
Overview: Looking Toward the Future of Shared Knowledge and Healing Practices

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Abstract

Medicine has made outstanding advances over the past 50 years in understanding the biology of the disease process at the level of organs and cells and genes, leading to a vast array of effective new treatments. But for all its success in these areas, medicine cannot answer the two fundamental questions most people ask about the misfortune of becoming ill: why me, and why now? These are questions that relate to every society's beliefs about cosmology; about how the world works, and why it works the way it does. These are the larger questions about the relationship between man and nature, and man and the supernatural, and the search for harmony in relations between the natural and the supernatural worlds. The chapters in this volume address these large questions, referring to societies around the world.

In this overview chapter, consideration is directed first to issues of man and nature; to past and contemporary beliefs and practices about the healing powers of plants and their derivative biologically active compounds. The focus of this section is on the field now called 'complementary and alternative medicine'.

This subject leads to a consideration of the medical knowledge of indigenous populations around the world; knowledge that includes both medicinal effects of local plants and healing practices developed over many centuries by indigenous peoples. Discussion is included of the intellectual property rights of indigenous peoples to their accrued medical knowledge.

The chapter continues with discussion of the relationship between the natural and the supernatural worlds, specifically concerning beliefs about the causes of illness and its treatment. This involves the central issue of supernatural determinism in illness and its outcome. It involves beliefs and practices about healing of illness through participation in religious rituals. Examples of Christian faith healing rituals are cited, as are examples of Hindu and Muslim religious healing practices.

In the last section of the overview chapter, the focus is directed toward contemporary efforts to integrate aspects of traditional healing beliefs and practices, among indigenous peoples in North and South America, with medical and psychiatric treatment programs. The

implications of such integrated approaches for improving the effectiveness of treatment and decreasing resistance to treatment are pointed out, with reference to chapters in this volume that offer detailed descriptions of landmark efforts of this type.

1.1 INTRODUCTORY REMARKS

Doctors, and that certainly includes psychiatrists, think of themselves as clinicians whose diagnostic and treatment decisions are ‘evidence-based’; and that evidence is ‘scientific’. Other clinicians in the mental health disciplines of psychology, social work and nursing share that perspective. What follows from that shared perspective is great skepticism about what clinicians regard as unscientific, scientifically unproven and ‘faith-based’ treatments for medical and psychiatric disorders.

1.2 COMPLEMENTARY AND ALTERNATIVE MEDICINE

It therefore comes as a surprise to clinicians who have been trained and ‘enculturated’ in the scientific method and evidence-based medicine, that such a large proportion of the world’s population does not share their firm commitment to those principles, but instead believes in and practices a wide variety of what is now called ‘complementary and alternative medicine’. And this belief and practice in complementary and alternative medicine is by no means limited to people living in areas remote from access to contemporary scientific institutions and medical facilities. It is one of the paradoxes of the well-recognized advance of the acceptance of the accomplishments of both science and medicine that there is growing skepticism about their benefits, and growing worry about the human and environmental costs of the advances and accomplishments of science and medicine. It is a further paradox that it is in just those countries characterized by the highest levels of median education and income, that there has been the most rapid growth in complementary and alternative medicine during the past 25 years.

Such is the case in the United States, where the National Institutes of Health, through a study conducted in 2004 by its National Center for Complementary and Alternative Medicine, estimated that complementary and alternative treatments are being used by some 60 million Americans, comprising 20% of the national population and one third of all US adults. These treatments are being used as therapies for conditions and illnesses of all degrees of severity and complexity, including cancer and AIDS, hypertension and ulcerative colitis, asthma and depression, stress reduction and counteracting the physical and psychological effects of aging. Indeed, office visits to providers of complementary and alternative medicine are estimated to outnumber visits to primary care physicians, and may soon outnumber visits to all physicians. Annual expenditures by Americans on complementary and alternative medicine are estimated at \$40 billion.

