



Division of Diabetes Treatment and Prevention

Dr. Ann Bullock:

"I have known Ed Duran now for, I don't know, ten, eleven, twelve years, somewhere in the ballpark. We would encounter each other at Historical Trauma Conferences; you can probably tell it's an interest of mine, it was probably subtle, but I thought I would say that.

I knew from the very first time I heard him that this guy understands something that most of the rest of us haven't taken the time to really get. And every time I hear him, even when he talks on some of the same kinds of topics, I always get amazing things out of it, and it's not just intellectual, it's also the heart and the spirit. And anyone who can weave the head, the heart, and the spirit together is someone we need to spend some time listening to I would say.

Dr. Eduardo Duran, he teaches agencies and communities in the area of historical trauma and the effects of trauma on families and communities. His clinical practice provides therapy assessment to individuals, couples, and families. His area of practice includes depth therapy, substance abuse treatment, trauma issues, and veteran's assessment and treatment, as well as brief oriented therapies.

Dr. Duran has worked in Indian country. Many of you from around here know that he worked at Santa Fe for some years and that he has roots in this area and I am sure he will probably tell you about that.

There will not be a PowerPoint. When Kathy said, I don't have his slides, I said, if he had them, you would have to pick me up off the floor in a dead faint. And indeed he doesn't. So this is a chance just to sit, you don't have to be trying to crane your necks at screens; you can just listen to Ed's good things here.

He is the author of several books; one, *'Native American Postcolonial Psychology'* with Bonnie Duran from the mid-90s, I think 1995; a novel, which is an amazing spiritual and otherwise journey called *'Buddha In Redface'*. And also one just from a couple years ago, aimed somewhat at therapists of course, but for all of us, about *'Healing the Soul Wound'* and working in therapy with them; that's not the exact title, but with Native American clients. So he is helping us all to understand how this all fits together.

So without further ado, let's see where he went to, there he is, without further ado, I am honored to bring up my brother, Dr. Eduardo Duran."

Transgenerational Trauma, Soul Wounding and Effects on Families and Communities: The Impact of History on Present Day Chronic Illnesses

Dr. Eduardo Duran:

“Well, good morning! After that introduction I was—there's a story about Gandhi, not that I am comparing anything to that, but at one point he was introduced, and people said a lot of really nice things about him and he said, well, that is very flattering, and it would be even more flattering if it were true.

I have been doing this for a long time, so when people say that I have done this or wrote that, well, a lot of that stuff is just kind of in the moment, and what I try to do more than anything is I kind of really working hard to try to be a human being with a good heart. And that's really hard, for me anyway. So keep me in your prayers after this that maybe I can achieve that in this particular lifetime.

My name is Eduardo Duran and I do have roots in this area. My grandmother, Stephanita Kantanta was born in Milwaukee, back at the turn of the past century, 1902 or something like that. And on my dad's side, his paternal grandmother is Apache, and then through the killing of an enemy ceremony, I am also Lakota, through the Hunka and the Yellow Horse family. On my mom's side, she is full-blooded Italian, from Italy, my dad married her during World War II. So I carry the DNA from all these places. So I take privilege in saying kind of whatever I want about all people.

So it's a blessing—one of these times when I gave a talk, usually in Indian country people say I am a mixed blood, and the way it came out for me that time was, I am a mixed up blood. So I figured that was spirit talking, so I try to keep the identity as a mixed up blood, and it's a good thing.

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And on the PhD side, I also try to give the lineage, you all know how that happens, so I don't have to spend too much time on that.

But what I am going to talk about today, it's really important that in keeping with natural law. And yesterday I had this flash of insight, or as they say in treatment programs, a moment of clarity, out here in the lobby somewhere. I think I just finished talking to Dr. Russo. So what I thought about—because we were talking about putting the worlds together, the medical and the behavioral health field. And of course there's the whole traditional Native world that also has to be put into this whole situation.

And then I thought, well, maybe because the way I was taught from my teacher, that I will be telling you a little bit about, is that, these things are based on the

natural law, and if we if I look at it from that perspective, then it's a lot easier than two put together, because its never been taken apart. Because the natural law applies to the Western, it applies to the Native, and it applies the whole universe. So instead of separating things by saying, well, this is traditional, because as soon as you say that word, then a lot of times people say, well, not in my Tribe, it's not like that or in my Tribe it's different.

And I have been fortunate in the time that I have been working, I have worked in a couple of urban settings, where I got to see and work with relatives from probably at least 100 different Tribes. And it was in working with people from all those different Tribal groups that I realized that there are more similarities among and between the Tribes and all the Tribes from all over the world than there are differences. And it doesn't matter which ceremony—because I have been invited and I have attended a lot of ceremonies, including Western ceremonies like the Catholic Mass or the psychotherapy ceremony, which, it is a ceremony, going to your medical doctor ceremony, and all of these different ceremonies only incorporate the four elements; the air, fire, earth, and water.

So it doesn't matter where you go, that's all you have, and no matter where you are at, that's all you are. That's not a theory, that's not something that is debatable, that's just the way Creator created the whole universe.

So I think that it gives us a common denominator to where we can maybe experience each other with more of a—instead of a separation, of being more one with each other. I really think that when we start talking about healing and medicine and doctoring and that sort of thing, if we don't have that, then not a whole lot is going to happen in the healing realm.

There might be some curing that happens, but that's not the most important thing, curing people. The most important thing I think is healing, because healing goes with you even into the spirit world, once we are done with this flesh body, which unfortunately is kind of the biggest interest of most of the present day Western healing apparatus.

