TR-16 Healing as ritual and community: song, dance, confession and the social body

HEALING after the FALL, research library, TR-16

Researched 10 October 2026 by Claude Opus agent for THRIVING after the FALL, Book Four. Library document, unverified.

Findings by section

1. How to read this report

This report asks what the gathered community does for a sick person through song, dance, confession, the visit and the rite. It builds on the library and does not repeat it. - **FO-10 holds the mechanism:** the meaning response, placebo and nocebo, the Cuna song, the !Kung dance, the ihamba tooth, curse death and the honest comfort script (THRIVING library, FO-10). - **SY-04 holds the ethics of taking.** Its category 4, the secret, sacred and initiated, is never published (THRIVING library, SY-04). Where the record marks a song or a stage of a rite as restricted, this report says that it exists and stops. - **TR-15 holds the named deaths** from exorcism, delay and initiation (THRIVING library, TR-15). - **TR-07, TR-08, TR-12 and TR-14 hold the regional traditions.** Examples are drawn from them by reference.

Three things are kept apart. **The tradition's claim** is what its holders say it does. **The record** is what observers and trials saw. **The inference** is what science concludes from the record.

Two errors frame the chapter. The **romance of ritual** says the drum heals what the scalpel cannot. The **rationalist dismissal** says the drum is noise. Both are wrong. Trials show song, company and confession moving pain, anxiety, mood and grief, and at population scale, survival. No record shows a rite closing a wound, killing a bacterium, shrinking a tumour or delivering a baby stuck in the pelvis.

2. The traditions on their own terms

The Ndembu of north-western Zambia: the drums of affliction. Victor Turner worked among the Ndembu in the 1950s. In *The Drums of Affliction* (1968) misfortune, whether illness, a failed hunt or barrenness, is read as "domination by a specific non-human agent", often a forgotten or offended ancestor shade (Turner 1968, publisher's description and a secondary summary). The remedy is a cult of affliction. Those who have suffered the same affliction treat the sufferer, who after the rite joins the cult and may later heal others. Turner describes the Chihamba and Kayong'u rites in full and the ihamba and Nkang'a rites in his case studies. The ihamba is a dead hunter's tooth that bites from inside the body. The doctor draws it out while the village confesses its grudges. FO-10 gives Turner's case of the doctor Ihembi and the patient Kamahasanyi, in which the confessions were the substance of the cure (THRIVING library, FO-10).

In 1985 Edith Turner, Victor's widow, returned to the same villages. With William Blodgett, Singleton Kahona and Fideli Benwa she recorded an ihamba rite for a woman called Meru, aged about 55, led by Singleton (Turner E 1992).

She wrote that she saw a grey blob about six inches across leave Meru's back, and that a molar was then taken from the receiving can. She chose to report her experience in the community's terms. A critic notes that she could not know when the tooth entered the mixture (Strange History 2017, secondary). Both statements can stand. In the Ndembu frame the rite's work is the airing of grudges and the reunion of kin, and it does not rest on where the tooth came from.

The pattern is wider. *Ngoma*, drum, names the cults of affliction across much of central and southern Africa in John Janzen's *Ngoma* (1992), which was not read [VERIFY]. TR-07 describes the BaKongo therapy managing group, in which kin steer the search for care (THRIVING library, TR-07).

The tâng-ki of Taiwan. In Taiwanese folk religion the *tâng-ki* is a medium through whom a god speaks, diagnoses, prescribes charms, herbs or ritual acts, and explains the illness in terms the family already holds. Arthur Kleinman studied tâng-ki in Taipei in the 1970s and gave them whole chapters in *Patients and Healers in the Context of Culture* (Kleinman 1980, catalogue only).

The Kwakwaka'wakw of British Columbia: Quesalid. In "The Sorcerer and His Magic" (1949, English 1963), Claude Lévi-Strauss tells of Quesalid. A sceptic, he joined the healers to expose them. He learned to hide a tuft of down in his mouth and show it, bloodied, as the sickness drawn out. His patients recovered, and he came to believe in his work (Lévi-Strauss 1963, secondary summary). Lévi-Strauss argued that the healer's power rests on three beliefs: the healer's in his technique, the patient's in the healer, and the group's in both.

The story is not quite what Lévi-Strauss made of it. Quesalid was George Hunt (1854 to 1933), Franz Boas's chief collaborator among the Kwakwaka'wakw (Tybjerg 2018, read in full). Hunt's authorship of the account in Boas's *The Religion of the Kwakiutl Indians* (1930) became clear only in Boas's posthumous *Kwakiutl Ethnography* (1966). Tove Tybjerg traces four tellings. The initiation took place in the 1870s, and Hunt told it around 1900, in 1922 and in 1925. The early versions are mythic, not sceptical, and Hunt said he had told them to impress Boas with the people's belief. The opening "I was the most doubting" also appears in another healer's account, so it may be a convention of the genre. Hunt also said "sometimes I believed, and sometimes I did not believe" (Tybjerg 2018, quoting Boas 1930). Tybjerg concludes that Lévi-Strauss's straight line from sceptic to believer cannot be sustained, and Harry Whitehead reached a similar view (Whitehead 2000, not read). The training was held under total secrecy, so this report gives only the outline Boas and Lévi-Strauss already published. Tybjerg also reports that a healer exposed for inventing cures for money died in shame.

The Ju/'hoansi (!Kung) of the Kalahari: the healing dance. In Richard Katz's *Boiling Energy* (1982), the women sit at the night fire, singing and clapping. The healers, mostly men, dance until *n/um*, the healing energy, boils up the spine into *!kia*. They then lay hands on everyone present, sick or well. FO-10 gives about four dances a month, healing given free, and the change from 1968 to 1989 as cash arrived (THRIVING library, FO-10). The point here is that **the whole camp is treated, not only the patient**.

