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VOODOO DEATH

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ABSTRACT
Scholarly writing on voodoo death is reviewed. Criticisms that voodoo deaths in indigenous societies have never been well documented are refuted with cases medically documented in developed nations. The work of Cannon and Richter on sudden death in animals is reviewed and dismissed as irrelevant for understanding voodoo death. The role of starvation and dehydration is discussed, and it is suggested that the given-up/giving-up hypothesis best fits the phenomenon of voodoo death. Hypotheses for future research are suggested.

Voodoo death (also known as psychogenic death and hex death\(^1\)) refers to the phenomenon in which a person places a hex or a curse on another that he or she will die. The victim (as well as his relatives and friends) believes in the power of hexing to kill and that there is no way to prevent the inexorable death.\(^2\) The victim and the family then begin to make preparations for the death. The victim may go to his bed and simply lie there and wait for death while the family prepares the funeral and the mourning rituals. It has been observed frequently that members of primitive societies have died under these circumstances, and the phenomenon is common in Central and South America, Africa, Australia, and

\(^1\)Mikhail (1973) named the phenomenon thanatomania.

\(^2\)Campinha-Bacote (1992) discusses non-fatal voodoo illness in African Americans, influenced by Haitian folk beliefs.
the Caribbean, and in emigrants from those regions to other nations. In addition to hexes placed on victims by witchdoctors, in some societies those who have broken taboos or important rituals may also come to believe that they are doomed to die (Lachman, 1982-1983).³

Voodoo death, if the phenomenon genuinely exists, is a remarkable way of dying, involving the hostile death wishes of others in causing the person’s death, a phenomenon Meerloo (1962) called *psychic homicide*, and has parallels with other self-destructive behaviors such as suicide (albeit a passive form of suicide) in which the hexed individual decides to die and may act in such a way as to facilitate the death.⁴

Those who have discussed this phenomenon have come up with many intriguing speculations and many criticisms of these speculations. This article will review these debates and the theories that attempt to account for the phenomenon of voodoo death. However, there is a dilemma involved in the consideration of voodoo death. If an explanation is proposed for voodoo death, then some critics of the concept take this as an indication that the death is not in fact a “voodoo” death. For example, if, in a particular case of voodoo death, the deceased stopped eating or drinking, then critics argue that the death was not a voodoo death but rather caused by the impact of malnutrition and dehydration. In this article, the position is taken that, if a hex induces a pathophysiological state which leads to death or a psychological state which leads to death, then this does not imply a denial that the death is a “voodoo” death.

**DOES THE PHENOMENON OF VOODOO DEATH EXIST? BARBER’S CRITIQUE**

Barber (1961) has criticized, not only theories that try to explain voodoo death, but also the whole concept of death by suggestion. Barber felt that it was open to question whether sorcery, witchcraft, or suggestion was ever a direct cause of death in primitive societies. His reasons for his skepticism were as follows:

1. In the cases reported, the possibility of poison had rarely been ruled out by a toxicological examination. It was possible that the person placing the curse on another furtively poisons the victim (or kills the victim using some other method), thereby proving to all in the community that the sorcerer has tremendous power. Clune (1973) noted that much of the pharmacopoeia available in indigenous peoples is poisonous. However, no published report has ever documented a sorcerer giving a poison to a hexed person in order to expedite the victim’s death.

³ Frank (1961) saw “voodoo” as a religion (which may involve possession by deities) that appeals to impoverished peoples living in desperate circumstances. Thus, there is sometimes confusion over the use of the word.

⁴ The phenomenon of voodoo death has been discussed in the past in the pages of *Omega* (Lachman, 1982-1983).
This remains only an unproven speculation. Furthermore, as we will see later, more modern cases occurring in developed nations which utilize autopsies, have ruled out poisoning.

2. In the majority of cases, it appeared that the hexed individual refused food and water and, in other cases, family members refused to give the victim food and water. As noted above, this illustrates the dilemma in explaining voodoo death. A hex would be considered powerful if it were able to induce a pathological state leading to death. It would also be powerful if it can induce a person to give up eating and drinking so that they die.