So kind of that for an introductory. So what I am going to say here this morning—actually, when my sister Ann asked me last year, I couldn't come to this, and she said, well, I want you to come and talk to all these IHS people. I worked for IHS myself. I was at the Santa Fe Indian Hospital for four or five years, and I thought, well, I don't know if I can do that. But she is very persistent. But I thought it would be like 30 people, because she said, yeah, it's a nice small group and everybody likes each other.

And then I came here yesterday and when I picked up my package, or the day before, the sister out there said, we have 600 people registered for this thing. I thought, boy, that's not a small group. And then to look at the agenda and seeing all of the tremendous accomplished people that are presenting here, and the

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topics, and I thought, I hope that I have something to add to this, because already you have had a tremendous amount of information and very gifted people talking to you today.

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And then there is me, and what I want to tell you today, a lot of it is kind of out there. So I will just tell you that upfront. But it's really in here, and a lot of the things, it's stuff that you already know. The way that I know it is through having a root teacher.

When I got out of the military, I spent six years in the military. I also worked as an engineering psychologist. So I worked on weapons systems for Department of Defense. Shortly after that, I got pretty sick in my own spirit, in my own emotional well-being.

Later I found out that that's part of the—sometimes we need to get sick in order to change. A lot of times sickness is Creator basically trying to get our attention. If you are like me, that doesn't pay very good attention, a lot of times it takes very serious getting of my attention before I say, oh, it is something else that I need to do.

It was at that time that I went into a clinical program and left the Department of Defense, and infinite money and budgets and all of that stuff that all of you have to worry about, because in Indian Health, there isn't that kind of a luxury. I started working as an intern for a small Native community in central California. At that time there was no mental health program, there was very little in Native mental health, and it kind of shows you how far back this goes.

I tell people, I am actually 120 years old, but I just look like I am just 100. So I got hired by this program, and the task was to develop this mental health clinic, and part of the task of course is to do a needs assessment. So I am taking community psychology and all these graduate courses that tell you how to do this stuff.

So I prepared my survey, because all of you know about surveys and I asked all these questions. I thought, now I am going to get these into the community. Once I have these back, then we will develop this program and then we will heal all the Indians and all will be good.

So I gave the CHRs, the Community Health Representatives that took these questionnaires up into the mountains; it was a mountain community. So I am kind of waiting, because there was no structure at the time for the job. My first day of reporting to the worksite, I asked the people at the office, well, where's my office? And their response was, well, wherever you want it to be. I said, well, what do you

want me to do? What is it that I do? She says, well, whatever you want. This is absolutely true.

I am like, I am just out of the military structure and papers and all that stuff, and there's nothing. At the time, this is pre-Google, so I actually had to go to the library to look up stuff. And at the time there were only like two articles on Native mental health; Carolyn Attneave and John Red Horse. So I read these, and of course there is nothing in on how do you actually establish a clinic and how do you actually make this thing work. So I am completely lost.

So about two weeks later the CHRs bring back the stack of surveys that I sent out to the community. I am kind of excited, because now I can actually do some number crunching. We can do some statistical analysis, and we will do a T-test or an analysis of variance (ANOVA) or one of those things that you all know how to do, and out will come out on the other end, will come out something that will help us to cure the people here.

But when I started looking through the questionnaires, they were all blank. It's not funny. I mean, I really—at the time I didn't know what to do. So I asked the CHRs, what happened? I mean, how come—did you guys take them out there? They said yeah. And did you explain what this is about? They said, yes, we did. But the response, especially from some of the older people, was that, they said the reason that they hired you here is because they thought you had manners. What gives you the right to go up here and ask us a bunch of stupid questions? That's not what we hired you to do. We hired you to come here and help us.

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So that was a very—I mean, talk about a ego-bashing kind of, totally nothing is left after that, because here I am doing the best that I know from what I am—I am going into debt to take these courses and get this degree and everything comes back blank.

So I am hanging around the clinic and the community, and a lot of the community work is in the mountains. There was actually at the time one of those—it looks like a RV, but it's one of those green IHS big RVs, and that was my office up in the mountains. So I would go up there and just kind be there and I would be sitting, there is a little examining table. I would sit right in front of the examining table and then people would just come and drop by and talk to me.

But what they wanted to talk about was dreams. So I had all this behavioral stuff in my head, I said, we can do the B.F. Skinner stuff, the cognitive behavioral stuff, and I can really start becoming a clinical psychologist, real quick here. But they didn't want to talk about any of that.

Now, I don't have a needs assessment either. So I am kind of just free-floating. I really didn't have any Elders in the psychology field to go and say, what do I do now?

So I noticed at one of the council meetings that the people there had that there was this one older woman who wasn't officially on the council or she wasn't officially part of the bureaucracy there, but whenever she said stuff, everybody stopped and she would say things. Obviously she was very important in a whole other way.

So I started talking to her and kind of giving her my woes as to how badly I was treated by all these Indians, they didn't want to participate in my needs assessment. And woe is me, and I am supposed to be getting a PhD and if I don't crunch numbers, I won't be able to ever become one of these people.

At the time I was already seeing in the community what I thought were some of the problems, which are the obvious things that this conference has a lot of detail on that; the whole addictions, alcoholism, suicide, the diabetes, all of those things were very apparent and obvious to me.