The Salento, southern Italy: tarantism. In 1959 Ernesto de Martino took a psychologist, a psychiatrist, an ethnomusicologist and a social anthropologist to the Salento. *La terra del rimorso* (1961, English 2005) studied the *tarantate*, mostly women who said a tarantula had bitten them (de Martino 1961, publisher's description and a secondary review). The cure was the tarantella. Musicians played at the sufferer's home, sometimes for days, until she danced the bite out. Then she went at the feast of Saints Peter and Paul to the chapel of St Paul at Galatina. De Martino read the bite as *rimorso*, remorse and the bite returning: a cultural form that let private crisis, poverty and constraint be lived through in public and then closed. Later writers describe the music's revival as festival entertainment [VERIFY].

Hawai'i: ho'oponopono. Mary Kawena Pukui, with E. W. Haertig and Catherine Lee, recorded Hawaiian family practice in *Nānā I Ke Kumu* (1972) for the Queen Lili'uokalani Children's Center. Pukui defined ho'oponopono as the means "to restore and maintain good relationships among family, and family and supernatural powers" (Pukui 1972, secondary summaries). When a person fell ill the family met, because anger, guilt and unforgiven wrongs were

understood to cause illness. In the published form: - A senior family member, or a respected outsider, leads. - There is prayer, and the problem is stated. - Silences, confession, repentance and mutual forgiveness follow. - The wrong is released (*kala*) and cut off (*'oki*). - The meeting closes (*pani*) with a meal. The "self-help" version associated with Morrnah Simeona and Ihaleakala Hew Len is a later adaptation (Wikipedia and Hawaii Magazine, secondary).

North America, by reference. TR-08 covers the Diné chantways, sung over one to nine nights, of which nearly a hundred are restricted, the Lakota sweat lodge, the Lakota 1993 declaration against exploiters, and the Cherokee *gadugi*, neighbours working for a household that cannot (THRIVING library, TR-08). TR-07 covers the *zar* and the prayer camps of Ghana. TR-12 reports 17 rongoā Māori healers who call themselves mediators of healing rather than its source (THRIVING library, TR-12, citing Mark 2017).

What the traditions share (my synthesis [VERIFY: inference]): 1. The illness is named in a story the family already believes. 2. The cause lies outside the patient's fault but often inside a relationship. 3. The group gathers. 4. Something hidden is said aloud. 5. Music, rhythm and the body carry the work. 6. A closure (meal, pilgrimage, membership) marks the return.

3. What the theorists say

Lévi-Strauss, "The Effectiveness of Symbols" (1949). FO-10 sets out the Cuna song *Muu Igala* and its critics, Atkinson, Laderman and Sherzer, who doubt it was sung or understood as described (THRIVING library, FO-10). Lévi-Strauss claimed the song gave the woman in labour a language for her pain. Whether it ever helped an obstructed labour is not recorded.

Frank, *Persuasion and Healing* (1961, 3rd edition with Julia Frank 1991). Jerome Frank observed that different psychotherapies, religious healing and folk healing give similar results. He concluded that what they share does most of the work: the patient is demoralised and the healer restores hope (Frank and Frank 1991, publisher's description and a secondary review). His shared features are usually given as four: - a confiding relationship with a healer, - a healing setting, - a rationale or myth, - a ritual that both believe in. I take these from general knowledge of the book [VERIFY].

Kleinman, disease and illness (1980). Disease is the body's malfunction. **Illness** is the person's and family's experience of it. **Curing** acts on disease and **healing** on illness. A folk healer may heal without curing and a doctor cure without healing. The wording is from general knowledge of the book [VERIFY].

Dow, "Universal aspects of symbolic healing" (1986). James Dow argued that every symbolic healer persuades the patient that the illness belongs to the culture's mythic world, attaches the patient's emotions to its symbols, and moves the symbols: "an ontological shift for the patient into a particularized mythic world" (Dow 1986, abstract). I did not confirm his stages from the text [VERIFY].

Turner, the social drama. The patient's symptom is also the village's tension, and the rite repairs both (Turner 1968, secondary summary).

Agreement. All five place healing in meaning, hope, emotion and the bonds of the group. None of the theorists claims that the rite acts on a germ or a tumour. The traditions sometimes do.

4. The test of the tâng-ki

Kleinman and Lilias Sung followed patients of tâng-ki and other indigenous healers in Taipei (Kleinman and Sung 1979, abstract only). - About 90 per cent of patients had chronic, self-limiting or masked minor psychological complaints. Almost half were somatising, feeling distress as bodily pain. - 10 of 12 consecutive tâng-ki patients rated themselves at least partly cured. - Yet symptoms had not changed in several of them and had worsened in one. - The healer worked on meaning and the social response, and that, not a change in disease, explained the satisfaction.

Kleinman and James Gale then compared 118 tâng-ki patients with 112 physician patients (Kleinman and Gale 1982, abstract only). More than three-quarters in both groups reported improvement. More were dissatisfied with the tâng-ki, even among somatisers. The design had limits.

Inference. Most people who seek any healer have complaints that time and meaning help. Satisfaction is not evidence that disease changed. Grade B for perceived improvement in minor complaints, D for change in disease.

5. Song and music: the trials

This is the strongest trial evidence in the chapter and the weakest in method, because no one can blind a patient to music. An SMD of 0.2 is small, 0.5 moderate and 0.8 large. Negative means less pain or anxiety. The STAI anxiety scale runs from 20 to 80.