3. Some instances of voodoo death were probably due to organic illness. In rebuttal, it might be argued that the organic illness might not have resulted in death if no hex had been placed on the deceased.

4. Many of the reports of ethnographers were based upon hearsay and so open to distortion. Occasionally some cases in primitive societies are reported in which a physician was present who tried unsuccessfully to prevent the person from dying and who was unable to discover a cause of the death. Herbert (1961) presented such cases reported by others from groups such as Australian aborigines, but these reports were third-hand (for example, a Dr. Clarke reported a case to a Dr. Lambert who reported the case to Herbert).

Barber was able to find only one study in which the report was not based upon hearsay and in which the possibility of poisoning and organic illness was ruled out (Simmons & Wolff, 1954), and in this case the youth had refused food and water during his 9 days of hospitalization. His death was probably due to dehydration.

Lewis (1977) also expressed skepticism about the validity of the phenomenon of voodoo death. He noted that all of the reports were anecdotal, and there were never extensive medical records on the victims or the results of autopsies. In his field-work among the Gnau in Papua New Guinea, Lewis heard about sorcery, observed the people's fears of sorcery, and saw incidents that were attributed to sorcery, but he never witnessed firsthand any actual occurrences of sorcery such as voodoo death.

That some reports of voodoo deaths are based upon hearsay or may be due to poisoning and organic illness does not rule out the possibility of genuine voodoo deaths. Indeed, Barber acknowledges this in reporting the case described by Simmons and Wolff. Furthermore, that the individual may hasten his own death by refusing food and water does not disprove the notion of death by suggestion but, on the contrary, provides one explanation of how it may operate. If an incantation of a sorcerer or an enemy can induce a member of the society to refuse food and water and so die, this is clearly a case of death by suggestion.

An important question is whether we can find an instance that meets Barber's criteria for death by suggestion—a death in which the role of poison and organic illness is ruled out, that is not based on hearsay, and which does not involve starvation or dehydration. Although Barber was unable to find a case that met
these criteria, cases of voodoo death have been reported in the United States and other countries in patients who have extensive medical records and for whom autopsies were conducted. These cases meet the criteria that Barber proposed and are presented in the next section.

**CASES OF VOODOO DEATH**

Although anthropologists have reported many cases of voodoo death in primitive cultures, these cases are open to criticism, as we have seen above, because the medical condition of the victims is not known and there was no autopsy afterwards to determine the cause of death. Therefore, cases of voodoo death in developed societies are much more convincing.

**Cases of Death**

Mathis (1964) described what he called “a sophisticated version of voodoo death” in which a man died from asthmatic attacks after his mother put a curse on him for selling his business when she objected to the sale. It is true that the man might well have died from asthma even without the curse. But the timing of the death with respect to the curse indicates a psychological component to the death created by the curse.

Meador (1992) described the case of a man who had esophageal cancer and uncontrollable diabetes who decided that it was time to die. The physician managed to motivate the man to live through Christmas, which he did, but he died soon after New Year’s Day. The autopsy revealed that the diagnosis of cancer was a false positive. He did have a small nodule in his liver and a mild case of pneumonia. Meador argued that he died with cancer and pneumonia, but not of either of them. He suggested that the case met the criteria for a hex death because the man and his family believed the earlier physician’s pronouncement that he was going to die, and all acted as if he was going to die. This has been called inadvertent hexing and is discussed further below.

**Cases Where the Victim was Saved**

It is possible in some cases to counter the hex. In primitive cultures, a sorcerer can occasionally undo the hex placed upon an individual by another sorcerer. In modern societies, the physician can sometimes accomplish this. Dossey (1982) presented the case of an old man who seemed to be dying, but for whom no medical problems could be found. He then told the doctor that he had been hexed. A female shaman had persuaded the man’s wife to cut some of his hair and

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5 Barber and other writers (e.g., Holt, 1969) commonly assume that death by suggestion is a phenomenon found only in primitive societies. This is not so, as we will see.
give it to her, whereupon she used the hair to work a spell to hex him. The doctor then devised a ceremony in which he also cut some of the man’s hair and burnt it to ash and declared that he had thereby destroyed the hex. The patient then recovered. Similar cases have been reported by Wooding (1983) and by Cappanari, Rau, Abram, and Buchanan (1975).