But when I talked to her, she says, well, those are not problems, that's not a problem at all here. I am like starting to wonder if there is a huge denial mechanism that's kind of struck this community, because here's this Elder, who is obviously a very important Elder, she is telling me that this is not what's going on here. So that would be like telling you all in here that this whole thing that you have been doing here, that's not the problem, I mean, how would you take that?

So I said, well, then—I didn't say it, but I thought it, you old wise woman, what is the problem? Because I wasn't about to say that to her face. I was getting resentful, because that's how human beings are or that's how I am. She says, well, what you need to do is you need to go up in the mountains and you need to listen to the spirits.

Whoa, what? I am supposed to be developing a mental health program here. I am a PhD student, intern, I have supervisors at the school, and I can't tell them I am going up there to listen to spirits, because what would you do to a student if they came to you and said that?

So I go up there and just hang out. What do you do? This is what the old woman said. So I go up there and listen. But nobody is talking, or at least I wasn't listening, I guess I should say.

Then I go back to her, go back to some other old people and I say, well, what is really going on here? I am starting to get a little bit humbler and kind of just wanting to listen. They start using a peculiar term, they say, what's going on with

us is that our soul has been wounded, and we have suffered a huge spiritual injury. That's the problem.

So again, no Google, so I go to the library and I look up soul wounding, spirit wounding, all of this—the word “soul”. It was nowhere in the psychological literature. I don't think—aside from the stuff I write, I don't think it's there even until today.

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Although, the word psychology itself means the study of the soul, but unfortunately, except for the psychologists in this room of course, most psychologists don't have one, so how can they possibly talk about it.

So there I am with this information, soul wounding and what's going on. By now more people are coming to see me for whatever reason. I don't know why they are coming to see me, obviously they are hurting, because I really didn't have much to offer at the time. I am trying to do cognitive behavioral therapy, and every time I try to do an intervention, they say, well, I have this dream I want to talk to you about. And of course, what do I know about dreams, I had been dreaming all my life, but I really hadn't been taught to work with that kind of spiritual information.

So what I do is I just listen to the dreams, and I do one of the two things that all clinical psychologists have to know how to do before they get their PhD, and one of them is to say, well, what do you think about that?

And then once you use that three or four times, then you have got to use the second technique they teach you in graduate school, and the second technique is, hmm, and you have got to do the chin thing too.

But amazingly enough, just by listening and doing that, people are starting to get better, and I am like, I don't know, I don't know what's going on here. And it was around this time that one of the CHR's came and said, there's this Elder that wants to see you.

I am already in my kind of clinical left brain, and of course I immediately start doing an intake. Well, what's this about? What's the Elder doing? What does he need? Thinking he needs my wonderful therapeutic interventions for something. And when can he come to see me, because we are trained to think that way? And she said, well, he can't come to see you, he is paralyzed from the neck down and he really can't come to see you.

So I am formulating, he is probably depressed and probably something along those lines. So I further questioned, I said, well, what does he do? I mean, what does he do most of the time? And she said, well, couple of times in a year we take him up to the mountains and we leave him there for four days in this wheelchair.

So I am just thinking, Elder abuse. But I said, well, you leave him up there, and what happens, what does he do when you leave him up there? And she replies, he sees. Next logical question, sees what? And she said, he just sees. So, okay, maybe he is hallucinating, maybe some primary process, schizophrenic stuff happening here. So I am starting to think, this poor guy really is in need of quick assistance and probably some psychotropic medication, and once we get him Thorazine; now, at that time they were still using Thorazine, now they use only nice drugs.

But time passed and I still didn't go to see him, because a lot of people were coming to see me. And one day I went to the IHS truck and she was out there in her four-wheel drive pickup and she says, and nobody wants to see you today, and we are going to go see Clarence.

So I said, we are? And she said, yeah, get in the truck. So by now I am like, well, this is—I am not in control of this thing. I mean, I am not liking this. And especially the trip up to his house; there was no road. I mean, she just takes off up the hill and we are hitting all these bumps and all these rocks, and then here's this little shack on the hill there, and curtains were blowing through the broken windows. So I am getting anxious, I am already anxious. I am kind of feeling, do they still say some kind of way here in these parts? So I am starting to feel way some kind of way, that's a diagnosis by the way.

So she parks out there in the front and we get out and she says, well, go in. And I am like, you are not coming with me? And she says, no, you go in by yourself, he wants to see you, not me.

So I kind of go up the stairs into the room. I turned into his room, and here's this bed with basically what looks like a skeleton on it, because he has been there for so long that he is totally like a skeleton. There's the bags of body fluids hanging on the side of the bed.

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And now I am really anxious, because I don't know what to do with this image, and I am supposed to be here for what, to help this guy. What if he is schizophrenic? All these mind things are happening in my head.

So I am at the height of what I thought was a peak of the anxiety of the day, but it wasn't. He just smiled, he had a crooked smile, smiled to one side of his face, and he says, don't think that way, there's other realities.

Basically that's all I really need to tell you here today is, don't think that way, there's other realities. And that made me extra anxious. And now I am feeling the anxiety kind of through here. And then he smiled and he actually laughed. What would be—what I would at the time would have thought, that's inappropriate

laughter. Because there's appropriate laughter and then there's inappropriate laughter. We have all these categories that we learn how to do in graduate school.

And so he laughed, and he asked me a question. He says, have you ever seen the colors? And I am like, huh? And now the anxiety has turned into a real panic attack. And all I could say is, no sir, I have never seen any colors, because I have no idea what this is; that's schizophrenic process or is that a Zen koan? So I said, no, and he laughed again, inappropriately, because now I am ready to pass out and he is laughing.