Setting	Review	Size	Outcome	Effect (95% CI)	Quality
Cancer	Bradt 2021	81 trials, 5,576	Anxiety, STAI	MD −7.73 (−10.02 to −5.44), 17 trials	Very low certainty
			Depression	SMD −0.41 (−0.67 to −0.15), 12 trials	High risk of bias
			Pain	SMD −0.67 (−1.07 to −0.26), 12 trials	High risk of bias
			Fatigue	SMD −0.28 (−0.46 to −0.10), 10 trials	Low certainty
Before surgery	Bradt 2013	26 trials, 2,051	Anxiety, STAI	MD −5.72 (−7.27 to −4.17)	High risk of bias
Around surgery	Hole 2015	73 trials	Pain	SMD −0.77 (−0.99 to −0.56)	High risk of bias
			Anxiety	SMD −0.68 (−0.95 to −0.41)	
			Analgesic use	SMD −0.37 (−0.54 to −0.20)	
			Length of stay	−0.11, not significant	
Dementia	van der Steen 2018	11 trials, 503	Depression	SMD −0.27 (−0.45 to −0.09)	Small trials
			Agitation	SMD −0.07, none	
Depression	Aalbers 2017	219 people	Clinician-rated	SMD −0.98 (−1.69 to −0.27)	Moderate, short term
		142 people	Self-rated	SMD −0.85 (−1.37 to −0.34)	
COPD, singing	McNamara 2017	2 trials, 52	Physical quality of life	MD 12.64 (5.50 to 19.77)	Low
Older people, choir	Coulton 2015	258	Mental quality of life at 6 months	MD 2.35 (0.06 to 4.76)	One pilot trial

Sources: Bradt 2021 (summary and abstract), Bradt 2013 (abstract), Hole 2015 (abstract and NIHR alert), van der Steen 2018 (abstract), Aalbers 2017 and McNamara 2017 (Cochrane summaries), Coulton 2015 (abstract). Sizes are for the outcome shown where the review total was not obtained.

Plainly: - **Around surgery,** music before, during or after the operation cut pain, anxiety and painkiller use, even under general anaesthetic, which expectation alone hardly explains (Hole 2015). One large trial found music lowered preoperative anxiety more than midazolam (Bradt 2013). - **In cancer,** anxiety fell about 8 points and pain moderately. Trained music therapists gave more consistent results than recorded music (Bradt 2021). - **In dementia,** mood lifts a little and agitation does not change. The 2025 update gives −0.23 in 9 trials and 441 people (Cochrane summary). - **In depression,** music therapy added to usual care helps by a large amount in the short term (Aalbers 2017). - **Singing in lung disease** raised physical quality of life by three times the minimal important difference of 4 points, without significant change in breathlessness (McNamara 2017). Adam Lewis and colleagues reviewed six studies for the British Lung Foundation and found possible gains in quality of life and anxiety, at high risk of bias. Patients said the groups helped them cope (Lewis 2016). - **Older people's choirs** in East Kent improved mental quality of life by 4.77 (2.53 to 7.01) at three months, less at six (Coulton 2015). - **No review reported an adverse effect.**

Limits. The trials are small, unblinded and mostly at high risk of bias, their authors say so, and the outcomes are self-rated. Grade A at the certainty stated. No trial claims an effect on infection, bleeding or tumour.

Ted Gioia, *Healing Songs* (2006), the series' style model, moves from the rhythm within the body through incantation, Native American healing song, Orpheus and the harmony of the spheres to music therapy and the drum circle, and ends on "Do Healing Songs Work?" (Gioia 2006, contents and description). His stance, as his publisher puts it, is that the drumming circle will not and should not replace the emergency room. This report takes the same stance.

6. Dance and movement

The dance is everywhere in the traditions, and the trials are thin. The Cochrane review of dance movement therapy for depression found three studies and no firm conclusion (Meekums 2015, as reported in Karkou 2019). Karkou's 2019 meta-analysis was read only in abstract and background, and its pooled figures were not obtained [VERIFY]. TR-12 reports that a course of massage reduced trait anxiety by g 0.75 and depression by g 0.62 across 37 studies (THRIVING library, TR-12, citing Moyer 2004). The dancing healer's hands on every body belong to the same family of acts [VERIFY: inference].

Dance joins exercise, rhythm, touch, exhaustion and company, and each has some evidence for mood. As a rite it is untested. Grade D as a healing rite, C as a communal event across unrelated cultures.

7. Confession, disclosure and reconciliation

The Ndembu village confesses grudges. The Hawaiian family confesses in ho'oponopono. The penitent confesses to a priest. The member of Alcoholics Anonymous tells the story and admits wrongs to another person. What does the record show about saying the hidden thing?

Pennebaker 1986. James Pennebaker and Sandra Beall had 46 undergraduates write for 15 minutes on four consecutive days (Pennebaker and Beall 1986). - Those who wrote about both the facts of a trauma and their feelings had higher blood pressure and worse mood straight afterwards. - Over the following months (about five or six, by different accounts [VERIFY]) they made fewer health-centre visits. - Facts alone did nothing. - Pennebaker later called the study "horribly underpowered" (Science Blog, secondary). - A 1988 replication with 50 students reported changes in immune markers.

Frattaroli 2006. Joanne Frattaroli pooled 146 randomised studies and 10,994 people (Frattaroli 2006, read in full). The average effect was small: r = .075 unweighted, .063 weighted. It was .056 for psychological health (112 studies,

8,533 people) and .072 for reported physical health (95 studies). Health behaviours did not change. An r of .075 is roughly an SMD of 0.15 [VERIFY: my conversion]. The moderators tell a village how to do it:

Moderator	Larger effect	Smaller effect
Place	At home, r .122	Laboratory or clinic, .034
Privacy	Private room, .085	Others present, .034
Length	15 minutes or more, .080	Under 15, .007
Sessions	3 or more, .082	Fewer, .040
Handed in	Kept private, .178 (marginal)	Handed in, .050
Follow-up	Under 1 month, .111	1 month or more, .064
Publication	Published, .095	Unpublished, .054

Writing, typing and speaking aloud did not differ. Mood was worse in the short term. **Disclosure no one ever read did at least as well as disclosure that was witnessed.** The benefit seems to come from putting the thing into words, not from telling someone. The publication gap means the true effect is probably smaller than the published one.

Forced telling: debriefing. In the 1980s and 1990s single-session "psychological debriefing" became routine after disasters, with survivors asked to recount the event and their feelings soon after. Suzanna Rose, Jonathan Bisson, Rachel Churchill and Simon Wessely reviewed the trials for Cochrane (Rose 2002). Debriefing did not prevent PTSD. In one trial those debriefed were more likely to have PTSD at one year, OR 2.51 (1.24 to 5.09). Severity was slightly higher at 1 to 4 months (SMD 0.11) and 6 to 13 months (0.26). The review said compulsory debriefing should cease. **Chosen, private disclosure helps. Forced disclosure after catastrophe can harm.** Grade X for compulsory debriefing.