Eastwell (1987) reported two cases among Australian aborigines where intervention by medical authorities averted death, and in the second case dehydration was clearly the cause of the woman’s deteriorating condition.

Maltz (1960) reported the case of Mr. Russell, a West Indian patient for whom he performed a cosmetic operation on his lower lip. His girlfriend was angry with him and told him that she was placing a voodoo curse upon him. He began to feel a lump on his lower lip, and he was told that it was an “African bug” that would slowly eat away all his vitality and strength. He lost his appetite and could not sleep. Mr. Russell went back to Maltz after several weeks and appeared to have aged 20 years. He had lost 30 pounds and had tremors. Maltz assured Mr. Russell that he could remove the African bug. Since the lump was merely scar tissue, it was easy to remove, and Mr. Russell was relieved. Several weeks later, he was back to his former state and was married happily to his childhood sweetheart.

Meador (1992) reported the case of a Haitian-American man who had been cursed by a local voodoo priest, whereupon the man stopped eating. The attending physician devised the plan of telling him a story of meeting the voodoo priest, beating him severely, and extracting the information that the priest had put lizard eggs into the man’s stomach. The physician then made the patient vomit using apomorphine and, as the man was vomiting, the physician slipped a lizard into the basin and proclaimed him cured of the curse. The man made a full recovery. The physician’s power trumped the power of the voodoo priest.

Dein (2003) reported the cases of a young Egyptian Muslim man living in England who had been cursed by a cousin and of a young Afro-Caribbean woman from Trinidad living in London who was cursed by her ex-fiancé, both of whom were saved from death (which Dein called “averted voodoo deaths”).

**Inadvertent Hexing**

Cohen (1985) described how a health care team can inadvertently hex a patient when they, along with the family, act as if there is no hope for the patient and begin to prepare for his death. These rituals can include such behaviors as drawing the shades, lowering voices, and behaving differently toward the patient. A diagnosis, such as cancer or AIDS, can exacerbate this state. Meador’s case of the man with esophageal cancer and diabetes described above fits this paradigm, and there are many reported cases of individuals with diseases such as cancer, who become hopeless and die before their illness is fatal (e.g., Milton, 1973).
Newquist (1985) suggested that a similar phenomenon may account for the deterioration of health in old age. Old age is viewed in our society as a process of decline. Old people are viewed as associated with sickness and death, creating an anticipatory readiness for illness and death, mediated by anxiety and fear, and manifest as hypochondria on the one hand and denial on the other. Sickness may come to be viewed as inevitable and untreatable.

**SUDDEN DEATH IN ANIMALS AND HUMANS**

Many of the discussions of voodoo death cite the work by Cannon (1942) and by Richter (1957) on sudden death in animals and argue that the same mechanisms may underlie voodoo death. It will be argued here that these mechanisms are not pertinent to voodoo death, but for those who are not acquainted with this literature, it is briefly summarized in this section.

**Cannon and Richter’s Animal Research**

Cannon (1942) observed that, when cats were decorticated, they behaved as if they were in a state of rage. They had a very low threshold for the arousal of rage behavior, and the rage, when elicited, was not directed toward the frustrating agent but at random. This behavior was called “sham rage” to indicate its similarities to true rage and to emphasize its differences.

