for Ms. Koslowski, I went to the library to find resources on magic in Polish culture. I first consulted the Human Relations Area Files, (1970), a coded compendium of materials on many cultures around the world. I usually find its

information uneven and unwieldy. I also consulted Thomas and Znaniecki, (1927) "The Polish Peasant in Europe and America," and found that it features excellent information on magic in Polish culture. In summary, magic in Polish culture is closely connected with the Catholic Church. Black magic can be done to individuals through evil forces or sinful behavior. This can be counteracted by white magic delivered by persons holy in the sight of God. The calendar is important as white magic is more powerful during holier times.

I called Father Karon who told me that not only was witchcraft part of the belief system of members of the Parish but poltergeists were also part of this world. I also checked with a hair dresser who stated that hair would appear as it did on Ms. Koslowski if it had not been touched for eleven years, that she knew of no medical reason or other way the hair could have become so unkempt. She told me it would take at least sixteen hours to comb the hair out, and that she had never seen or heard of a case like this.

Between the interview with Ms. Koslowski and the corroborating evidence from the resources I consulted, I believed I had enough evidence to suggest that Ms. Koslowski's beliefs were grounded in her family and her parish and were not deviant delusions. I then began to formulate a treatment plan, based both on her belief systems *and* on her stated desire to have the hex and the hair ritually removed.

In formulating a treatment plan, there are a number of components and a multiplicity of perspectives to be considered. I usually begin by asking what has brought this client to treatment at this time. What were the forces in play? What goals does the client have? What is the medical condition? What is the social history, the vocational history, the psychological outlook? What are the strengths and the problem areas? What sociological levels of focus are in play? (Freedman, 1985) How does the client's belief system abet or discourage particular available treatment interventions?

I use this information to do a problem formulation. I try to put the case together in a systematic manner that provides the basis for a treatment plan. This approach to treatment planning does not differ much from those of other disciplines. My focus, however, is sociological.²

In formulating a treatment plan for Ms. Koslowski, I recognized that no plan would work unless it took into account the presenting problem as stated by her. She believed she had been hexed and as W. I. Thomas pointed out, 'what people believe to be true is true in its consequences.' While one could consider many ways to remove the hair, it seemed likely that unless her hair was removed ritually, Ms. Koslowski would continue to act as if she had it. Since she viewed the hair as the current source of her power and her energy, the most direct way of empowerment was to explore the possibility of removal of the hex. However, the removal of the hair, would also remove a key component of Ms. Koslowski's identity, the rationale she used to give meaning to twenty-

five years of personal history. The hair was her quiet celebrity. To remove it without therapeutic support would leave simply a middle aged woman without any marketable skills, an isolate in her ethnic community, and with a relative who had designs on the family property. These designs could leave her homeless.

We had to find a healer to perform the necessary white magic, a primary therapist to give support, and a psychiatrist and a treatment team that would consent to this unusual strategy. I also had to suspend my own judgment about the worlds of white and black magic [I noted with passing surprise that three black crows had landed on the windowsill outside my office while I was conducting the initial interview.] I also had to be willing to present this approach to members of the treatment team and risk ridicule for suggesting an unusual treatment plan.

The staffing took place in the Day Treatment Program's day room. This staffing was a special event because of the unusual case and almost the entire treatment team plus some students took part. The primary therapist, social worker Carol Clendenin presented the case with an emphasis on Ms. Koslowski's social history. At the conclusion of her presentation, I shared my research into the role of magic in Polish religion. I then presented the treatment approach based on the formulation, ongoing therapy with the social worker, a group oriented activities program with the emphasis on successful completion of writing projects, and the search for a healer acceptable to Ms. Koslowski to perform the necessary white magic to fulfill her expressed wish to have the hair cut off. (This presentation was accompanied by the giggles of one staff therapist.)