And he says, you want me to show them to you? And by then I was starting to do this kind of thing, and all I could say is, no sir, I don't want you to show me anything, because I knew that if I would have said yes, now in retrospect I know that I wasn't ready to see whatever it was that he was going to show me. And all I could do then is say a few niceties and just get out of there. I just leave as fast as I could. And so I just kind of said a few things and left.

But then he says, I want to see you again, and I am like aah, why did he have to say that, because he seemed to be really nice and gentle, but he said these real crazy things that really upset me. literally, I almost lost consciousness, and this is the truth, that's how much the panic in me around this first encounter with him was.

And in retrospect, many years later, after—because I spent three years visiting him after that and learning from him, in retrospect, I know that it was during that first 30 seconds or the first minute that he gave me the transmission of his knowledge, of his energy, and I know that, I hope—does that word make sense to you all? Because I know it's used a lot in Eastern circles, where the teacher gives you a transmission and it's usually a pretty profound experience.

But I had no idea at the time that that's what was going on. So I am seeing him now pretty regular. I just go visit him, because I am not afraid anymore. He is aggravating, but I am not afraid.

So for three years he talks to me in what appears to be pretty nonsensical stuff. And some of it would appear maybe to be like a Zen koan, something that has no way of making sense with a rational mind; he would say things like that.

And then he would laugh and then he would always ask me, what I was learning in school? He was very interested in my progress in school. And whenever I would tell him what I learned that quarter and whatever, he would always laugh very heartily. But it wasn't a mean laughter, like he was laughing at you, he would just laugh, inappropriately I guess you could say.

So that continued for three years. So it was on June 19th of, I think, 1985 or 1984, one of those years, when I went to see him, and he was sitting out in front of his

little shack, in his wheelchair. He was all decked out, with a really nice shirt. He had his headband on, and just looking really elegant.

I thought, well, I didn't know he could do that. And it was during that, however long I stayed there, couple hours, that he basically lectured me, probably the way that all of these lectures have happened here the last few days, very rational, very linear, things connected to each other, explaining things in detail.

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And then that really, really ticked me off even a little bit more, because I thought he can actually do this, so for three years he has been just messing with me when he could have just told me this like the first time I met him. And now I wouldn't have wasted three years of whatever it was that he was—whatever he was doing to me or with me.

So I left, and wondering, well, I wonder what's going on, because he can actually do this professorial stuff.

So June 21st comes around, which is the solstice, as you all know, and he asked one of the people, one of his—I don't know what that is. See, the technology is already jumping here. He asked one of his relatives to bring his altar, which happened to be a pipe. And when he prayed and smoked with that pipe, he expelled his consciousness into the spirit world. And most people in here would say he died. So he left his flesh body.

And it was at that time, at that moment that I knew then who he really was, that he was truly a holy person, that I have been having tremendous privilege and having been in his presence for that time, yet not knowing that he was a holy person, because if holy people tell you they are holy, they usually aren't very holy, they are kind of suspect.

All he did was kind of laugh and tell me these thing for the three years. So that was a remarkable turn in my life to realize that people—because I had read or heard of people doing that like thousands of years ago, where very holy people could just transmit their spirit back to the spirit world when they were done whatever it is that they came here to do.

And even though he left—also he left completely healed, and that's the other part that is really important to this, is that, he was healed, although he left his flesh body. Because in most Western circles, except for all the Western providers and this audience of course, the acid test is to cure the patient. And of course the opposite of that is—the failure is, if the patient dies; that's the failure of the medicine or failure of something. But unfortunately, all of your patients are going to die, that's just the way it is. But they can die healed, maybe not cured.

Because what we have to look forward to, as our great relative from the East called the Buddha, all we—what we really have to look ahead towards is old age, sickness, and death. So that would make all of Western kind of practices kind of irrelevant, except that they don't have to be that way, because there are things that can be done to heal people even as they move into their journey.

So now that happened, back to the needs assessment, it might appear that I am being tangential here, and I am, because I am kind of possessed by the spirit of Clarence sometimes. This is nothing compared to what I had to put up with. I mean, he—at least I am making a little bit of sense. He made no sense at all.

So now I am working with families and community people, and I am getting the distinct feeling sometimes in sessions and working with people that there's other people in the room that can't be seen with these eyes. And I am having these feelings, and what to do with that? Of course I can't go to my clinical supervisor and say, guess what, I think there are other people in the room besides the couple that I am seeing, because it's just crazy to be thinking or even feeling that. But it's very troublesome, because it's such a profound and distinct knowing and awareness that I really can't shake it.

So one day this medicine man from Northern California, Bill, just randomly comes to my office, and a very famous guy. So when I saw him there in his cowboy hat and cowboy boots at my office, I am like, whoa, it's Bill. It's like God has come to my office, because he doesn't do that, people go to him, and there he is.

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And he was, he is still, he is the kind of Indian doctor that's from the shamanic tradition. He got his medicine directly from Creator. And then he had some training on the human side, but what he does, he does through this direct thing that he has. Sometimes they are called trance doctors. He had the uncanny ability to just look into your eyes and then tell you what you dreamed and what you dreamed even long time ago. So he would play around with that sometimes, he would look in my eyes and come up with an embarrassing dream that I had and would tell it in front of people and stuff like that.

But here he is in my office and I thought, well, he is as good a guy as any to run by this thing that's happening to me and doing psychotherapy. So I told him, I said, Bill, sometimes I feel like there is other people in the room and I don't want you to think I am crazy. I was hoping for him to give me some real elaborate traditional story about this, but he didn't. All he says, well, the reason you are feeling that is because they are there.