Cannon noted that cats occasionally died after showing intense sham rage, and his studies indicated that death was a result of over stimulation of the sympathico-adrenal system. Cannon felt that voodoo death in man bore a close resemblance to sudden death in decorticated cats, and he suggested that a similar physiological mechanism might be operating in both cases. Individuals dying under the influence of a hex may die as a result of over stimulation of the sympathico-adrenal system. Prolonged hyperactivity of the sympathetic nervous system, reinforced by the effects of adrenalin released from the adrenal medulla and accompanied by loss of blood plasma into the interstitial space of the gastrointestinal tract, results in a state of hypovolemic shock. Cannon was able to find instances of death in men due to hypovolemic shock following minor non-lethal injuries.

Richter (1957) found that, after trimming the fur and whiskers of rats with clippers, some died within a few hours. Sudden death was also common if they were forced to swim with no floating or escape allowed. On occasions, wild rats died while simply being held in the hand. He investigated the physiological concomitants of sudden deaths in wild rats under stress, who succumb in this manner much more often than domesticated rats, and concluded that, contrary to Cannon’s belief, death appeared to result from hyperactivity of the parasympathetic system. The heart rate of the animals appeared to decrease after the stress was applied and, after autopsy, the heart was found to be filled with blood.
If domesticated rats were injected with cholinergic drugs which in general have a parasympathetic-mimetic effect, then they too showed the phenomenon of sudden death under stress. Richter speculated that the stressful situation in which he placed his rats (whiskers trimmed and restrained in a jar filled with water) allowed the rats no opportunity for escape. They could not flee or fight. He suggested that the situation was one of hopelessness, and the animal behaves as if it has literally given up. If wild rats were placed in these situations several times but freed quickly each time, then they did not die when placed in the swimming apparatus but swam for several hours. Richter suggested that this experience prevented the occurrence of hopelessness. Richter concluded, therefore, that victims of voodoo death die a parasympathetic death of hopelessness.

Cannon’s and Richter’s work suggested to some scholars that both mechanisms may play a role in voodoo death. Dynes (1969) reported two types of sudden death: one following hyperactivity and one following hypoactivity. These seem to correspond to Cannon’s postulated mechanism and to Richter’s postulated mechanism, respectively. Perhaps sudden death and voodoo death can result from excessive stimulation of any system in the body.

Other physiological theories have been proposed, including vasovagal syncope and cardiac arrhythmia (Engel, 1971) and lack of integration between the ergotropic (sympathetic) and trophotropic (parasympathetic) systems leading to a acute trophotropic response (Lex, 1974).

### Sudden Death in Humans

The phenomenon of sudden death in humans has been noted for many years. In a review of cases of sudden death, Dynes (1969) noted that there were two types, both occurring without significant anatomical findings at autopsy. One followed prolonged excitement and violence, and the other occurred instantaneously and without warning. The following is a case reported by Dynes.

One patient, 26 years of age had been violent and difficult to control intermittently over a four year period prior to death, but he did not have the terminal exhaustion syndrome with high fever and coma. The day of death he became strangely quiet, although clear and responsive and not in a stupor or coma. He suddenly fainted and did not revive in spite of efforts to resuscitate him (Dynes, 1969, p. 26).

Dynes concluded his review by noting that we were far from an explanation of the phenomenon of sudden death.  

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6 Samuels (1997) showed how sympathetic division overactivity could also lead to sudden, unexpected cardiac arrest.

7 Sudden death (usually as a result of fright) is common in Latin America, where it is known as susto (Rubel, 1964).
Many other cases of sudden death have been reported. Saul (1961) reported three cases (two from heart attacks and one from asthma) precipitated by impasses—situations which were impossible to solve (such as a man who had lost his job and wife and who had gambled his money away and was threatened with physical harm, and died of a heart attack after his mother refused to lend him any money). The deaths of some patients from asthma sometimes appear to be precipitated by psychological factors. For example, Leigh (1955) reported the death of a patient from asthma several hours after emotional catharsis during a psychotherapeutic interview.\(^8\)

Coolidge (1969) reported the case of a woman in psychoanalysis who had a strong wish to die and who collapsed and died from cardiac arrest and ventricular fibrillation minutes after a minor rejection from her husband and about an hour after a minor rejection by her psychoanalyst.