This mix of culturally-based ritual with psychotherapeutic support is used by clinical anthropologists. They see the client existing between two worlds: the world of the Polish-American strongly involved in an religious/ethnic community, and the small city world of Central New York where a new identity would need to be forged. This new identity would be bereft of mangled hair and hexes but would include enhanced self-esteem.

The treatment approach was accepted by the team. I continued to function as a consultant with the therapist and psychiatrist. The client continued to be served by the Day Treatment Program supplemented by educational/vocational programs of the Hutchings' Campus Learning Center. At the insistence of the client, I was involved in supportive, exploratory meetings that took place at six week intervals. Ms. Koslowski was willing to answer questions during these sessions, but the answers were sometimes unusual. For example:

J Freedman [JF]: "What did you do during the years you didn't work?"

Sophie Koslowski [SK]: "I copied cookbooks"

JF: "You copied cookbooks?"

SK: "Yes, My mother showed me some recipes in a cookbook and I thought these were interesting so I copied them."

JF: "Did you cook using the recipes as a guide?"

SK: "No, just copied recipes from lots of books into my recipe book."

I still don't quite know how to interpret this exchange. Was this a busywork project for a disturbed daughter, or a straightforward project for which the daughter was motivated? Ms. Koslowski would also come and visit me in my office which is in another building. She liked to share with me the results of her creative writing class which is part of the Day Treatment program.

During the months that followed, progress was uneven. However, Ms. Koslowski talked more often about finding a *znachor* to remove the hex. She began to search in earnest for the Reverend Tommy Jones, the hex remover recommended by her seer five years before. She went to the address on Tallman Street that was on the slip of paper given to her by the seer, but the building had been torn down. She checked the city directory looking for someone by that name, but the search proved fruitless. She then enlisted her professional 'supporting cast' to join her in the search. I enlisted a minister friend to use her contacts among Black ministers to locate Reverend Jones. Father Karon, the parish priest, began to accompany her on her door-to-door searches. At first, there was no progress and the search took on delusional qualities. Reverend Jones was long gone as far as we can tell.

The treatment group and I began to strategize on how to find an alternative person acceptable to Ms. Koslowski. We continued to accept the strategy that any action directed to cutting the hair that did not meet Ms. Koslowski's approval would not change the situation. She would continue to act *as if* she had the hair. We would lose some of the leverage we needed to bring about change.³ Then my minister friend located Reverend Timmy Jones, pastor of a storefront Pentecostal Church at which healing services took place. I called him. He said that he was not the person we were looking for, but he had met the other Reverend Jones and would try to find him and tell him we wanted to see him.

At about the same time, Sophie Koslowski and Father Karon found an ex-wife and then a son of the right Reverend Jones. After two weeks more of searching, they found the Reverend Tommy Jones, a man in his eighties who had been dealing with hexes and healing since he was a young child. People called him Doc Jones. His followers believed that the film he has over one eye gave him magical powers. He had had a large following in New York City before he retired to Syracuse. He lived in an apartment house surrounded by

many generations of his family. Once again, our clients tenacious belief had yielded results—results that were the equivalent of finding a needle in a haystack at the start of the search.

Finding Doc Jones also had some sociological implications. He was a well-known figure in the Black community in Syracuse, yet his existence was denied by Black ministers of several persuasions. We were not sure what this denial meant. However, sociologists are well aware that communities can protect certain members from outsiders. Of course, in retrospect, we may have been using the wrong information network to discover the healer. However, it seemed a logical one at the time.

Father Karon was the liaison with the healer.⁴ The following section is based on an interview I had with him.

Once we found Reverend Tommy Jones, he and Sophie Koslowski talked for a while. He felt the hair and talked about the need to treat the whole person. We made an evening visit to a cemetery. He told her to leave some money scattered around. She said prayers and buried something in the ground. It symbolized lots of sin. Ms. Koslowski was concerned about a book in St. Casimar's in which someone had written her name. She believed it to be part of the hex. She retrieved the book and gave it to Doc Brown at his request. For several visits, he put oil on her hair. Then on a visit just before Easter, a time when Sophie Koslowski believed that the forces of white magic are the strongest, Doc Jones cut the hair from left to right and then back to the left again. As he cut, he said prayers.