And I am like, well, I don't want to hear that, I want you to make it nice and therapeutic, and in that way I know I am not crazy, and I can be done with that. But he says, no, they are there. And he explained that everything we do, that's

why what we are doing here today or during this conference at every moment, and all of us know impacts at least seven generations, down the line.

But then he also explained, it doesn't go in one direction only, because that linear, one direction way, that's not how we think. He said, so what we do here also impacts seven generations back.

So what you are feeling in the session there is some of the ancestors of the people that you are working with who got hurt, their soul was wounded three, four, five, six, however many generations back. And because of the natural law, the only place that they can make themselves well or get through whatever it is that happened to them is in this moment here, because we are in this plane and it is in this earth plane that we can do these types of healings. Once you move to the spirit world, especially if it's a sudden kind of death, a lot of them might not even know that they are there yet and that they are suffering because of what happened.

I don't know, most of you probably know in California, between 1870 and 1900, 80% of all Native people were exterminated, completely wiped up. So whole Tribes completely exterminated, they no longer exist. And some of the people that I was seeing, actually this one gentleman, his grandpa at the time happened to be over a 100 years old, he actually had firsthand accounts of the bluecoats coming to the community and creating the devastations. So this is his personal grandpa who actually—his soul was systematically wounded by the genocide that happened with the Tribes in California.

So what was happening now in the sessions is that the people that I was seeing, or their ancestors, my ancestors, were kind of there and being present with this thing, but since I didn't know what was going on, there was no awareness, so the awareness couldn't be brought out into the light of day to, no, we could deal with this.

So now I am kind of working with this, working with Clarence, working with Bill, and my clinical supervisor, he thinks I am doing cognitive behavioral therapy, because in supervision, I mean, I can't tell him this stuff, because then I wouldn't be here talking to you today, because I would have been put in therapy or worse.

So that was kind of the beginnings of understanding the soul wound, and this whole thing that we now call trans-generational trauma or historical trauma, those kinds of things.

So I actually presented some of the stuff that I was finding at an IHS thing that happened in Sacramento around that time. And of course nobody had ever heard about this stuff, and I hadn't either, and after the talk several of the dignitaries of the conference came and told me that I shouldn't be talking that way, because

what I was saying was really crazy and I was going to ruin my career before it started.

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So now, what do I do with this? So go back to Clarence. Clarence, pitiful, what do I do, because by now—and he said, no, you just keep going. You need to do keep talking about these things, because this is really what's going on.

And it was around that time that the Israeli studies were published, and thank God for that, because otherwise I would have still been in kind of no person's land, kind of free-floating. In the early Israeli studies what they found, and probably most of you have read those, is that they were seeing children and a lot of the children that they were treating were being diagnosed with post-traumatic stress disorder.

Even though a lot of these children had never really been traumatized themselves in this particular lifetime, and no abuse and none of those histories. And the actual—their ancestors, like their grandparents and great grandparents, who had been through the Holocaust, actually took great pains in keeping the information from them, because they didn't want the children to have to relive all the events.

So now they are stuck with the reality that this child has post-traumatic stress disorder, but nothing has happened to them, and so where did that come from? So that's when they started making the assumption or the theories that this is passed on from one generation to the next. And not only that, even more troubling than that is that, if it's not dealt with, then it's cumulative. So each generation that gets traumatized, if you don't resolve that, and the next generation gets traumatized, now there is twice as much trauma to be transmitted on to the children.

So now it's kind of out in the light of day, and now dealing with this and now being able to talk to the patients that I was seeing directly, that their history, even before they were born, is really important.

And even some of the people that I was talking to, they said, well, we know about that stuff, but what does it have to do with us? I said, well, I said, what it has to do with us is that, we are here talking about it because your life isn't working, either because of violence or alcoholism or substance abuse or suicidal ideation, all of the things that you guys have been talking about here at this conference.

Now, that's where I am at, and continued to work with that. And also going back to changing the metaphor, because there was an anthropological paper that was written back in 1932 that kind of describes the way the anthropologist refers to it, traditional peoples understand illness and healing.

There is five categories that Clements talks about, and it's important to just have these as a backdrop, so that the other stuff that I am going to say later will have a place to fit. Usually I don't talk about this part, and then people are like, well, that's really weird. But if I give you a citation, then it won't be so weird.

The first one is object intrusion, where the reason one is made sick is because something has intruded and it's an object. And it's not just traditional peoples believe that, Western doctors, they all believe this, that people get sick because microorganisms or some other kind of object has intruded into the body and now it's making you sick.

And of course the cure is to take this thing out. And of course in traditional world, that would involve traditional ceremony to extract the object and move it on.

Now, the second concept of disease is the loss of soul, and this is where one, because of an event that happens, your soul spirit literally is removed from your body. So your body is kind of walking around, but your spirit is either behind you or somewhere else.

And most of us in this room have used the term somewhere in the past, they are beside themselves. Well, does that mean that they are over here and then they are over here? And when we look at, especially the schizophrenic process, it really speaks to this loss of soul. Of course the logical cure for this is to go get that soul and put it back in there. And most traditional cultures have ways of doing that, and I think most of the Western providers in this room also know how to do that, at least that's what Ann told me.

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And the third one is a spirit intrusion. This is where an actual entity, energy spirit from a foreign source intrudes into your being, whether it's into your flesh body or into your actual spirit, and then that creates a sickness.