Many cases of sudden death without a medical explanation have been reported: a hospitalized woman in her twenties in good physical health who died of extreme fear (of her own violent fantasies) with no cause found on autopsy (Goodfriend & Wolpert, 1976), a psychotic man who wished to die and did so with no cause found on autopsy (Alexander, 1943), and cases of those dying from fear or emotional shock (Von Lerchanthal, 1948). Moritz and Zamcheck (1946) studied 1,000 sudden and unexpected deaths of soldiers and found 140 for whom the post-mortem found no explanation. Cohen (1988) saw the deaths observed among the Hmong who have emigrated from Vietnam in which young men die without warning in their sleep (Marshal, 1981) as a similar phenomenon, resulting from fright, homesickness, and grief. Furthermore, many cases have been reported of people who predicted their own death even though their doctors are certain that they have no fatal disease (e.g., Von Lerchanthal, 1948; Weisman & Hackett, 1961).

Pollanen (2004) reported a case of sudden death (within minutes) attributed to sorcery in East Timor, but a post-mortem indicated a sudden cardiac dysthymic death in the presence of a degenerate bicuspid aortic valve.

Binik (1977) noted that, not only is there no clear definition of what constitutes “sudden death” (is it an unexpected death within minutes or hours?), but the use of the term groups together deaths from a variety of causes, with no common etiology. Studying sudden deaths from one cause provides no information about sudden deaths from other causes. Deaths resulting from falls from heights are sudden, yet have nothing in common with deaths from heart attacks.

More importantly, the study of these deaths has no relevance to voodoo death. Voodoo death is not sudden! The individual who dies after being hexed takes several days to die. As Binik (1985) implied, voodoo death has more in common

\(^8\) Leigh hypothesized that the sudden death was a result of parasympathetic overactivity during the period between the emotional catharsis and the death.
with the deaths of some of those in concentration camps, where some of the inmates, rendered helpless by the trauma and starvation, become resigned to their impending death and die within days (Krysinska & Lester, 2006), those who are shipwrecked (Henderson & Bostock, 1977), or prisoners of war (Strassman, Thaler & Schein, 1956).

THE ROLE OF WITHHOLDING FOOD AND WATER

A simple explanation for voodoo deaths in Australia was provided by Eastwell (1982). In the cases that he observed (almost entirely men), the psychological characteristics were a great fear of death from sorcery and accompanying unusual autonomic reactions including protrusion of the eyeballs and dilated pupils. In two cases where death was the result, one had abnormal adrenal gland functioning and the other failing kidney function. In many cases of voodoo death (as well as the natural deaths of aged individuals) where death was averted (sometimes only temporarily) by the intervention of health care workers, it was obvious that the victim stopped drinking and the relatives withheld water. Thus, the victims quickly succumbed to dehydration. As a result, Eastwell argued that the victims and families created a self-fulfilling prophecy by withholding water. He proposed calling this “senilicide.”

Reid and Williams (1984) argued that voodoo death does not occur in the region studied by Eastwell, and they criticized Eastwell’s paper on several grounds. They noted that Eastwell’s stay was quite brief and that he did not speak the aboriginal language. Thus, he had to rely on translators. They noted that relatives do not withhold food or water from dying individuals, and that the majority of the cases reported by Eastwell were very sick and/or very old. Eastwell (1984) countered cogently that he saw what he saw, and he saw the refusal to give the victim water and he saw victims refusing water. Glascock (1983) supported Eastwell’s proposal by noting that, in a study of nonindustrialized societies, 43% engaged in some form of death-hastening measures for those who were judged to be decrepit. These procedures ranged from social withdrawal and withholding food, water, and medical care to killing the decrepit individual.

It would seem that Eastwell and Reid and Williams agree that death from sorcery does not occur among these Australian aborigines. They agree that many of the individuals who die are old and sick. They differ on whether relatives or the dying individual hasten death by withholding food and water.