He instructed her to show the hair to those people who were important to her. She came to see me and was noticeably happier (and certainly light-headed).⁵ The hair was left in her church for a while. Then she brought the hair to Doc Jones and he buried it—different pieces at different times in different places. The book was buried also. Tarot cards were read. Doc Jones continued to treat her for six weeks using herbal medicine for some skin discoloration. His only charge to her was for the medicine.

Note the care Doc Jones took with Sophie Koslowski's beliefs. All too frequently therapists expect quick overthrow of dysfunctional cultural attitudes with a short application of talk therapy. Doc Jones uses ritual over time to create a successful transformation.

Sophie Koslowski continued to visit me to share successes. At Christmas, I received a card on which she had written "To my favorite Clinical Sociologist." I have not seen her since Christmas, but have been told that she has made a successful transition to our Rehabilitation Services where she is learning vocational skills.

Discussion

This is an unusual case for several reasons:

This was the first psychiatric service for this woman in her mid forties. In many other cultural settings, her behavior and beliefs probably would have resulted in earlier total hospitalization with the cultural belief in hexes viewed as a symptom of insanity. It is likely that if the belief were treated as one to be extinguished, she would have been hospitalized for many years. I have staffed long-termed patients at other psychiatric centers who tenaciously cling to unusual cultural beliefs. Their 'reward' has been many years of inpatient hospitalization.

Diagnosis using the criteria of the Diagnostic and Statistical Manual IIR (American Psychiatric Association) suggests schizophrenia, paranoid type. The categories in DSM IIR are supposed to take into account cultural differences.⁶ However, treating Ms. Koslowski as a typical paranoid would not have yielded such positive results in a relatively short time. This case supports a position of culturally relevant diagnosis and treatment. It supports a clinical sociological approach.

Louis Wirth's (1931) article "Clinical Sociology" indicates that as far back as the 1930s sociologists were working in therapeutic settings as clinical consultants. In cases like the one just presented, the sociologist as clinical consultant offers the treatment group a perspective that is unusual. It might appear to the trained social scientist that the treatment plan devised for Ms. Koslowski is obvious given her position in her social setting. However, rarely do members of a treatment team trained in the professions of psychiatry, psychology, social work, or nursing have the sociological perspective.⁷

While mental illness might be biologically caused and while it affects a person's psychological functioning, it gets played out in a social setting. Therefore, clinical sociologists sensitive to the interface of the individual with culture in the societal setting can provide an important service in diagnosis, and formulation of treatment plans, even in cases less intriguing than that of Ms. Koslowski. Every person exists within a social context. Sensitivity to that context can provide keys to effective treatment.

NOTES

1. All names in (except for staff names) connection with this case have been changed to protect the confidentiality of the client.
2. The background to the approach I use is delineated Glassner, B and J.A. Freedman, *Clinical Sociology* A second edition of this book is in preparation
- 3 This minister was willing to perform the haircutting as a service to the client, but Ms Koslowski

would not consider it because the minister was of child-bearing age and the black magic was very powerful. However, later she did not forget the kindness; and sent the minister a card of thanks as well as asking about her.

4. This is a role I think most mental health professionals would gladly give up. What would any reviewer of staff utilization think about a mental health professional walking the streets looking for a healer!

5. I was ecstatic. In formulating the treatment plan my goal was for the hair to be cut by Easter. In our earlier group meetings I had tried to no avail to convince her to cut her hair by Christmas.

6. There is some debate over this. See, for instance, Lebra (1976), Kleinman, (1980), and Higgenbotham (1984)

7. I am currently teaching social psychiatry to a class of third year residents in psychiatry. Most of them have not had a course in sociology, and for the few who took such a course, it's information was forgotten long ago as it was not seen as relevant to becoming a physician.

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