**POSTSCRIPT**

Anthropologists and Healers—Radical Empiricists

*Edith Turner*

This postscript presents the living ethnography of the work of a ‘psychic’ individual from northern Alaska who recognized her own gift and was aware of her marked position in society due to her possession of second sight. Such people occur freely among all societies. My study gives the record and the testimony of Claire Sevukaq in 1987 from among the Iñupiaq people.1 Based on Claire’s account, it will be seen that these people spend their whole waking lives deeply aware of spirits, alive to what Jung called their ‘collective unconscious’, and what Thomas Fowler (2008) refers to as the ‘psyche’. Like anthropologists, healers such as Claire are what I call ‘radical empiricists’: they go by what their hands feel and what they see with their eyes, or their second sight.

**Claire Sevukaq in Alaska: Her Own Second Sight**

Some 30 years after I had first worked among African ghost doctors with Victor Turner in Zambia in the 1950s, news came through the university of a remarkable culture of healing in a peripheral region of North America on the northern slope of Alaska. It was a land of the Iñupiaq, a people living mainly on sea hunting in a freezing climate.

It was 21 September 1987 when I went to visit the healer, Claire Sevukaq, in the village of Ivakuq. Claire’s living room was homey. There was a mop across the sofa. Family photographs crowded the walls. A picture showed the Sevukaq whaling crew busy on an enormous whale, with cuts already made in its side. Nearby was the famous picture of Jesus by Sallman, the Savior’s face divine and all-knowing. I saw a milk crate containing neat files holding easily available forms for the village food stamp system. Claire was the organizer.

Claire’s face was interesting; she had strong oval features. Now she was looking at me, interested in me. I introduced myself to this healer, thinking, “Come on, Edie, your own dad was a doctor.” I started out, “I’ve heard of your work. I’ve a great respect for Iñupiat healing.”
“What made you interested in it?” she asked.

I told her the most dramatic healing event I knew. “I once saw my husband Vic heal somebody. This man had a heart attack in our living room and his heart stopped. Vic put his hand on the man’s heart, and it started again. I still wonder what was going on, if I might learn what’s behind it … I’ve a lot of respect for what you do.”

“I’m very glad. I’ve been getting discouraged, frustrated.” She looked away.

“Are the medical doctors getting you down?”

“Yes.”

“Don’t let ’em,” I said. “It’s a good work you’re doing.”

She and I liked each other. We began to talk about our families and grandchildren. Claire said, “The baby, Jeanie, she’s seven. Jeanie wants to be a healer like me. The kid’s learning it already.” She looked at Jeanie with appreciation. Then she was silent, pondering a minute. “Iñupiat healing is different.” She lingered over the word. “Come into the kitchen and talk while I work.” But soon a message came over Claire’s Citizens band (CB) radio, and she cocked an ear. “Claire, come on in. Claire, come on in,” the voice said. “Go to Netta’s at once, she’s sick. She’s throwing up.”

Netta was an elder, and she was sick—and healing always comes first. Before leaving, Claire thought for a moment, then went to her refrigerator. In it stood two jars of a blackish fluid made of Iñupiat herbs: qanganaruaq, called ‘stinkweed’, a fragrant plant classified as Artemisia tilesii, and wormwood, which is also related to a traditional medicine of Europe, absinthe. Claire took out some of the boiled infusion and drank a cupful to give her healing strength. She handed me a little to try myself. It was bitter and heartening.

At Netta’s house, I peeped into her bedroom. Clem, her grandson, was at the entrance. Netta was lying with Claire at her side and Jeanie, the seven-year-old healing apprentice, sitting between her knees. My housemate Carrie had already found her way there and was helping. Ardell Lowe, another health aide, was sitting apart from Claire. Claire could feel that Netta’s stomach was in the wrong position and that it was hard and tight. She could feel air pockets that were stopping the stomach from working, causing Netta to vomit blood. Netta had not been able to eat for three days.

Many people were gathering in the moment of old Netta’s danger—her older kin and many grown-up grandchildren. I greeted the elders. They sat like statues on straight chairs. There was silence. I felt a little frightened. Netta vomited, groaning, and lay back; then she vomited again and muttered something in Iñupiat. Claire was working on Netta’s stomach with both hands, digging deep into the folds of the old stomach flesh. Claire had ‘good hands’ that could soothe and take away pain. Ardell, the health aide, said, “We don’t know what is wrong. I’m going to phone the hospital and get them to send the Medivac plane. The senior health aide gave Netta some Mylanta. That’s all we are allowed to do.”