And there is a lot of examples of this, especially in Christian metaphor and most of the religions of the world have examples of how this can hurt you.

And the fourth one is the breach of taboo, where you do something that is really, really against the collective agreement of your people, and when you do that, then there is a sickness that happens, and of course the cure of the sickness is to make it correct.

And again, within, especially Catholic circles, they have a real good system for that, we can go to the Holy person and then you confess to the Holy person, and then the Holy person absolves you, and so it brings back things into harmony.

In traditional cultures this happens a lot in ceremony, where the person wants to go get doctored and usually the medicine person takes a pretty good history; and part of the thing that needs to happen a lot of times is the forgiveness piece or the acknowledgement that you did something that transgressed against the rules of your particular group and now you need to be put back into balance.

And the fifth one is sorcery. And this is where you have a bad doctor or a bad medicine person that purposefully and with intent puts sickness in people. I think the fancy Greek term for that is iatrogenic illness, where whole books have been written on that, where doctors of all traditions make people sick.

And no one's cornered a market on this, so I am not picking on Western docs or the traditional docs, everybody is capable of doing this.

Also part of what I hope you take from here today is, because I usually tell people when they invite me to do these talks, I say, well, I only know about four things, maybe five things, so that's all I can tell you. So I am being truthful.

I think it's really important that we understand that while we are trying to do, especially, this is Indian Health Service, the word 'Indian' there has all the tremendous significance, it should be done Indian way, because it's about Indian.

But what we are asking here, from somebody who doesn't come from the world view, is that you literally are able to yourself immerse yourself in a whole other cognitive world that doesn't necessarily operate in a linear sequence. And that's asking a lot, because like myself, who was immersed against my will by my teacher, it's real crazy making. It can really, really distort and make you think that you have lost it.

So it's asking a lot from providers that work with Native people, but if you don't do that, there's not really ever going to be a connection, because especially with some of our Elders, what we are asking them to do is to step into a whole other cognitive world, the Western world, and sometimes they can't even speak English to have that frame of reference, and we are asking them to step over here into the Western side and then we can make you well.

So it's really an out of balance system, because we are asking the patients to do the things that the doctors should be doing, because the doctors have the training, they have got more enlightenment when it comes to working with medicines, especially whatever particular area they are working with, and that's the expectation of the Native person, it's for you to be able to step into that world.

And unfortunately, because of so many years of the expectation not being fulfilled, a lot of people don't even expect it anymore. And that's the real sadness, because now you are not even expecting for your doc, for your healer, to step over into your world view of understanding things, then how are you going to get well,

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because now you don't even—expectation is really big in what we do, and it doesn't matter which sickness is your favorite, or the one that you are trained to deal with, it's really important that the patient expects for you to know what that sickness is and how to deal with it. And so being able to move into that.

(00:50:02)

Because we are trained, whether it's in PhD or MD or both or however many degrees we have, the expectation that I would have is something called that we need to be able to move across these realms. And there is a fancy term for it, because it's being recorded, and I don't want the people that are going to hear this, wherever they are going to hear it, to think that I didn't go to school, but it's a good word, epistemological hybridity.

I was at San Carlos a few months ago talking to a group of high school students, just about their lives and stuff, and as I was ready to leave, one of the young girls who had been really shy and quiet at the back, she said, Dr. Duran, did you go to college, which is really a precious question, because she was very sincere, because apparently what I was saying didn't seem like I had been educated at all.

So I use these words to show you that. But all seriousness aside, it's really important that we do that, that we are able to go into a whole other epistemology, way of being and knowing and understanding, and to be able to cross into that realm. But how do you do that? The only way to do that is you are going to have to spend time in that place and you are going to have to dream in that place, you are going to have to eat in that place, you are going to have to sleep in that place, so that it becomes you. Because if it's fake, it ain't going to work, and the patient is going to know right away that you are just playing at this and it's not real.

And to be able to move in that world view, you don't have to be a Native yourself, because everybody in this room is Native from somewhere. I tell people, somewhere in Europe you have a Tribe and you have a Creator, you have a creation story. And actually that was an assignment that I used to give students when I used to teach this year-long clinical course, is the first week I would say, I would ask them, who are you? You need to know who you are, because if you don't know who you are and you are working with a patient who might not know who they are, then you can see how that's not going to work.

And then I said, then I want you to go back and find out who your people are and who your God is or was to them and what's your creation story is from your people. And then I would say, if you are not Jewish, don't come in here with Genesis 1:1, because that's not your story, that belongs to another group of people. And it's a good story and it's probably similar to your story, but it's not your story.

So a lot of rebellion for three months; students would really hate me and think I was really a bad guy. But halfway into it, they would really start getting an

essence of their identity, and some of them actually traveled back to where their ancestors came from. And they would actually find the place, they would find the altars, they would find the cave where the fires were, where the charcoal was still there.

And then now they could make a prayer at that place. Now they had, as Carl Jung called it, their axis mundi, now they had their center of the world intact. And if you have your center of the world, then you can do great stuff, because you are centered.

And in one of my writings, that's what I—because in Western side, they talk about client centered therapy, to where, I said, well, from the Indian side doesn't make any sense, because if the client is already centered, then why are they seeing you for?

So what should happen here, it should be, doctor or therapist centered therapy. By the way, the word therapist just means healer. So anyone in here who does healing, by that Greek term, is a therapist. On the disorders of spirit and mind, usually we say that we work with psychopathology, and what that Greek word means is soul suffering. So what we work with is soul suffering, and we are psychotherapists, so we are soul healers.