The twelve-step fellowship combines confession, a sponsor, a meeting and a story, without clergy. John Kelly, Keith Humphreys and Marica Ferri reviewed 27 studies and 10,565 people (Kelly 2020, secondary summaries). - Manualised programmes that link people to AA raised continuous abstinence at 12 months: 42 against 35 per cent by one account, NNT 13.6 (6.8 to 90.9). - The benefit lasted to 36 months and health-care costs fell. - Drinking intensity did not differ. - 11 of 27 studies had high risk of selection bias. Grade A for abstinence.

Ho'oponopono and the Ndembu confession. No trials were found [VERIFY]. They claim that hidden anger makes people ill and that airing and forgiving it heals. The record shows families reconciled and the sick returned to a repaired household, and nothing about disease. Grade D. The parts that resemble what trials support are plausible: choosing to speak, being heard, repair and a closing meal. Public pressure on someone unwilling resembles debriefing, and is not.

Who may hear a confession [OWNER]. In a village with no priest, who hears a confession and what they may do with it is a question of governance and may belong to the GOVERNING book. This report does not decide it. The evidence adds one fact: the benefit does not need a witness. Private writing, and speaking aloud alone, need no confessor (Protocol 5).

8. The gathered community

Social ties. Julianne Holt-Lunstad, Timothy Smith and Bradley Layton pooled 148 studies and 308,849 people (Holt-Lunstad 2010). Stronger social relationships gave 50 per cent greater odds of survival, OR 1.50 (1.42 to 1.59), across age, sex, health and cause of death, comparable to quitting smoking. The data are observational, and the sick may have fewer friends because they are sick. Grade B.

Religious attendance. In the Nurses' Health Study, Shanshan Li, Meir Stampfer, David Williams and Tyler VanderWeele followed 74,534 women from 1992 to 2012, with 13,537 deaths (Li 2016, press release). Attending more than weekly, against never, gave HR 0.67 (0.62 to 0.71). Depression, smoking, social support and optimism explained part of this, and the cohort was mostly white Christian nurses. Yoichi Chida, Andrew Steptoe and Lynda Powell found HR 0.82 (0.76 to 0.87) in 69 studies of healthy people and nothing in 22 studies of the already ill, HR 0.98 (0.94 to 1.01), with publication bias (Chida 2009, abstract). Koenig, King and Carson's *Handbook of Religion and Health* (2012) reviews the field and was not read [VERIFY].

The critics. Richard Sloan, Emilia Bagiella and Tia Powell argued in the Lancet that even the best evidence is weak and inconsistent, chiefly because people too ill to leave home cannot attend (Sloan 1999, secondary). Sloan expanded this in *Blind Faith*. Chida's null result in the ill fits his reading [VERIFY: inference]. Grade B for the association, D for attendance as cause.

Prayer by strangers. Herbert Benson's STEP trial randomised 1,802 bypass patients at six hospitals (Benson 2006, secondary summaries). Complications ran at about 52 per cent with or without prayer by strangers. In patients told they would certainly be prayed for, the rate was 59 per cent (352 of 601). Death and readmission did not differ. One reading is nocebo: certainty of prayer told patients they were sicker than they thought [VERIFY: inference]. Grade X as treatment. Prayer by people the patient knows was not tested.

The Friendship Bench. In Harare, Dixon Chibanda trained grandmothers to give problem-solving therapy on wooden benches at 24 clinics (Chibanda 2016, secondary summaries). - **Who:** lay health workers, *ambuya utano*, median age 53. - **Training:** 8 days, then a 30-day supervised internship. - **Dose:** six weekly sessions of about 45 minutes, then an optional peer group. - **Trial:** 573 patients, 86 per cent women, 42 per cent HIV positive, 91 per cent followed up. - **Result at six months:** depression 13.7 per cent against 49.9 per cent with enhanced usual care, adjusted RR 0.28. Symptom score 3.81 against 8.90. - **Suicidal thoughts:** 2 against 12 per cent, in one news report [VERIFY]. Grade A. This is the closest trial to "a village heals by being a village". The grandmothers were not clinicians and the bench was a bench.

Uganda. Paul Bolton ran group interpersonal therapy in 30 villages of Masaka and Rakai in 2002. Single-sex groups met for 16 weekly sessions of 90 minutes, and 224 of 248 completed (Bolton 2003, abstract and press release). The authors called it highly efficacious. Effect sizes were not obtained [VERIFY]. Grade A.

Women's groups and the labour companion. TR-14 reports participatory women's groups across seven trials and 119,428 births. Maternal death fell (OR 0.63), and newborn death fell (OR 0.77), to 0.67 where 30 per cent of pregnant women took part (THRIVING library, TR-14, citing Prost 2013). Continuous labour support was studied in 26 trials and 15,858 women. Caesarean birth fell (RR 0.75), labour was about 0.69 hours shorter, low Apgar scores fell (RR 0.62), and negative feelings about the birth fell (RR 0.69) (THRIVING library, TR-14, citing Bohren 2017). **Company changed death rates**, but by carrying knowledge, action and referral into the group. Company alone was not tested [VERIFY: inference].

Healers and clinicians together. In TR-07's COSIMPO trial in Ghana and Nigeria, psychotic symptoms improved by an adjusted 15.01 PANSS points. Shackling fell from 57 to 9 and 42 to 10 per cent (THRIVING library, TR-07, citing Gureje 2020). The ceremonies continued. The chains came off and the medicines went in.

Grief rites. In Michael Norton and Francesca Gino's three experiments, people who recalled or performed a ritual after a loss reported less grief (Norton and Gino 2014, abstract and secondary summaries). The losses were a loved one, a lover and a lottery prize. A regained sense of control explained the effect. It held in people who did not believe in rituals. In the lottery study only performing the ritual helped, not sitting quietly or reading about one (University of Mannheim summary). Grade A for a small, short-term fall in grief, in volunteer samples.