Meanwhile, Claire was softening Netta’s stomach to bring it down into the right position. But the air pocket gave trouble. Now standing in the doorway, I saw the old woman’s face become contorted, then I saw it blank out to nothing. Claire kept a strong hold on Netta’s head and held on, holding Netta to
her. I started to pray. Clem looked fearful, as if death impended; perhaps it did. The old lady reared up again in agony to vomit, then fell back. Her body blanked out, and her head sank back. She looked emptied. Claire massaged her stomach, bending her own head very near to Netta’s head.

Claire stayed right close to her, head to head, with her hand always on Netta’s stomach, a warm, intimate contact with the ‘different’ knowledge in it. Netta stayed as she was. She did seem to be resting. Claire began to talk cheerfully, gossiping about her grown-up son and his new television. We laughed, subduing our voices. Netta was now drinking 7 Up, talking, and complaining vividly in Iñupiat about her stomach. She stretched out her feet. She asked for some tea. There was a quiet rush to fetch her a cup. Clem began to smile. Gradually, we became aware that the immediate crisis was past. We waited.

The Medivac plane was flying over. Everyone heard it. The people in the living room passed to and fro to look through the windows, telling each other, “There it is.” Margie, Clem’s wife, fussed over what clothes to send with Netta. Even so, they forgot her dentures.

As we stood waiting, Clem said to me in his slow voice: “Her spirit went out of her body three times. You can see if a person’s going to die. The person looks like a still boat on a still sea going far away. You have to bring it back and draw it back, so that the person doesn’t die. Three times it went out of her, and Claire brought it back and pulled it down into her again. A spirit—when it leaves it goes up through the hole in the top of the head.” I touched my own long-closed fontanel. Clem said, “That’s right, there.”

There was a stir. The ambulance had arrived and was backed up just by the door. Marvin, the white Medivac pilot, came in, followed by a tall, dark-haired white man, distant of manner, who turned out to be the doctor. The place was full of people milling around in a confused way. I peered into Netta’s room. The team became occupied in following the stereotypical conventions of ‘medical practice’. They took Netta’s blood pressure, pulse, and temperature and asked questions. Then the stretcher men gathered in the bedroom.

Clem went up to the doctor and told him: “She’s been spitting out very dark stuff, black, like blood.” The doctor came up the passage to the bedroom and looked into the old lady’s vomiting can. “A little blood,” he said disparagingly. I returned to the living room, and the doctor came and stood by the wall. We grew silent. After a moment, the ambulance men emerged from the passageway with Netta in their stretcher. We saw her wrinkled face lift up to look out of the ambulance, then the doors were shut and they were off to the airstrip.

After several weeks, I saw Netta restored and back in her living room, her little proud head wobbling a bit and her halting words begging me to work on her stomach because of the wind. She had indeed had a huge cyst removed—“as big as a baby”—and after the operation she gradually regained her active, combative temperament.

A few days after we had seen Netta off in the ambulance, Carrie and I were back in Claire’s house, helping her with the laundry this time. She began to describe the sense she had of feeling the pain of the sick: “I can feel the sick person’s pain, I can feel where it is. Do you get how I mean? A woman in a
village 250 miles away called me and said, ‘I’m having a miscarriage.’ She was four months pregnant. When the woman spoke, I knew what was wrong—it’s my second sight. My second sight told me how to advise the woman. I told her what to do. The fetus was saved, and the baby was born full-term.”

Claire said again: “My healing is different. The doctors say, ‘You’re wrong, Claire.’ They think I’m trying to do predictions. I don’t predict, I know when someone’s pregnant and for how long. Then it turns out I’m right. The health aides say ‘You must go by what the doctors say’—but I know. One woman at the clinic came to me. She put out her hand and said, ‘Don’t touch me.’” Claire put out her hand and drew it back. “I didn’t touch her. I told her that she was two weeks pregnant. I knew. In a month she took the test, and she was pregnant. She was scared.”