1.3 THE US NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE

Even though it has been well known for hundreds, if not thousands of years, that belief in the efficacy of herbal treatments, as well as incantations and prayers, has been widely

accepted and practiced by the world's cultures, it was not until 1998 that the US National Center for Complementary and Alternative Medicine was inaugurated. It is the US government's lead agency for scientific research on complementary and alternative medicine, and one of the 27 institutes and centers that make up the National Institutes of Health, established over a century ago.

The National Center for Complementary and Alternative Medicine defines its subject as 'a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine'. The Center's mission is; (i) to explore complementary and alternative healing practices in the context of rigorous science, (ii) to train complementary and alternative medicine researchers, and (iii) to disseminate authoritative information to the public and professionals, in order to help the public and health professionals understand which complementary and alternative medicine therapies have been proven to be safe and effective. In 2008, its funding was over \$120 million.

1.4 BOTANICALS, BIOLOGICAL PRODUCTS AND THEIR COMMERCIAL DEVELOPMENT

In the United States, Canada and many European countries, the names of compounds once considered exotic, such as ginseng, ginkgo biloba, St John's Wort (*hypericum perforatum*) and aloe vera are now familiar, and widely used as treatments for a vast range of conditions and illnesses. Natural plant substances alone are estimated to generate more than \$75 billion in annual sales for the world's pharmaceutical industry, in addition to some \$20 billion in 'herbal supplement' sales.

The well-established therapeutic effectiveness of a very large number of commercially-developed drugs should not obscure two related issues of fundamental importance; first, that for every drug of proven effectiveness, there are many others being widely administered for the same or similar disorders that have no such proven effectiveness, and second, that the vast profits that can be derived from sales of pharmaceutical products can and do impinge on a variety of ethical issues affecting intellectual property rights and the cultural integrity of cultural groups and other identifiable groups of people around the world.

1.5 THE MEDICAL, MEDICINAL AND BOTANICAL KNOWLEDGE AND THE INTELLECTUAL PROPERTY RIGHTS OF INDIGENOUS PEOPLES

The issue of the intellectual property rights of indigenous peoples, specifically in relation to the use of their medical, medicinal and botanical knowledge, developed over centuries, is addressed in this book in the unique analysis by Sioui Maldonado Bouchard. Using the cultural case example of the Quichua peoples of the Andean highlands region of South America, she describes the traditional as well as the contemporary uses of the anti-pyretic and anti-malarial compounds derived from the bark of the Andean cinchona tree, as well as the analgesic and related effects of the traditional and contemporary use of coca leaves, also grown and used in the Andes for many centuries.

Maldonado Bouchard then compellingly relates the intellectual property rights of indigenous peoples concerning their medicinal and botanical knowledge, to the complex

subject of patent laws; laws that have had the effect of preventing indigenous peoples, like the Quichua peoples of the Andes, from earning some of the enormous profits that have come from the worldwide commercial development and patenting of drugs for the treatment of fever and pain.

The search for other medicinally useful, and profitable, botanicals in the Andean highlands continues today. One example is the tropane alkaloids derived from an Andean plant that is used to enable ophthalmologists to dilate the pupil for efficient eye examination.

Identification of the active compounds contained in botanical and other biological products that can be used as the basic components of patentable and commercially marketable pharmaceuticals can generate millions and even billions of dollars in profits. Studies sponsored by the United Nations University in recent years have estimated that more than 60% of all cancer drugs approved by the US Food and Drug Administration have come from such discoveries. In light of those incentives, and the risks they engender in overlooking and denying the claims of indigenous groups to the benefits of their medical, medicinal and botanical knowledge, the United Nations has become more active over the last two decades, in giving legal recognition to and ensuring the intellectual property rights of the world's indigenous populations.

Maca is a small, whitish root vegetable that grows in the Peruvian Andes. Indigenous Quichuas of the Andes have used it for centuries as a stimulant to increase energy and enhance sex drive. Preliminary laboratory studies of its pharmacological properties have supported the findings of increased stamina, as well as increased volume and motility in sperm counts, and also reduced risk of prostate cancer. In the past 10 years, Peruvian, American and European investors have cultivated and harvested commercial quantities of *maca*, extracted its active compounds, obtained US patents for them, and marketed them as medicinals and health supplements, resulting in revenues of over \$200 million in 2007.