So the language, the lineage on the Western side is also very traditional, because talking about soul healing, that's spiritual work, that has to do with a whole other category.

So going back to trauma, and the way that I understand trauma, especially in having worked with so many people over the years who have had trauma in this particular plane, in this particular lifetime, they have been traumatized, I have gotten some understanding in it, and I am sure there's still more.

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By the way, everything that I am saying here today, there's lots more that I am not aware of, and maybe you are, and it continues to build on itself. So it's really important that you don't think that this is the last word, although everything I am telling you is absolutely true and it happened like that.

So trauma and injury, most of the time it's because of the way we think or we have been brainwashed to think, as we look at it in a real physical sense, and it does have that component. And when a person gets the intent in their spirit and their spirit mind and their heart to hurt another person, there's the physical impact that hurts the flesh body, and that leaves, whatever, a bruise or a cut or whatever kind of trauma there is on the body. The body instantly reacts to that and starts making medicine to heal it, and it starts doing stuff. And then they can go to the

doc and they are sown up, so that part of it can be taken care of. It scars up and all that.

Then there is the psychological injury that happens without intent, because that person is having that negative thought and it does that violence, so now the violence is also at the psychology of the person. That's the frightening part that happens. Usually this is the realm of the psychotherapist or the soul healer, but anyone who is a healer should be able to cross into that realm, because you might be the only one that this person is going to come to.

And then there is the third part, and this is the soul part of the intrusion. This is where the intent of the perpetrator is to infringe on the spirit soul of this person with their soul. So then this becomes an act of sorcery. And in sorcery, as I mentioned before, this is where somebody, who is either a bad doctor or a bad shaman or a person who has got this negative energy in them, purposefully picks on somebody, and there's reasons why they pick on who they pick, and we will talk about that a little later, and then they impose their injury, soul injury on this person.

This is where I have a chapter entitled, *The Wounding Seeking Wounding*, because it's all about energy, and that's the—I said there were about four or five things, that's the other thing that is really important, that hopefully you can take from here today, is that no matter what people come to see you for, there is an energy to it that started somewhere.

And a lot of the medicine people from this area and from other areas, they look at that energy and they treat it just like they would—they talk to it like they would talk to a human being, because it's the correct manners to do. And they trace it, and they say, that energy has a father, has a mother, has a grandpa, has a grandma, and it goes way back, somewhere it has a lineage, and it's really important that we understand that, that sickness has that lineage.

It doesn't matter, I know there's a lot of diabetes stuff that was being talked about here in the last few days. Well, diabetes has that lineage, and it needs to be found out and see, where does it come from, where are the ancestors of this entity called diabetes?

And it is really important to use the word entity, because then that gives it a spiritual framework to it, versus, well, it's just some kind of blood thing that happens, and if you take your insulin, then it's all okay. And for Native people that just doesn't make any sense.

So now we have this thing happen, so the sorcery part is what goes into the victim now. So now the perpetrator has—it's like an object intrusion that I talked about earlier. So now the perpetrator has literally intruded into the spiritual space of the victim. So they shot their sickness, and that's the terms that are used in most

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Native circles. They say, they shot their sickness into them, and so now it's in there and now it's festering.

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And Carl Jung says that—he calls them complexes, because at the time that he was writing this stuff, he couldn't use the S word, the spirit word, because if you were to use the spirit word, he wouldn't have gotten published, and then we wouldn't know this stuff. So it's good that he called it a complex, but he really meant spirit.

So these complexes now are in what he calls the unconscious, and in a lot of traditional circles, it's called the Black World, where now it goes into the Black World, and now the individual themselves might not have knowledge that this complex is in their personal and collective Black World. Because they are not aware of it, it develops a life of its own. And that's why a lot of times we see people, whether it's in the medical office or the psychotherapy office, who have had a sickness for all these years and no one can really get to it. They are treated, but they are still sad, they are still worried, they still have a lot of fear, and it's because there is a perpetrator lurking around in their psyche.

So there's been sometimes a removal of soul at the time of trauma. Sometimes the trauma can be so profound that it's in that instant where you breathe in very quickly that your soul jumps out, because it's just so frightening. A lot of people who have been abused, they say, I felt like I was outside the door watching this perpetrator do what was happening to my body. I wasn't even there. So literally the soul jumps out, but the awareness is still there.

These are 2010 clinical events. I mean, these stories are being told in our clinics this very day. So I am not making up anything here.

So now we have—the clinical picture is a lot more complex, because now we have the soul intrusion, we have sorcery, and then we have the remnants of the symptoms that happen with that.

When I was doing that needs assessment, that was one of the things that I was made aware of is that, the community was trying to tell me that the symptoms aren't the problem, which makes perfect sense. So there's something causing the symptoms, and that's really where we need to go.

The place that we need to go is to retrieve souls and we need to remove the sorcery, because one of the cures for—or healings for sorcery is to have a more powerful sorcerer undo the sorcery of the other sorcerer.

I know all the Native people in this audience know exactly what I am talking about, because over the years I have had many Native people, their presenting problem

is exactly that. They say—and it doesn't matter what they come in with, whether it's addiction or violence or what have you, when I ask them early on in the intake, well, what's going on? A lot of them say somebody is witching me, and that's the term that they give me. I say, well, have you ever told anybody about this witching situation? They say, no, because if I do, they will think I am crazy.