I often think of Claire, especially in relation to my early work with Victor Turner in Zambia on the old Tukuka and Wubwangu rituals for spirit affliction that we attended in 1954 (see V. Turner 1969: 44–93). After a long absence, I returned to Zambia in 1985. I visited with Philip Kabwita, a healer whom I had previously come to know well, and sang in his Wubwangu ritual for a new baby (E. Turner 1986). The ritual still had similar features, with Kabwita dressed in his grass skirt and cat skin headdress for the occasion. But this time he also carried a doctor’s black bag that contained a rattle and a conch shell—his ‘African telephone’—which he used for contacting spirits. From today’s perspective, I now see more clearly the influences of the outside world on Philip and how he exhibited a consciousness of that very ritual consciousness of his—that is, a sense of the current types of sociality of his time and a hyper-reflexive awareness of his own skills of alignment with the spirit powers through his African telephone. In Alaska, Claire also has a spiritual telephone—her CB radio—which puts her in a position to answer sickness calls. Reflecting on this in Claire’s presence, I told her about Philip Kabwita the African healer, who received a message by spirit telephone from 350 miles away through the African savanna.

**The Faculties at Work at the Heart of Iñupiat Healing**

During Claire’s treatment of Netta, four of us—Claire, Clem, Carrie, and, to a certain extent, myself—perceived Netta’s spirit continually parting company from her tortured organs and wandering toward its outlet in her fontanel. Claire freed the blockage in the stomach again and again, bringing the spirit back down into the old lady’s body. The activity of Claire’s arms and head showed what she was doing.

A healer’s hands on the body ‘know’ what dead or sick tissue feels like. Having found it out, the live tissue is empowered and the hands restore the communication. The bridging, in a sense, enters another level that has to do with the cycling of the cosmos—the level at which it runs.

From that time on, I was deluged with reports of healings, past and present. I observed many of them and participated in some myself. While I was working
on language with Claire, the CB radio spoke: “Claire. Claire. Come in, please. Come over and see little Lee, he’s hurt.” Lee was three years old. Claire seized her jacket and put it on as she strode out to her three-wheeler ATV. She waited an instant for Jeanie and me to get on behind her before whirling off. She entered Lee’s house, all gentle, already knowing the trouble because of her preliminary time of clairvoyance. Inside, the child was screaming. He had jumped off a tall, empty stereo shelf and crashed onto his knees. Now he could neither stand nor walk and was on his mother’s lap. Claire brought up a chair and sat opposite Lee. Jeanie was kneeling close by to watch; like me, she was very interested. Claire took one foot gently and turned up the pant leg. Lee’s crying got worse. Claire turned her hand over the throbbing knee, almost not touching it.

“I can’t hurt you, I can’t hurt you,” she told the boy as an obvious truth, in her most musical voice. “See, I’m making it better.” She was seeing inside him. Her seeing was like an X-ray, as she would say—everything inside was as clear as daylight. The mother held Lee, and Claire felt both of his lower legs. The child’s crying began to give way. She felt down the muscles of each leg, drawing down the legs neatly and together. She worked each ankle, the flat of the foot, the toes, bending them gently until they were flexible, showing Lee how good they were. Her hands went back to the knees. The right one bore a bruise and a big swelling below the kneecap. It was water on the knee. She placed both kneecaps centrally and pressed them gently into position as if they were jigsaw pieces, completing the action by pressing carefully with her palm. She worked the dimpled areas of the left knee while swiveling the leg back and forth. Then she returned to the swelling on the right knee. I noted that she left the trickiest bit until last. She pressed the swelling slightly here and there, and I saw it diminish a little. She left that work alone for a time and turned down Lee’s pant legs. He slid off his mother’s lap and tried a few steps, using his legs like little sticks.

Claire chatted to his mother about this and that. Then she turned to Lee: “Auntie Claire’s going to make some mukluk boots for you. How about it, eh?” Little Lee had been making eyes at Jeanie. “Come on,” Claire told him, “Auntie’s going to feel your knee a bit more.” She worked on the swelling again, showing me how it was going down. “See? It’s simple.” As I watched, it went away altogether, leaving the normal muscle curves visible around the kneecap. I was attending carefully, having experienced under Claire’s tutelage the same sense in the hands—a kind of misery and mushiness in the damaged tissues—followed by a similar diminution of swelling. And, when I needed healing from others, I myself had experienced how the pain seems to seep away and just not be there anymore.