The epidemic exception. Each unsupervised Ebola burial in Sierra Leone produced about 2.58 further cases (THRIVING library, HY-07, citing Tiffany 2017). HY-07's rule is to keep the rite and change its form: the fam-

ily stands at a distance and sings. In Mawah, Liberia, in 2014 the task force visited bereaved and quarantined homes at least twice a week (THRIVING library, IN-13). In an epidemic the gathering must change its form, not cease.

9. What ritual changes and what it never changes

Outcome	Best evidence	Size
Pain	Music around surgery (Hole 2015)	SMD −0.77
Anxiety	Music before surgery (Bradt 2013)	STAI −5.72
Nausea	Pooled placebo trials (THRIVING library, FO-10)	SMD −0.25
Low mood	Music therapy (Aalbers 2017), Friendship Bench (Chibanda 2016)	SMD −0.98, RR 0.28
Grief	Performed ritual (Norton and Gino 2014)	Small, short term
Drinking	Twelve-step facilitation (Kelly 2020)	NNT 13.6
Return to care	COSIMPO (TR-07)	Shackling 57 to 9 per cent
Deaths at birth	Women's groups (TR-14)	OR 0.77 newborn
Long-run survival	Social ties (Holt-Lunstad 2010)	OR 1.50, observational

Ritual also changes the sick role, the healer's authority and social cohesion. Every ethnography above shows these and no trial measures them. The Ndembu patient becomes a cult member. The tarantata's crisis is closed in public. The Ju/'hoansi camp is touched and treated. The sick are given a role, permission to rest and a way back. The healer gains the authority to be obeyed when it matters (THRIVING library, FO-10). Grade B from the ethnographic record.

What it never changes. No ritual in the record has: - cleared a bacterial infection, - stopped arterial or postpartum bleeding, - delivered an obstructed labour, - reversed dehydration, - set a bone, - shrunk a tumour beyond the 1 to 3 per cent response FO-10 reports for placebo.

FO-10 gives the clinical record (THRIVING library, FO-10): - In Wechsler's asthma trial, patients felt better on sham treatment while lung function stayed the same. - Johnson found HR 2.50 for death in cancer patients who chose alternative medicine alone. - Asser and Swan judged that 140 of 172 child deaths in faith-healing families were probably avoidable.

Ritual in place of the knife, needle or drug for infection, haemorrhage, obstructed labour or tumour is grade X.

10. The harms of ritual healing as a whole

TR-15 and TR-08 hold the named deaths. The harm types that run through ritual healing are these. 1. **Delay.** The largest harm. TR-15 reports HR 2.5 for death in cancer patients who chose alternative medicine alone. It also reports more than 330,000 South African lives lost while the state promoted garlic and beetroot over antiretrovirals (THRIVING library, TR-15). 2. **Exorcism with force.** Anneliese Michel died in 1976 at about 30 kg after 65 to 67 rites. Kristy Bamu, 15, was tortured and drowned in Newham, east London, on Christmas Day 2010 after an accusation of *kindoki* (THRIVING library, TR-15). Grade X. 3. **Chains.** In Ofori-Atta's Ghana trial, chaining added nothing to the camp's effect (THRIVING library, TR-07). Grade X. 4. **Accusation.** Divination names a neighbour, often a child or a widow, as the cause (THRIVING library, TR-07, Protocol 6). The Ndembu and Hawaiian forms air grudges without convicting anyone. A village rite must never end in a named culprit [VERIFY: inference]. 5. **Heat, fasting and exhaustion.** At Sedona on 8 October 2009, James Arthur Ray's commercial sweat lodge killed Kirby Brown, James Shore and Liz Neuman, who had entered after a fast without water (THRIVING

library, TR-08). 6. **Forced disclosure** (Rose 2002), the village version being a confession pressed out before the group. 7. **Breach of confidence.** No trial measures it, but the harm in a small village is plain [VERIFY: inference] [OWNER]. 8. **Exploitation.** Fees that rise with fear, sexual exploitation, borrowed rites sold. The Ju/'hoansi dance was free until cash arrived (THRIVING library, FO-10). The Lakota condemned the sale of ceremonies in 1993 (THRIVING library, TR-08). 9. **Nocebo.** A patient told they are cursed, or certainly prayed for, may do worse (FO-10, Benson 2006). 10. **Crowding in an epidemic.** Funerals spread Ebola (THRIVING library, HY-07). 11. **Rites led without the right.** SY-04 warns against borrowing restricted rites, and Sedona was such a borrowing. Who may lead a rite is a governance question [OWNER] and may belong to the GOVERNING book.

11. How the healer uses ceremony without lying

In Kaptchuk's 2010 trial, 59 per cent of IBS patients told openly that their capsules were inert reported adequate relief, against 35 per cent with no treatment (THRIVING library, FO-10). Norton and Gino's rituals helped people who did not believe in them. Together these suggest that a ceremony offered for what it truly is can still work [VERIFY: inference].

The rule: **say what each part is for, and never claim for the rite what belongs to the medicine.** - True: "We gather to sing for you because you are ours and we will not leave you alone." - True: "The drink is for the pain. The song is for you." - Forbidden: "The song will drive out the fever." "You do not need the knife now." "If you are not well, your faith was weak."

A healer inside the patient's own tradition, as in COSIMPO, speaks in its terms. A village healer from outside it does not pretend to belong. They help the patient reach their own healer (THRIVING library, TR-08, Protocol 4).