Realizing the economic scale of the commercial development of indigenous Peruvian plants such as *maca*, the Peruvian government has recently started to protest the commercial exploitation of its national botanical, biological and medicinal heritage; although the Peruvian government is not doing so on behalf of its indigenous Andean peoples.

In another chapter in this volume, Dan Mkize describes the landmark efforts of the Nelson Mandela School of Medicine in Durban, South Africa, where he is Professor of Psychiatry, to work out a set of legal and ethical guidelines for the recognition and commercial development of indigenous South African peoples' medical, medicinal and botanical knowledge, in collaboration with the medical school. The same agreement gives explicit recognition to indigenous medical knowledge and healing practices, according legal status, previously unrecognized, to their practitioners, and inaugurating courses of study of indigenous healing methods for students of medicine and related health professions. Collaborative research enterprises, guaranteeing equitable sharing of benefits, are also envisioned in this landmark agreement.

1.6 SUPERNATURAL DETERMINISM, FAITH HEALING AND EXORCISM

Physicians and other scientists investigating the causes of illness, disease and organ pathology have had outstanding success in explaining many of the biological and some of the social and psychological factors responsible for illness and manifest disease

processes; that is, in explicating the ‘how’ of illness. But those successes have not been able to explain the individualistic, fortuitous or random nature of illness. This is the ‘why’ of illness: why has misfortune, in the form of illness, affected a given person or their family, and not others in their extended family and community, and why has their illness befallen them at that particular time, and not at some other time.

Physicians and other scientists do not like to be confronted by these questions, because they cannot provide answers that will reassure their patients, patients’ families, or themselves. These questions are regarded as philosophical, speculative, conjectural; impossible to answer with assurance or accuracy, therefore better to avoid the subject completely.

Nonetheless, these questions are in the minds of most people who encounter misfortune of any kind, including illness, disease and death; and have been so since the dawn of human thought. Answers to questions such as these have formed a fundamental component of religious faith, in which misfortune, illness and death are explained by supernatural determination. It follows from this explanatory framework that healing requires prayer, atonement for transgressions, divine intervention and forgiveness, and exorcism of malign spirits. Healing requires restoring harmony between the natural world of humans and the supernatural and spirit world.

In an article titled ‘Faith and Healing’, published recently in the *New York Times* (NYT; 27 January 2008), Jerome Groopman, an academic physician at Harvard Medical School, described one of his patients, a woman with breast cancer, then in remission following intensive medical treatment. Cost-cutting at work was making her feel tense, anxious and angry. She expressed the worry that the stress she was experiencing would ‘weaken her immune system’, resulting in the recurrence of her cancer. Being a believer in complementary and alternative medicine, she was attempting to cope with these stressful circumstances by doing yoga exercises regularly, drinking green tea and ‘visualizing her blood cells on patrol and in combat against any recurrence of tumor cells’. In addition she was continuing to take prescribed hormone blockers to prevent recurrence of her tumor.

How could Dr Groopman, or any of us, assess the effectiveness of each individual component of her treatment, or their combined effect on her treatment and prognosis? He could not, and neither could we. But we would probably acknowledge that they all played some part in her treatment and in her recovery from breast cancer.

1.7 FAITH HEALING

The surge of interest in alternative healing beliefs and practices over the past several decades in the world’s ‘developed’ countries, as the case example of Dr Groopman’s patient illustrates, has by no means been limited to people who lack access to contemporary medical facilities and practitioners. It affects all social classes, immigrants as well as those who have lived in their home countries for generations.

It reflects currents of contemporary skepticism and disappointment with the promises of science, including medicine, to effect cures of diseases that have defied cures and continue to take a huge toll on lives and well-being in all societies. It also reflects the never-ending search for explanation of suffering and misfortune, believed by many millions of people to relate to divine intervention or God’s will, or to malign spirits, the placing of spells, malign magic, sorcery and witchcraft.