It is clear, therefore, that some cases of voodoo death involve, and may be caused, by malnutrition and dehydration. It is not clear whether this is true of all causes in indigenous societies. It is also clear from the cases reported in developed nations, reviewed above, that these factors are not present in most of those cases.
PSYCHIATRIC CHARACTERISTICS OF VODOO DEATH

If it were possible to give a comprehensive psychiatric examination of hexed individuals both prior to being hexed and afterwards, some light might be shed on the mechanisms by which voodoo death occurs and which individuals are vulnerable to hexing. However, the psychiatric reports are not empirically based, but merely speculations.

Achté et al. (1975), in describing cases of voodoo death among the Bushmen living in Nambia, saw voodoo death as similar in many ways to catatonia in western culture. Cawte (1974) suggested that depressive stupor characterized those who succumb to voodoo death, while Mathis (1964) thought that passive-dependent individuals might be predisposed to voodoo death.

Dein (2003) suggested that some cases might conform to the criteria for a depressive episode. He noted that the two cases he described, which occurred in England, both fulfilled the ICD-10 criteria for a depressive episode. They had a depressed mood, loss of interest, reduced energy, ideas of guilt, and diminished appetite for at least 2 weeks. Dein noted that the guilt experienced by both cases was very strong, and he noted that belief in witchcraft was compatible with cultures which emphasized guilt. Dein felt that extreme culturally-induced stress induced depression and especially hopelessness (the cognitive component of depression).

Newhill (1990) saw voodoo death as a culture-specific syndrome of paranoia, along with amok (Swanson, Bohnert, & Smith, 1970), the Windigo psychosis (Nash, 1983), the Puerto Rican syndrome (Mehlman, 1961), and nightmare death in Southeast Asian refugees (Tobin & Friedman, 1983). Newhill presented a case of a Jamaican couple living in America, in which the husband had had a witchdoctor in Jamaica place a voodoo curse on him. He became sick and feared that his penis was shrinking away. The couple had emigrated from Jamaica to America to lessen the power of the curse, but the husband came to believe that the curse had followed him and that he would soon die. Folie à deux eventually developed when the wife came to believe that the curse was going to kill her. After hospitalization and separation of the couple, the wife abandoned her delusion. The husband’s condition improved, although he still retained some suspiciousness. Nash (1983) also saw voodoo (and belief in witchcraft) as a cultural-specific type of delusional behavior in which cultures collectively project their own unconscious, forbidden wishes onto a designated person (the witch or sorcerer) who may be worshipped, feared, or persecuted. Ndetei (1986) found that West Indian and African psychiatric patients in London more often had paranoid ideas as part of their disorder, and patients from these regions typically construed the means of the intended harm as evil spirits, witchcraft, and magic.
Lachman (1982-1983) conceptualized voodoo illness and death as a psychological illness; that is, radical alterations in physiological functioning in response to psychological stress. Lachman saw analogies to the phenomena of

1. surgeons refusing to operate on patients who are extremely fearful in case their emotional state interfered with surgical success;
2. the attitude of patients affecting their speed of recovery;
3. the need to calm down excited patients in hospitals for fear of physiological breakdown; and
4. feelings of hopelessness and helplessness leading to death in times of famine and pestilence as well as in wartime prison camps and concentration camps.

Lachman also saw an analogy between voodoo illness and voodoo death and hypnosis, since the hypnotized individual is extremely responsive, docile, and hypersuggestible and must believe in the power of the hypnotist. Lachman gave examples of hypnosis affecting the physiological functioning of the body, such as inducing dermatitis with non-poisonous leaves (Ikemi & Nakagawa, 1962). Wegner (2002) also discussed voodoo death in the context of hypnosis.

Hahn and Kleinman (1983) suggested that voodoo death was similar to phenomena such as placebo healing and faith healing. Placebos are medically inert substances that apparently help patients’ course of disease via their impact on the belief systems of the patients. They liked the idea of calling the noxious effects of beliefs and expectations nocebo effects, a term coined by Kissel and Barrucand (1964), based on the Latin root noceo (I hurt). Holland (2002) called them “exaggerated, negative placebo effects. Dein (2003) agreed with this suggestion.