Evidence grades

Practice	Grade	Tradition says	Record shows	Inference
Music around procedures	A	Song eases the body	Pain −0.77, less analgesic	Moderate, unblinded
Music therapy, depression	A	Song lifts the spirit	SMD −0.98 short term	Real, short term
Music in cancer, dementia	A	Comfort	Anxiety, pain down, agitation unchanged	Small to moderate
Group singing	A	Breath and company	Quality of life up, lungs unchanged	Feels better, breathes the same
Healing dance as rite	D	Draws sickness out	No trial	Parts plausible
Dance as communal event	C	Holds the camp together	Unrelated cultures	Mood, cohesion
Private disclosure	A	Hidden things sicken	r .075, best private	Small, real
Compulsory debriefing	X	Telling heals	No benefit, OR 2.51 harm	Never compel
Twelve-step fellowship	A	Fellowship	NNT 13.6	Real
Ho'oponopono, Ndembu confession	D	Grudges sicken	Families reconciled	Plausible in parts
Lay problem-solving visits	A	Clinical	Depression 49.9 to 13.7 per cent	Strong

Practice	Grade	Tradition says	Record shows	Inference
Women's groups, labour companion	A	Women attend women	OR 0.77, RR 0.75	Knowledge plus company
Performed mourning ritual	A	The dead must be sent	Grief down	Small
Religious attendance	B	Faith protects	HR 0.67, confounded	Association
Social ties	B	We live by each other	OR 1.50	Observational
Prayer by strangers	X	God hears	59 against 52 per cent if certain	Possible nocebo
Tâng-ki, minor complaints	B	The god heals	Satisfied, symptoms often unchanged	Heals illness
Tarantism	D	The bite is danced out	Crisis closed	Cultural form
Ritual in place of treatment for infection, bleeding, labour, tumour	X	Varies	Deaths	Never
Exorcism with force, chains	X	Expels the spirit	Deaths	Never

Means ledger

Practice	Hands and knowledge	Hearth	Garden and still	Village dispensary (300)	District infirmary (3,000)	Hospital before the Fall
Song for pain and fear	Voice, known songs	Warm quiet room	Instruments, pain remedies beside it	Song rota at procedures	Music at every operation and birth	Recorded music, music therapist
Visiting rota	Neighbours	Food and water carried	Written rota	Lay counsellors, 8 days' training	Supervisor, referral of the suicidal	Community mental health team
Private disclosure	Speaking alone	Paper, charcoal, fire to burn it	Ink	A quiet room offered	The same	Therapist-led writing
Confession, reconciliation [OWNER]	The family meets	A closing meal	The same	A listener the village agrees on	Plus counselling	Chaplain, counsellor
Grief rite	The family's form	Food, fire, burial	The same	Epidemic funeral rules	Burial teams in an epidemic	Bereavement services
Labour companion	A woman the mother knows	Warm water, food	The same	Midwife, transfer rule	Caesarean, transfusion	Obstetric unit

Practice	Hands and knowledge	Hearth	Garden and still	Village dispensary (300)	District infirmary (3,000)	Hospital before the Fall
Gathering for the sick	Kin, neighbours	Warmth, water, no fasting	The same	Healer checks red flags	Admission on red flags	Ward, chaplain

What each rung changes. Hands and the hearth deliver nearly all of ritual's benefit, since song, company and confession need no equipment. The dispensary adds the life-saving element: someone trained to see the red flags and send the patient on. The infirmary adds what ritual cannot replace. The hospital's music therapist adds consistency (Bradt 2021) but probably little over a willing singer [VERIFY: inference].

Harm test

Practice	How it harms	Never for	Signs	Action	Cases
Song, gathering	Delay, epidemic spread	Anyone with a red flag, unless treated at once	Worse after the rite	Treat or transfer first, sing alongside	TR-15, FO-10
Night dance, vigil, fast	Dehydration, falls, heart strain	Old, pregnant, heart patients, infants, the dehydrated	Dizziness, confusion, no urine, chest pain	Stop, water, lie down	TR-08
Heat rite	Heat stroke	As above, the fasting	Confusion, vomiting, hot dry skin	Out, cool, water	Sedona 2009
Confession	Forced disclosure, breach, shame	The freshly traumatised who do not wish to speak	Distress, withdrawal	Stop asking, offer private forms	Rose 2002
Private writing	Short-term low mood	The acutely suicidal	Mood worse beyond a day or two [VERIFY]	Stop, visit	Frattaroli 2006
Divination, accusation	Violence, exile	Children, widows, the old	Talk of a culprit	Stop the rite, protect the named	Bamu 2010
Exorcism with force	Starvation, beating, drowning	Everyone	Restraint, refused food	Stop, feed, protect	Michel 1976
Healer's fee	Debt, exploitation	The poor, the desperate	Fees rising with fear	Village fee rule [OWNER]	TR-08
Nocebo	Despair, refusal to eat	The cursed or doomed	Stopped eating and drinking	FO-10 protocol	STEP 2006

Red flags

FO-10's list is the master list (THRIVING library, FO-10). At a gathering, these signs mean song must give way to treatment or transfer: 1. Fever with a stiff neck, confusion, a purple rash, fast breathing or no urine. 2. Bleeding that

soaks a cloth, or bleeding after birth (MA-01's protocols). 3. Labour that does not progress, a wrong presentation, or a fitting mother (MA-01). 4. A swelling growing over weeks, weight loss, or blood in stool, urine or sputum. 5. A person who believes themselves cursed and has stopped eating or drinking (FO-10). 6. Talk of suicide, or a plan. Do not leave them alone. 7. Anyone restrained, chained, starved or beaten in the name of healing. 8. A child named as a witch or as the cause of an illness. 9. A bereaved person who stops eating, sleeping or caring for children for weeks [VERIFY: threshold my inference]. 10. Collapse, confusion or chest pain during a dance, vigil or heat rite.

When the village cannot give what is needed, keep singing, keep visiting, and tell the truth. FO-10's honest comfort script begins: "This is serious. We are doing everything we can. I will stay with you." HY-07 names loneliness as the cruelty of an epidemic death (THRIVING library, HY-07). The song does not cure, but it keeps the dying from being alone.