Faith healing beliefs and practices have been studied by cultural anthropologists and by cultural psychiatrists for decades, in countries all over the world. In the United States, it has been practiced for over a century, and in other countries for many centuries. In the United States faith healing has been encountered mainly among fundamentalist Christian groups, and has been most closely studied in rural Appalachian communities. But that concentration of studies in Appalachian communities obscures the reality that faith healing is practiced throughout the country, in both urban and rural settings. In recent years there has been increasing evidence of the blending of 'Western' and 'Eastern' beliefs about supernatural intervention and faith healing; blending some aspects of Christian, Buddhist and Hindu traditions and practices related to causation of illness and its treatment through religious ritual performance.

Fundamentalist Christian faith healing rituals in the United States have certain characteristic features. They include the central role of a charismatic church leader/healer, intense ritual activity involving both healer and congregation, often involving musical accompaniment of instruments, chanting and singing, occurring in an emotionally charged atmosphere, and 'testimonials' by leader and congregants, affirming the power of 'the Holy Spirit' to ease suffering and to heal both spirit and body. There is believed to be evidence of direct communication with the Holy Spirit in faith healing ceremonies. Such evidence is provided by the leader/healer, as well as some congregants, entering into trance and possession by the Holy Spirit, by 'speaking in tongues' (glossolalia), and by the 'laying on of hands' in healing.

Christian faith healing congregations exist in well over 100 countries throughout the world, involving some 100 million adherents.

In this volume, Micol Ascoli gives a detailed account of Roman Catholic charismatic faith healing that she has been studying for several years in Italy and in the United Kingdom. In Italy, it is a movement called 'Renewal in the Spirit' that is officially approved and sanctioned by the church hierarchy and has been growing over the past 30 years.

Ascoli points out that the Catholic conceptualization of illness involves several complex strands. Illness can represent a means of spiritual purification, an occasion for demonstrating hope and charity, a manifestation of God's will, testimony of God's healing power and triumph over evil. There is also representation of illness as punishment for sins, which the sufferer must acknowledge and overcome in order to be healed. Ascoli describes the therapeutic factors in Catholic faith healing rituals that are demonstrated by the charisma, or 'gifts' of the leader, called the 'animator' to prophesy, to 'speak in tongues', and to communicate to the congregation in such a way that they will more clearly comprehend the fundamental truths of their religious faith; thereby enabling them to; 'break free from negative forces, including illness, if God so wishes'.

Having described the process of Catholic charismatic faith healing ritual performance, she compares that religious-based group healing ritual with the healing ritual performance of individual psychotherapy conducted in psychotherapists' offices in Italy and the United Kingdom.

There are many countries in the world where faith healing rituals have been practiced for centuries, even millennia; particularly in Asia. In this volume, the chapter by Vijoy Varma, formerly Professor of Psychiatry in Chandigarh, India, addresses some of the issues raised by Ascoli, both about spiritual healing and its comparison with psychotherapy, in the culturally and religiously complex context of Indian society. In another chapter, Xudong Zhao, an experienced cultural psychiatrist and Professor of Psychiatry at Tongji University

Medical School in Shanghai, describes the wide range of beliefs and practices related to both scientific and 'alternative and complementary' healing in contemporary China. Fumitaka Noda, Professor of Psychiatry at Taisho University in Tokyo, has contributed a carefully detailed chapter about beliefs concerning mental illness and the varieties of secular and religious healing techniques that are characteristic of both Japanese and Okinawan cultures.

In another chapter, Antti Pakaslahti, Associate Professor of Transcultural Psychiatry at the University of Tampere in Finland, who has conducted research for many years on religious healing rituals at Hindu temple complexes in Rajasthan, in northern India, carefully points out that such healing ceremonies are often conducted for the families of people who live in urban settings, such as New Delhi, and who have tertiary level academic backgrounds; that religious healing is not at all limited to those living in rural areas and having limited education. Pakaslahti emphasizes the flourishing activities of healing ritual practices at well-known Hindu temple compounds in northern India, where many supplicants come for help with problems clearly related to contemporary job and family stressors of urban living.