Claire drew down Lee’s pant legs and let him go. He walked easily. She went to the sink and washed, getting rid of whatever it was. “The pain goes into my own arm,” she told me. “My hand gets hot. Hot!” Claire went on talking to the mother, who was short of money and awaiting a welfare check. The place was in poor shape, lacking a carpet, with torn vinyl chair seats and only a garishly colored window shade to cheer the place up. Lee was now jumping from the empty stereo shelf to the sofa. “That’s how he did it in the first place,” said
Claire. “Jumping and falling on his knees. Stop that.” Claire went to wash her hands. We left before more treatment might become necessary.

About her treatment method, Claire had kept saying, “See, it’s simple,” and it was. It only needed the actual doing. It was healing that was empirical in essence because it was so particularized. The hands knew the details of the inner tissues: they were involved deep in the tissues, not just laid on the outside. I compare it to the work of Singleton, an African healer in Zambia, with his mongoose skin pouch and horn, stroking and feeling and coaxing a damaging ihamba tooth out of the back of a sick person into the cupping horn, and being aware of the right place to do it (E. Turner 1992).

In both Claire’s and Singleton’s kind of healing, what was at work was the kind of practical consciousness that Clem meant when he said that Inupiaq healing was ‘ordinary’ or, in a sense, obvious. One could term the practitioners themselves—not just their ethnographers—‘radical empiricists’ because they knew very well what they were doing. It may be expected that other types of healers, spiritists and the like, will be found to operate in the same way. The practical part of Inupiat healing is to create a conversation between the two bodies—that of the afflicted and that of the healer—by means of the hands’ work. The healers sometimes say: “They are God’s hands, not mine.” The trouble can enter as far as the elbows, where the healer blocks it off. Then she washes out the bad things she has drawn into her hands, as Claire did after healing Lee.

When Claire talked earlier of ‘knowing’ (i.e., second sight) and healing at a distance, I realized that healing in this way did not include bodily touch, yet perception might still take place in a bodily way. This was shown in one case in which Claire, while sitting in her house, felt the same pain in her own body that was afflicting someone outside as he approached the house in search of Claire to heal him. The ability to receive that kind of message appeared to be on the same continuum with the fine bodily sense I have just described. However, this sense was able to extend itself until it became visionary, capable of seeing spirit beings from afar, as in the long-distance conversations via African telephone that were made by Philip Kabwita’s family. Philip’s grandfather Nkomeshua taught him many things. The craft can be taught, and there are gifts.

One day later that year, Claire came to my house and asked me seriously what I was doing in Ivakuk. This time I did not have to say “to write a scholarly paper about healing customs” or some such thing. I told her that I wanted to experience healing and spirit perception and know it as a reality. I told her that in Africa I helped at a healing ritual and, at the climax of the drumming, saw a spirit body emerge from the back of the sick woman. That being so, I could not help but believe in Claire’s work. What else could be my aim here? Claire considered a minute. Then she said, “I’m tired. I have that pain in my rib. It happened when I had a Honda accident. The handlebar got my rib here. It’s still bothering me after four months.”

I was checking the oven and turned. “Shall I rub it for you?” She didn’t say yes but went to sit down at the table. She put her hand to a back rib on the right. “It’s not badly hurt, but ….” I put my hand there and followed where her hands
showed the spot. Had she broken the rib? I remembered how in 1941 a horse
had crunched my body between his cart and a gate, and how the pain had gone
on for months. Maybe I had had a broken rib. Yes, there on Claire’s rib was a
clumped thing, a little over an inch across. “That’s it,” she said. “Yes,” I replied
and showed her the size with my finger and thumb. “It’s clenched up.”

I merely caressed it, as Claire would have done. Around, and on top. The
thing seemed to dwell greedily on that rib, scaring the body into believing it
was sick. A lump all right. It was body stuff acting up hard in the wrong place.
I sighed. My hands knew this thing was sore. Now, astonishingly, Claire was
letting the thing go into my hands. She let it go and let it go. The clenched part
was mainly softish now, but I could feel within it a small lengthwise section that
was still hard, say half an inch long. And I handled it a bit in the place where it
was hard, inside. You get a little picture of it inside there. Now there was only
the shadow left. “That’s better,” said Claire, so I went to wash my hands. She
told me later that the pain had not recurred. But I had not brought this about.
Did it happen from taking the right action? Not exactly. The relief came from an
‘X’ factor that intervenes when the two necessary elements are there—that is, a
person in pain and a person evidently able to transmit it away.