A psychological theory of voodoo death

Lester (1972) proposed a theory of voodoo death at a psychological level based upon work with humans (and in particular those who are medically ill). Engel (1968) sought answers to the question of why people fall ill at the time they do. What kind of clinical state precedes the onset of illness? Engel pointed out that most lay people take it for granted that a person’s frame of mind can affect his propensity to fall ill and die. But physicians and behavioral scientists have been reluctant to accept this idea.

Under stress (stress as felt by the individual himself and not as judged by an outside observer who may minimize the stressful event), Engel noted a consistent psychological pattern of responses that was associated with the onset of illness and, on occasion, death. He named this pattern the giving-up/given-up complex. This complex has several essential features.
1. The patient reports feelings of being at the end of his rope, at a loss, or at an impasse. There are two possible feelings here. The patient experiencing helplessness ascribes his feelings of impotence to failures and frustrations from the environment, and it is to the environment that he looks for a solution. The people in his life have failed him, and it is they who can resolve his dilemma. The patient experiencing hopelessness holds himself as responsible for his inability to cope and has no expectation that help from the environment can aid him.

2. The patient’s image of himself is as one who is no longer competent. He may feel worthless or damaged.

3. The patient no longer is able to obtain gratification from the relationships that he has or from the roles that he can play. The helpless patient feels abandoned, and the hopeless patient feels inadequate.

4. The patient loses the sense of continuity between past, present, and future. For the helpless patient there is no present, and for the hopeless patient there is no future.

5. The patient has memories of earlier periods of giving up reactivated and, if these older situations were never adequately resolved, then there may be a cumulative effect.

Engel pointed out that this state is merely an exaggeration of a normal psychological state. We all come, from time to time, to psychological crossroads and occasionally, when prompt resolution is impossible, we find ourselves alternating between giving up and struggling for a solution. Engel felt that when an individual is responding to stress with the giving-up/given-up complex, disease may occur. The body has at these times a reduced capability to deal with potentially pathogenic processes. This psychological state, therefore, contributes to the emergence of the disease. It does not cause it. It is neither necessary nor sufficient for disease development.

The disease that may develop may stem from a pathogenic predisposition in the individual, or it may result from a reduction in the defenses of the individual to infectious diseases. Such a process can be illustrated by many kinds of data: the increased mortality of spouses in the first year after they are widowed (MacMahon & Pugh, 1965) and the many cases of collapse and death reported in the newspapers as a result of stress, for example.⁹

Lester (1972) used Engel’s ideas and conceptualized the state of the hexed individual in terms of giving-up/given-up complex. The individual is doomed to die through some acts and verbal behavior of one of more members of his society (or deceased members of his society). Because of the cultural tradition of his society, he believes this to be true, and the other members of his society

⁹Many medically ill patients appear to be able to tell when they are close to death and can prepare themselves psychologically for this (Weisman & Hackett, 1961).
society believe it to be true. He may, therefore, feel helpless or hopeless depending on whether he tends to externalize blame or internalize blame. The individual’s image is changed for the worse. He has broken some societal norm, or he has offended some other member of the society. He is worthless or damaged. He can no longer obtain gratification from the relationships that he had, for his friends and relatives draw back from them. To them, he is as good as dead. To use Kalish’s (1985) terminology, he is socially dead. There is no future for the individual. He is to die. Thus, the condition of voodoo death fits the pattern of the giving-up/given-up complex very well. Engel has shown that the individual in this state is more susceptible to infectious diseases, and any pathogenic dispositions that he has are more likely to appear and develop. A similar concept has been used by AIDS researchers who have noted that AIDS patients not only face biological death, but, because of the stigma associated with AIDS which leads others to stigmatize them, also face social death (Gordon & Crehan, undated)