In his chapter, Fakr El-Islam, a senior consultant psychiatrist from Cairo, who has extensive experience as clinician, teacher and investigator in several countries in the Middle East, describes traditional Islamic beliefs in Egypt and other Arab countries related to mental illness, and Islamic influences, both direct and indirect, on treatment and rehabilitation of emotional turmoil.

1.8 CURANDERISMO AND CANDOMBLE

During the past four decades there has been a rapidly increasing surge of migrants from the Caribbean and Latin America to the United States. Their numbers have surged from less than 10 million in 1970, to over 35 million in 2000 and 43 million in 2006, representing 14.6% of the total US population. More than 50% of that surge is comprised of migrants from Mexico. There are substantial numbers coming from Central and South American countries, as well as from the Caribbean, particularly Cuba, the Dominican Republic and Haiti. These migrants have brought with them rich and complex cultural traditions about health, illness and the relief of suffering and misfortune, including suffering believed to be caused by malign magic. Those traditions include santeria, voodoo and espiritismo from the Caribbean, and 'curanderismo', common to many cultural groups from Mexico, Central and South America.

Curanderismo involves beliefs and healing practices related to 'mal puesto', witchcraft; 'mal de ojo', evil eye; 'susto', soul fright or soul loss, and 'envidada', envy or jealousy. There are four levels of intervention that are believed to relieve these afflictions; material; such as herbal, psychological, psychosocial and spiritual. There are readily evident similarities between the ingestion and rubbing on of herbal preparations in curanderismo and the types of 'complementary and alternative' procedures described earlier in this chapter. And the similarities to fundamentalist Christian faith healing and exorcism in the United States and Europe should be equally evident.

In Brazil, as well as in its neighboring countries in South America, the number of adherents to the alternative beliefs and ritual healing practices of Candomble and Umbanda is in the many millions. They are syncretic spiritual movements, combining

Catholic cosmology with beliefs in a pantheon of gods derived from sub-Saharan, mainly West African tribal beliefs, transmuted via slave population experiences in the Caribbean, in Brazil and in other South American countries. The supplicants in Candomble rituals appeal to the gods or Orishas, through the spirits of four main intermediaries, all identified as former slaves, who are represented during the ritual prayer and healing performances by the principal male and female officiators and their numerous assistants. Intense drumming and chanting, as well as burning of incense and candles is part of the ritual performance.

As in Christian faith healing rituals, the presence and intervention of the Orishas is believed to be demonstrated by the dramatic appearance of trance in several of the assistants, and their possession by the Orishas is evidenced by their speaking in tongues and showing agitated and frenetic behavior. Other assistants monitor those possessed, to avoid injury to them or the supplicants, some of whom also experience trance and possession during the course of the ceremonies. As the trance state subsides, those possessed are cared for, ritually bathed and dressed in the robes and decoration indicative of the gods and spirits that possessed them. The healing ritual is completed by the principal male and female officiators, called the 'mother and father' of the congregation, interpreting the messages from the gods and offering counsel to supplicants and to the whole congregation.

The most common issues for which the gods' help is sought are mistrust and infidelity, financial reversal, family turmoil, school failure, alcohol and drug abuse, intra-familial violence, and physical and psychiatric illness.

1.9 TOWARD THE INTEGRATION OF MEDICAL AND TRADITIONAL HEALING; CASE EXAMPLES FROM THE AMERICAS

Indigenous peoples' cosmology, as well as their beliefs in illness causation and healing practices are most clearly manifest in the activities of indigenous healers. Candomble and Umbanda are one such example from the Americas.

Another example, and one that is a principal theme of this volume, is the more effective diagnosis and treatment of the psychosocial distress of people living in predominantly indigenous rural communities, as well as in urban enclaves. Keeping the focus on South America, two chapters in this book directly address the theme of how the large Quichua population living in villages throughout the Andean highlands of Ecuador, and by extension, the equally large indigenous populations in Peru, Bolivia and Colombia as well, could get better access to health and mental health services. This is a very much bigger and more complex issue than getting the respective national and regional governments to provide clinical facilities and the services of physicians and related health professional staff in Andean communities. It has everything to do with the indigenous population achieving legal, medical and social equality, and the recognition of their inherent dignity as the first and continuous human settlers of those countries, whose heritage goes back centuries and millennia.