Some time afterward, I began to think that my perception of Claire’s trou-
ble was not ‘extrasensory perception’, outside the senses, but an actual fine
sense—existing contrary to expectations—in the fingers, which could some-
how result in the transfer of the ailment. This sense perception of the fingers
actually seems to exist. There is a knowledge or a certain awareness in the
human consciousness of a link between oneself and the sufferer, which is
empowered by a kind of rushing of one’s own consciousness into that of the
other. Whatever it is, this is the concrete meaning of ‘sympathy’ or ‘feeling
with’ another, and it follows a palpable path, that is, through the fingers’
understanding. In this particular experience, it had something to do with the
cast of feelings. When the feelings (which cannot be forced) are open, then
the channels to the other person are open. Nothing happens if that person is
not sick: it is the hands’ sympathy with the person’s sick tissues that opens
the way. Whatever it is, it is the cause of the ‘opening’ that takes place due to
the hands’ contact with the sickness. That rushing of one’s consciousness into
the other person—that sigh, I think—is exactly the spirit in Iñupiat parlance
(alternatively, ‘the good Lord’) to whom the healers pray. It is not one’s own
doing; rather, it is one’s own allowing. It cannot be forced but is prayed for.
‘Prayer’ is of that nature and is rather mysterious. A non-egoistic intention is
necessary, but intention by itself does not heal. It is the allowing of an open-
ing that does so.

The following Thursday, Claire came to visit. Over a cup of herb tea, she
began to talk about her childhood: “My mother, grandmother, and great-grand-
mother were all healers, and I learned from them. I remember healing someone
when I was four. This is just like my daughter, who healed my stomach when
she was four … I can’t really say I learned it. I feel it. I get the symptoms from
those people … That’s the most important part, the feelings, and I know it. I
always felt it. I could sense it. I have to pray about it. I don’t do the healing
myself. I know the good Lord gave it to me so I’m not going to take all the credit for it.” Claire’s was a life that unfolded its own dynamic. The unitary principle, her consciousness of herself, was very strong.

The Four-Day Black Period

At different stages of Claire’s life, she had experienced at least five episodes that psychologists in Euro-American culture might term ‘fugue’. Typically lasting four days, they appeared to be the classic irruptions of shamanic experience, just as the ancient Iñupiat knew them. In early times, these experiences were characterized by a meeting with something fearful, such as a spirit of the dead or of an animal—a being that first afflicted the shaman, then changed and became a helper.

An account of Claire’s first recorded episode was related to me by a friend of hers, a white woman whom I met in Fairbanks over a cup of coffee. In about 1970, Claire was in Anchorage in an expensive hotel. For reasons unknown, she stayed there alone for four days. “She had there some kind of transformation,” said Claire’s friend, looking disturbed. “She told me on the phone. I was at the airport. She told me she’d had some kind of revelation about me. There were certain things that would happen. A person who didn’t know Claire’s powers would think she’d gone crazy. It was a kind of glossolalia. That was a bad time for Claire.” Bending over her coffee, she added, “I don’t know what Claire went through in that hotel for four days all by herself.”

In 1984, when Claire was not doing much healing, she had another episode, a very bad one. Claire would continually see a devil figure in her peripheral vision. At one time during this phase, Claire uttered a whole lot of nonsense words, greatly upsetting her relatives. Claire told them irritably, “Don’t be like that. You don’t think I am anything, do you? I can’t help it, it comes to me.” But at the end of this four-day episode, Claire was able to pray to Jesus again, and afterward her healing power was stronger. She appealed to Jesus to be her helper spirit, the opposite of Satan—and indeed, the same switch from dangerous to helpful occurred as in the days before the introduction of Christianity.

In the fall of 1987, Claire and Rebecca, an American Indian school secretary, were studying anthropology together by teleconference. Rebecca used Claire’s case to illustrate the experiences of shamans. Rebecca realized that the personality of a shamanic healer was not like that of ordinary people and that Claire’s episodes were not necessarily bad.

A further episode occurred on 14 January 1988. I found Claire lying on her couch, very depressed. She shut her eyes and would not speak. I was frightened, thinking she was angry. Four days later she was herself again. When I visited in 1991, yet another episode occurred. I had just arrived for the whaling festival and heard that Claire had returned from a hospital where she had been a patient from 28 May to 2 June. I went to her house and approached the kitchen. A small dark figure was at the kitchen sink, and she did not turn around. “Claire, Claire. Look at this. I’ve brought you something,” I said. She
still did not turn. Her gray hair was scrawny, her figure thin. I immediately thought, “An episode again? Isn’t this fieldwork pitiful! My dear friend caught up in ... something so mysterious. Okay, I have to try to understand it.”