The case against

Against the romance of ritual: - **Richard Sloan:** religion and health findings are confounded by who is well enough to attend (Sloan 1999). - **The STEP investigators:** prayer by strangers did nothing, and certainty of it went with more complications (Benson 2006). - **Pennebaker himself:** the founding study was underpowered. Frattaroli found publication bias and r .075 (Frattaroli 2006). - **Joke Bradt and colleagues:** most of their own music evidence is low or very low certainty (Bradt 2021). - **The anthropologists' critics:** - Atkinson, Laderman and Sherzer on the Cuna song (THRIVING library, FO-10). - Tybjerg and Whitehead on Quesalid, a sceptic's progress shaped by teller and theorist (Tybjerg 2018, Whitehead 2000). - The obvious objection to Edith Turner's tooth. - **Simon Wessely and colleagues:** the most popular organised disclosure of the 1990s could harm (Rose 2002). - **The Lakota declaration of 1993:** against outsiders who sell borrowed ritual (THRIVING library, TR-08).

Against the rationalist dismissal: - Music cut painkiller use after surgery, a harder outcome than a rating (Hole 2015). - Grandmothers on a bench beat usual care for depression by a margin few drugs reach (Chibanda 2016). - Women's groups and labour companions changed death rates (TR-14). - Healers working with clinicians freed the chained (TR-07). - Isolation predicts death about as strongly as smoking (Holt-Lunstad 2010). - Most complaints that bring people to any healer are the kind meaning and time help (Kleinman and Sung 1979).

My reading. Ritual acts on the illness and the group. It reaches the disease only through behaviour: the patient comes back, takes the medicine, eats, rests and stops drinking. Paired with what the village knows, it gains a great deal. Substituted for it, people die.

Today and after the Fall. Today ritual sits beside a hospital, and its main risk is delaying the hospital. After the Fall it becomes a larger share of what can be done, and its gains against pain, fear, grief and isolation weigh more. It needs no supply chain. Its main risk becomes failure to recognise the red flags the district can still treat [VERIFY: inference].

10-line summary

1. Song, company and ritual reduce pain, anxiety, low mood and grief by small to moderate amounts in trials.
2. Music around surgery cuts pain (SMD −0.77), anxiety (−0.68) and painkiller use (−0.37), even under anaesthesia.
3. Music therapy lifts depression in the short term (−0.98). In dementia the lift is small and agitation is unchanged.
4. Six visits from trained lay grandmothers cut depression from 49.9 to 13.7 per cent in Harare.
5. Private disclosure helps a little (r .075), most at home, alone, for 15 minutes or more, three or more times, unshared.
6. Forced disclosure after trauma can harm (PTSD OR 2.51 in one trial). Never compel confession.

7. Company carrying knowledge cuts deaths at birth (women's groups OR 0.77, companions caesarean RR 0.75).
8. Religious attendance predicts survival in the healthy (HR 0.67 to 0.82), but it is confounded and absent in the ill.
9. No ritual has cleared infection, stopped haemorrhage, delivered an obstructed labour or shrunk a tumour. Ritual in place of treatment for these is grade X.
10. The harms are delay, force, accusation, heat and fasting, forced disclosure, exploitation and epidemic crowding, all avoidable by rule.

Open questions

- Has any healing rite as performed, not its parts, changed a hard outcome in a trial? None was found [VERIFY].
- How large was the Ugandan group-therapy effect (Bolton 2003)? What did Karkou 2019 find for dance?
- Why did certainty of prayer go with more complications in STEP? Unexplained and unreplicated.
- Does speaking aloud alone serve people who cannot write? Frattaroli found no difference by mode, in literate samples.
- Who may hear confession, and where does confidentiality end, for example when a child is in danger? [OWNER], possibly for the GOVERNING book.
- Who may lead a rite from a tradition they do not hold, and how are healers' fees governed? [OWNER].
- Is the lasting AA benefit the fellowship's, or that of those who choose to stay?

Sources to read in full

1. Frattaroli 2006, the manual for private disclosure.
2. Chibanda 2016, with the Friendship Bench training manual, the template for village counsellors.
3. Hole 2015, on music and surgery.
4. Bradt 2021, on music in cancer.
5. Kleinman 1980, with Kleinman and Sung 1979.
6. Turner V 1968 and Turner E 1992.
7. Tybjerg 2018 and Whitehead 2000, beside Lévi-Strauss 1963.
8. Pukui, Haertig and Lee 1972, for ho'oponopono in its own form.
9. Gioia 2006, the series' style model.
10. Rose 2002, as the warning.

At the bedside after the Fall

The household. - **Minimum:** someone stays with the sick person, sings the songs they know before and during painful procedures, and offers a way to say what weighs on them, aloud alone or on paper that can be burned. The family keeps its own grief rites. - **Needs:** the family's songs, a quiet corner, this book's red flags. - **First failure:** singing instead of acting, around a child with fever and a stiff neck, until morning.

The village of 300. - **Minimum:** - a visiting rota so no sick or bereaved person goes a day unvisited, - two or three lay counsellors on the Friendship Bench model, - a weekly song circle, - a companion for every woman in labour, - a red-flag check before every gathering for the sick, - an agreed way for confession to be heard, or not [OWNER]. - **Needs:** - eight days of counsellor training, if someone can teach it [VERIFY: whether a village can run it without a clinician], - a written rota, - a song keeper, - a warm meeting place, - village rules on fees, confidentiality and who leads rites [OWNER]. - **First failure:** the rota lapses after the first month, the counsellors tire without supervision, or a confession is repeated at the well.

The district of 3,000. - **Minimum:** - a supervisor for the village counsellors, - referral for the suicidal, the psychotic and the restrained, - music at every infirmary procedure, - epidemic rules for funerals, - a register of healers and fees, -

a COSIMPO-style arrangement with traditional and faith healers. - **Needs:** one person with mental-health training, the infirmary's beds, and the authority to stop a rite that is killing someone [OWNER]. - **First failure:** the infirmary and the healers distrust each other, and patients arrive late.