Some of these over-arching issues are discussed in the chapters by Mario Incayawar and Lise Bouchard of the Runajambi Institute for the Study of Quichua Culture and Health. Both authors describe the toxic atmosphere of prejudice, exploitation, exclusion and repression that has characterized the relations between the indigenous population and the settler and ruling classes of the Andes for centuries. That legacy of discrimination has

resulted in the suppression of indigenous medical knowledge and healing practices, along with the harassment and punishment of the traditional healers themselves. Despite those measures, the traditions and the practitioners persisted through the centuries, and are beginning to get some recognition.

Incayawar gives the results of his study of the ability of *yachactaitas*, traditional Quichua healers, to diagnose conditions that a Western-trained psychiatrist would also diagnose as being indicative of psychiatric illness. Ten *yachactaitas* took part in the identification of 50 patients suffering from symptoms the Quichua healers called *llaqui*, a condition that has four types of symptom clusters, derived primarily from their putative causes; being victimized by malign spirits, or sadness and distress caused by adverse life events. The clinical evaluation of these patients indicated that they were suffering from both psychiatric and medical disorders. Eighty-two per cent of patients met the criteria for depressive disorders. None of the patients suffering from *llaqui* were considered healthy either in bio-medical or psychiatric terms. Incayawar's data indicate that even though their conceptual frameworks of illness causation are different from psychiatrists, *yachactaitas* are quite capable of recognizing emotional distress and diagnosable psychiatric disorders in their Quichua patients. Given this population's almost complete lack of access to psychiatric treatment, utilizing *yachactaitas'* skills could help alleviate some of the emotional distress and related physical symptoms in this population.

In discussing the significance of these findings, Incayawar points out that if there was a paradigm shift of attitude, Quichua communities in the Andes could once again be served by Quichua healers who share their worldview. If *yachactaitas* could be incorporated into the health service system that provides medical and psychiatric care for people of the Andes, and could work collaboratively with medically-trained personnel, mutual respect and mutual learning could result, ultimately reducing inter-ethnic tensions and improving the well-being of all the region's inhabitants.

That idealistic vision raises the question of whether such an attempt to integrate traditional healing beliefs and practices with contemporary medical approaches has been made in other places in the Americas. And it has. This volume includes several chapters that address this issue in the United States.

In their chapter exploring the history and current efforts at closer integration of traditional healing beliefs and practices with medical and psychiatric approaches in the United States, Jay Shore, James Shore and Spero Manson, from the University of Colorado, note that the literature on this subject emphasizes two broad themes. The first is that large numbers of American Indians, belonging to tribes throughout the country, ascribe to traditional beliefs about illness and healing practices, and make use of them when they or their families are ill and traditional healers and healing methods are accessible to them. The second theme is that there have been a considerable number of attempts to integrate some aspects of traditional beliefs and practices into standard medical approaches to diagnosis and treatment of medical and psychiatric illness in Native American populations. One such example is Jilek-Aall's development of a technique, in her work with the Northwest coastal Salish Indians, to incorporate traditional Salish myths in facilitating the process of psychotherapy. Another approach to the integration of the two healing systems is in the collaboration between individual physicians and/or psychiatrists and individual traditional healers, in the treatment of a given patient or patient population seeking treatment in a clinic or in a community. This approach involves giving individuals and communities access to both traditional treatments and medical/psychiatric treatments, on an equal basis,

encouraging their open choice of either or both forms of treatment, without prejudice and respecting the benefits of both forms of treatment.

Shore, Shore and Manson point out that in a large epidemiological study of Northern Plains and of Southwestern tribes, a highly significant percentage of subjects made use of traditional healing practices. Among those who experienced behavioral disorders, over 40% had made use of some kind of traditional healing in the previous year. About 25% of subjects in this study who had used standard medical/psychiatric services for treatment of emotional problems, had also been treated by traditional healers.