Claire peeped into the shopping bag I had brought and saw peacock blue velvet for a new parka and a peacock blue zipper. She turned convulsively and flung herself into my arms. We were crying. Stroking her wild gray hair and haggard face, I told her, “Dear Claire. You’ve given me everything, my sweet friend.” When we recovered, she told me that the doctor at the hospital had given her the wrong medicine. She was really mad at him. “I’ll get an attorney,” she said. Now she was off all medicines and was feeling better by the minute. I wondered what the doctor thought he had prescribed the medicine for.

Claire had read my published article, “From Shamans to Healers” (E. Turner 1989). “I liked it,” she said. “I liked the comparisons” between shamans and healers. But Claire’s four-day periods still puzzled me. An old account survived about an ancestor of Clem’s who had been the shaman Kehuq. What it described seemed to be a key to the four-day syndrome. When Kehuq was a young man, he was out on the tundra one day and heard the sound of paddles up in the air. He looked up and saw a boat floating in the sky. It landed, and Kehuq saw in it a shaman with one big eye who danced and gave him pleasure. The boat disappeared, and by the time Kehuq reached home he had forgotten all about it. Late that night, Kehuq started up naked and left his tent for no reason. They brought him back, but for four days he was crazy and could not eat. Yet when he recovered, Kehuq could dance. When he did so, his spirit left him, and he was possessed by the strange shaman’s spirit. Kehuq taught his people the shaman’s dance and songs and also taught them how to carve the shaman’s face in wood. He now had the shaman’s power to heal the sick, to speak with the dead, to find lost objects, and to see the future.

There were many accounts about a four-day crazy period, typically followed by a supernaturally successful hunting period and by healing gifts and other benefits. One of Clem’s brothers also had four-day episodes during which he would not talk to anyone. Clem himself was familiar with the condition. Furthermore, Jean Briggs (1970: 254–255) mentions that during her fieldwork among the Inuit of Canada, the father of the family with whom she lived appeared to become withdrawn at periods, with the same moodiness and dislike of disturbance as with Claire. The condition called ‘Arctic hysteria’ (Foulks 1972) may not be a matter of sunlight deprivation so much as the four-day phenomenon.

These four-day episodes come at the will of the spirit beings, who cut off the ordinary person from his or her ordinary life. They cause the person to reassemble differently inside, like a chrysalis. The process has to do not only with the brain but with the body: the ‘four-day syndrome’ is doing the work of reassembling this person. Mircea Eliade’s (1972) book on shamanism has a full section devoted to this experience. It has been called by some the sparagmos, part of the spirit initiation of a shaman (see E. Turner 2011). To Claire and the others, the perception of these workings was a familiar thing to them, as they were never tired of telling me. I have found that what I have described was not a hypothesis but a working system.
I recognize that a development of a sense of such processes is the subject of this postscript. Spotting what was going on in the apparently random material of the everyday led me to discriminate as to which were spirit events. So my days were like a divining basket, with the divining implements randomly laid about. One tossed these implements, and they said something that communicated.

**Conclusion**

My portrait of Claire shows the exigencies under which she suffered. But the haunting she endured during her four-day shaman syndrome was somehow a positive thing, involved in her very make-up. Claire fought the demons. She had an eye—and the gift—for it. The reader will note Claire’s reiteration that her healing was ‘different’. Yet I do not describe her healing as being ‘outside the world’ or ‘transcendent’. That ‘different’ world is amenable to our understanding and susceptible to the inquiries of the scholar of natural history. Both worlds are within the purview of the researcher. However, researchers have to have eyes that can accept what they are researching and must use those eyes. At the present time, anthropology itself has changed. The empathy of fieldworkers has taken a step forward so that those whom they study hardly seem to be ‘subjects’ of cold research at all. Instead, they are simply co-members of the human race—and co-researchers as well.

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**Notes**

1. I have used pseudonyms in this article to protect identities.
2. My own late husband, the anthropologist Victor Turner, had suffered black periods from time to time. We both used to note that they lasted for four days.
References