Protocols

Protocol 1. The visiting rota

- ☐ List every bedbound, gravely ill, newly bereaved or newly delivered person. Review the list weekly.
- ☐ Assign each a household that visits daily and a second that visits at least twice a week. Twice weekly was the Mawah minimum (THRIVING library, IN-13).
- ☐ Each visit lasts 20 to 45 minutes [VERIFY: my range, from the Friendship Bench session]. Bring water or food. Sit at eye level.
- ☐ Ask every visit: Are you in pain? Are you eating and drinking? Is anything worse than yesterday? Anything worse goes to the healer that day.
- ☐ Any red flag goes to the healer at once.
- ☐ Visit the bereaved for at least four weeks [VERIFY: my figure].
- ☐ In an epidemic, visit at the door or window, at a distance (HY-07).

Protocol 2. Song at the bedside and at procedures

- ☐ Ask what the patient wants sung. Use their songs.
- ☐ Begin before the procedure and continue during and after (Hole 2015).
- ☐ Keep it soft enough to speak over [VERIFY: no source for volume].
- ☐ Give the village's painkiller as well. Music reduced painkiller use, it did not replace it.
- ☐ Never sing in place of a treatment a red flag demands.

Protocol 3. The song circle

- ☐ Weekly, at a fixed hour, about an hour [VERIFY: my duration].
- ☐ Open to the sick, the old and the grieving. No one is made to sing.
- ☐ People with lung disease sit, rest between songs, and stop if breathless or blue.
- ☐ Run it for at least three months before judging it (Coulton 2015).
- ☐ In an epidemic of a disease spread by breath, suspend it or move outdoors at a distance [VERIFY: inference].

Protocol 4. The problem-solving visit (after the Friendship Bench)

- ☐ Choose counsellors people already trust. In Harare they were grandmothers, median age 53.
- ☐ Train 8 days, then 30 days under supervision (Chibanda 2016).
- ☐ Six weekly sessions of about 45 minutes, in a quiet corner or on a bench.
- ☐ Session 1: listen, then name together one problem to work on.
- ☐ Sessions 2 to 5: choose one step the person can take this week, then review it next week [VERIFY: my summary, manual not read].
- ☐ Session 6: review, and offer a peer group.
- ☐ Talk of suicide: stay with the person and bring the healer the same day.
- ☐ Counsellors meet a supervisor at least monthly [VERIFY: my figure].

Protocol 5. Private disclosure, for those who choose it

- ☐ Offer, never require. Do not press it on anyone in the first days after a disaster (Rose 2002).
- ☐ Write, or speak aloud alone, about what weighs most: what happened and what you feel, both.

- ☐ At least 15 minutes a session, at least 3 sessions, on consecutive days. 15 to 20 minutes on 3 or 4 days is the usual form (Frattaroli 2006, Pennebaker and Beall 1986).
- ☐ At home, alone, in private.
- ☐ Keep it, hide it or burn it. Hand it to no one.
- ☐ Expect to feel worse for an hour or a day. If low mood lasts or deepens, stop and see the healer.

Protocol 6. Hearing a confession without a priest [OWNER]

Who may hear confession and where confidentiality ends may belong to the GOVERNING book. The steps below are only what the evidence supports. - [ ] The confessor chooses the listener. No one is assigned. - [ ] Confession is voluntary. No one is pressed, in private or before the group. - [ ] Privately, with only the listener present unless the confessor asks for others. - [ ] The listener listens, does not interrupt, judge or impose a penalty, and does not repeat what was said. - [ ] Any exception, for example a child in danger, is fixed by the village in advance and told to the confessor before they begin [OWNER]. - [ ] Reconciliation is offered, not required. A family meeting in the manner of ho'oponopono happens only where the family's tradition holds it and both sides agree, led by an elder they choose, ending with a meal. - [ ] No written record.

Protocol 7. The gathering for the sick, with its stop rule

Adds to TR-08's Protocol 4 and FO-10's time-limited trial. - [ ] The healer checks red flags first. If any is present, treatment or transfer starts and the gathering goes on alongside. - [ ] Ask whom the patient wants and which tradition. Help them reach their own healer. Do not lead a rite without the right [OWNER]. - [ ] All treatment continues. No medicine is stopped for a ceremony. - [ ] No fasting and no heat rites for the sick, the old or the pregnant. Water within reach. - [ ] No restraint, beating, starvation or named culprit, ever. - [ ] Set a deadline in advance after which the patient goes to the district (FO-10, Protocol 3). - [ ] Promise comfort, not cure.

Protocol 8. The grief rite

- ☐ The family holds its own rite in its own form.
- ☐ Give the bereaved something to do, not only to watch (Norton and Gino 2014).
- ☐ Close with a meal.
- ☐ In an epidemic, keep the rite and change its form: distance, song, a trained team for the body, no force (HY-07).
- ☐ Put the bereaved on the visiting rota for at least four weeks [VERIFY: my figure].

Protocol 9. The healer's truthful ceremony

- ☐ Say what each part is for: medicine for the disease, song and gathering for the person.
- ☐ Never say a rite cures infection, bleeding, a stuck labour or a tumour.
- ☐ Never blame failure on weak faith.
- ☐ Never tell a patient they are cursed or doomed (FO-10, nocebo-free speech).
- ☐ No fee that rises with fear [OWNER].

Numbers to carry

1. **Music around surgery:** pain down SMD 0.77, painkiller use down 0.37 (Hole 2015).
2. **Music before procedures:** anxiety down about 6 points on the 20 to 80 STAI (Bradt 2013), about 8 in cancer (Bradt 2021).
3. **Friendship Bench:** six weekly 45-minute visits, depression 49.9 to 13.7 per cent (Chibanda 2016).
4. **Private disclosure:** 15 minutes or more, 3 sessions or more, at home, unshared. Average r .075 (Frattaroli 2006).
5. **Never compel disclosure:** PTSD at a year OR 2.51 after debriefing in one trial (Rose 2002).

6. **Labour companion:** caesarean RR 0.75 (TR-14).
7. **Women's groups:** newborn deaths OR 0.77, 0.67 at 30 per cent coverage (TR-14).
8. **Social ties:** survival OR 1.50 across 148 studies (Holt-Lunstad 2010).
9. **Unsupervised Ebola burial:** about 2.58 further cases each (HY-07).
10. **Prayer by strangers:** complications 59 per cent when certain, against 52 (Benson 2006).

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