In cases of voodoo death, it is frequently reported that the hexed individual refuses food and water. This makes good sense. He sees himself as doomed. Nothing can save him. Why accept food and water? To reiterate, this in no way makes his death less a result of suggestion. It is interesting to speculate whether helplessness or hopelessness characterizes hexed individuals. It is conceivable that either affective state may predominate. That the spell is put upon him by another may lead to helplessness; but the fact that hexed individuals often refuse nourishment may reflect their feelings that they are responsible for their doom, and this is hopelessness. This suggests an interesting study to investigate when and under what circumstances a hexed individual may refuse food and water. Does such a refusal correlate with how the hexed individual localizes the blame for his condition? Is there a difference in voodoo deaths in which the hex is placed on the individual arbitrarily by an enemy as compared to those where the individual first commits some socially-proscribed act? It is clear that the present hypothesis is capable of generating testable predictions unlike previous hypotheses.

Other Theories

Mauss (1950) saw voodoo death as a result of society increasing the level of anomie in the individual, and Mestrovic (1987) emphasized that anomie meant for Durkheim (1897) a painful state of déréglement, which may be translated as derangement (involving both madness and immorality)\footnote{This is very different from the interpretations of anomie as normlessness and meaninglessness.}, leading to the experience of pain and suffering (souffrance, tourment and douleur). Anomie
results in thanatomania, a weakened instinct of self-preservation. It can be seen that Mauss’s concept of anomie is similar to the giving-up/given-up state described above.

It is possible also that the physiological mechanism discussed above could facilitate psychological states. For example, Lex (1974) suggested that acute trophotropic (parasympathetic) responses could lead to apathy, fatigue, and anorexia, especially because the trophotropic response could make it difficult for the bodies of the hexed individuals to tolerate food.

**CONCLUSIONS**

Anthropologists have been limited in their investigations of voodoo death by several factors. First, many of them have never witnessed any cases first hand and so have to rely on cases reported by others, who also often have not witnessed cases either. Because the anthropologists are working in isolated regions, far from adequate medical facilities, almost none of their cases have received medical examinations or autopsies.

However, it seems no longer meaningful to question the existence of voodoo deaths. The power of voodoo curses has been documented in developed nations and autopsies have documented the absence of terminal diseases. The psychological theory proposed by Lester based on Engel’s work is based on extensive research on medically-ill patients in developed countries and, therefore, possesses more face validity than the older hypothesis based on decorticated cats and whiskerless rats. Lester’s theory also localized the cause of voodoo death in the psychological state of the individual and, clearly, death by suggestion must operate through the individual’s psychological state.

The research by Cannon and by Richter, although it is invariably cited as providing a physiological mechanism for voodoo death, is not relevant. In Cannon’s and Richter’s research, which was on animals and not on humans, the death occurs suddenly. Voodoo death does not occur suddenly, but rather takes several days to occur. As was noted above, Cannon’s animals died after intense hyperactivity which, again, is not characteristic of voodoo death. Richter’s rats had their whiskers trimmed (a trauma) and made to swim. They died quickly in this stressful situation which is not characteristic of voodoo death. Although some commentators (e.g., Fry, 1965) see sudden deaths, often as a result of fright, as similar to voodoo death, the suddenness disqualifies them from being analogous cases.

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11 Sternberg (2002) praises Cannon’s paper, but describes his theory as simplistic since, in 1942, he should have known of the complex role that hormones and nerve chemicals play in the physiological response to stress. A more complex physiological theory, however, would still be inadequate as an explanation of voodoo death.
The critical research questions are, therefore:

1. what characterizes those who succumb to voodoo death from those who do not succumb;
2. what are the attitudes, life experiences, personality traits, psychiatric status and social relationships of those who are affected by hexes and those who are not affected; and
3. can anyone die as a result of a hex under the appropriate circumstances and what might those circumstances be?

These questions may be answerable by studies of hexed individuals that occur in developed societies under the watchful eyes of trained physicians.

REFERENCES


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