In a separate study of American Indians living in urban areas and receiving medical treatment at a primary care clinic, it was found that 70% of subjects were also making use of traditional healing practices. This was especially true of subjects who had alcohol use problems and a history of exposure to traumatic events. Furthermore, among urban-living Native Americans who obtained treatment from both medical facilities and traditional healers, the majority rated their healers' advice more highly than their physicians'. Only a small minority of subjects informed their physicians that they were simultaneously getting treatment from traditional healers; indicating a distressing lack of coordination and collaboration between physicians and healers, and contributing to mutually negative perceptions of the others' approaches to treatment.

Shore, Shore and Manson's chapter describes the results of two types of collaboration in the treatment of Native American Vietnam war veterans from two tribes; one in the Southwest and the other from the Northern Plains, that illustrate the processes by which traditional healers and psychiatrists can work together. The Southwest example involves the implementation of a formal system of consultation between medical/psychiatric services offered to Southwest Indian veterans by the Veterans Health Administration and by Southwestern traditional healers. Both forms of treatment were endorsed by and paid for by the Veterans Health Administration; making this a landmark accomplishment and a model for future collaboration and integration of services that recognizes the cultural uniqueness of given population groups. It is, therefore, a compelling illustration of the concept of 'cultural competence' put into practice.

In the 'American Indian Vietnam Veterans Project', the prevalence of post-traumatic stress disorder among veterans of the two tribes was measured, and found to be significantly higher than for non-Indian Vietnam veterans. It was determined that 77% of Indian veterans had a diagnosable psychiatric disorder, but only about 15% had received psychiatric treatment in the previous six months. About 10% had seen a traditional healer during the previous six months.

The investigators found that participation in tribal ceremonies and traditional healing rituals, both before and after their military service, was strongly associated with a lower risk of post-traumatic stress disorder in these veterans, as well as with less severe symptoms and shorter duration of acute symptoms of post-traumatic stress disorder.

Moreover, Indian veterans who sought traditional forms of treatment were less likely to seek medical/psychiatric services for emotional/psychiatric disorders and needed less medical/psychiatric treatment when they did seek it.

These findings of the mental health benefits of traditional healing methods for veterans of these two Indian tribes led to the adoption of a contractual agreement between the Veterans Health Administration and traditional healers of the two tribes, that ensured there would be reimbursement for traditional healing methods. This agreement has been in effect for ten years now.

Another approach to collaboration and consultation between physicians/psychiatrists and traditional healers, described in this chapter, involves the use of live interactive videoconferencing technology to connect psychiatric personnel at the University of Colorado with American Indian veterans living in rural reservation communities. This technology has been progressively extended, so that treatment is now being offered to twelve Northern Plains tribes.

The details of collaborative and consultative arrangements between the psychiatrists and the tribal authorities, and between the psychiatrists and the traditional healers of each tribe, are delineated in the chapter.

Two chapters by Jeffrey Henderson, physician-epidemiologist of the Black Hill Center for American Indian Health, in South Dakota, address similar issues of the integration of traditional Native American healing techniques with medical treatment, respecting the rights of Native American communities and patients to choose the treatment methods they believe will be most helpful to them.

1.10 CONCLUDING COMMENTS

What distinguishes traditional healing from medical treatment is the strong emphasis on spiritual healing as an inseparable component of all healing; healing that has as its objective the relief of intra-familial, interpersonal and communal stressors at the same time and on an equal level of importance as the relief of the symptoms of physical illness. Whether the healing occurs in India, Canada, Brazil or the United Kingdom, China or the United States, the results are better when there is a shared understanding of the causes of the illness between treatment providers and patients, their families and community members, and when there is agreement on the cultural appropriateness of the methods of treatment provided. Many examples are included in this volume of both the intentional and the unwitting, unplanned and unintended collaboration of biomedical and traditional healing, including the benefits and the problems such collaboration can generate.

Where it has been possible for mutual understanding and respect to characterize the collaborative efforts of traditional healers and physicians to relieve the emotional and physical suffering of illness, there have been advances in knowledge and greater satisfaction with treatment. The chapters of this book are a contribution to furthering this mutual respect and understanding between alternative approaches to healing in all societies.