So they already know that the system of providers that they have been going to, if they use these metaphors from the world view, then they will be further diagnosed. So they hold it to themselves. So now this complex, the spirit has created a life of its own in their unconscious or in their Black World, now they have to keep it to themselves.

So you can almost imagine the amount of stress that this is putting on the individual, because this thing—they are feeling it, they are feeling the fear, they are feeling the sadness, but now they really can't even talk to anybody. Sometimes I am like the fourth or fifth therapist that sees these patients. I don't tell them that I believe in this stuff. I don't say, hey, I believe in witchcraft or sorcery, I am just there as a therapist, but again, it's that underlying understanding that happens when you have allowed yourself to participate in a different world view, that it's intuited by the patient and they will just know that it's safe for them to tell you this stuff.

By them telling you these things, it's a tremendous relief, because if they see you that way—see, they don't see you just as a doctor, they see you as a medicine person. So now they are giving you a part of their spirit soul for you to do something with it. If they tell you that, that means that they believe you actually are going to do something with it. So it's really important that you do. Otherwise, once they give it to you, then you have it here, if you don't do something with it, guess what's going to happen to you, you are going to get sick.

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A lot of people, especially in the addictions and therapy side of things, there's a lot of what is known as burnout, where therapists just burnout and they get real depressed and they start using and they get suicidal, and all of these things, because they have been given all of these sicknesses and they don't know what to do with them again.

I am going to be talking a little bit about that this afternoon, but it's important that I mention here, in case some of you or none of you come to that talk, it's always a possibility, that you give it back to Creator, which, however you believe in that, remember, if you have your identity and you know your Creator and you know your story and where you come from, then you can take that sickness and put it back on that altar that belongs to you. Then you do your offering to that and now the sickness doesn't have to go home with you. So it's really important that you do that.

Is this making intuitive sense, because all of you are sitting very still? I don't know if that's—you are just being very polite because Ann told you to or what, but okay.

So now we have this violence that has been shot into us, and I can say us, because I think all of us as human beings come from somewhere where violence has happened, either historically or personally or in the family system, so no one escapes from this. And that's why earlier I mentioned that it's important to see it under the umbrella of natural law, because there are rules for these entities, just like there are rules for us, these entities, the spirit of diabetes or spirit of alcohol, all of these sicknesses, they have to comply with spiritual law, natural law, because even God has to comply with natural law from last I heard. He talks to me directly. Not really.

So now the energy can go one of two places; it can go either go outward or it can go inward. I think there was some talk on domestic violence that was done here in the last few days. So now the energy that's been shot into me is developing all this crazy energy on top of it, so now it's—I might be the kind of person that moves things outward. I externalize things. So if I do that, then I will act out violently towards those closest to me.

And that's the important piece of this, because of the self-hate that happens, because of the violation that has happened to us, we take on the guilt and all of the negative qualities of the perpetrator who also hates him/herself. So now I take all that on me. So what I want to do more than anything else is destroy my self-image, destroy me. Because the fantasy here is, is by destroying me, I destroy this entity that's entered me. And that's where a lot of the people that we see are caught in.

So then I project it on whether it's a spouse or a child or a cousin, and the violence now is projected to them and it happens to them. All of you know the statistics, especially around Native women, who have the highest likelihood of being killed by violence of any other group in the country, and that's not a made up thing, that's a very serious thing.

So why is that? It's really important to ask real basic questions. So why is it possible for our Native sisters to have that likelihood of that happening to them? It's usually by Native violence. Well, why is that? Well, I think that part of it is that we have internalized this negative energy that happened through the historical trauma and we externalize it. So then we project it on our sisters, our wives, our aunties, our grandmas, and the violence happens.

Then we become sorcerers ourselves and we shoot the sickness into them. A lot of times it takes their life, but in taking that life, it's almost like we are taking our life. So it's destroying the self-image. But then shortly after that we realize, well, we are still here, so then it happens again and again. As we know, people who

perpetrate violence, they do it a lot. So it becomes almost like an addiction and a very serious thing.

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And talking in this way to patients, they actually—most of them that I have ever talked about these things like that to them, they get a little upset, because they say, well, how come nobody ever told me this? If somebody would have told me this, I would have understood and maybe I could have done something about it.

Because you can't psychobabble this stuff into wellness, because if you could do that, I wouldn't have to be here talking to you today, because we have plenty of psychobabble in the world today, and by psychobabble I mean just the psychotherapies and cognitive therapies and all that stuff that we do.

I mean, they are all good, but when it comes to this realm, then we need to do something else, and we don't take our transmission and the car to the dentist. You see, it doesn't make any sense to do that. So when we have a profound problem of soul loss or soul intrusion by a perpetrator, then we need to take it to somebody who understands at that realm. And a lot of times there's medicine people that know about those realms, but they are not available to everyone that comes to our clinics, and so that's why I am here today.

The thing about today that's kind of really messed up for you all is that, you can never unhear this, you already heard it. So you can't say—you can't step into that same river twice. So now if a patient comes to you, even though you might—whatever you think of what I am saying; good, better, or indifferent, it will be in your awareness, and by it being in your awareness, then maybe you will also be able to do something a little bit different or at least acknowledge it and validate it, which is usually, that's the biggest piece of the whole thing, is to validate it for the patient.

Because over the years a lot of Native people have told me, I just really thought I was crazy, and it was just me, and I was in here alone with this craziness, because this is what's happening to me. And so for them to be able to tell it to you, that's a huge gift that you can give them by you not judging that or pathologizing it, because they have already been pathologized, and so there is no need to add to that. So this is a real event in that world view, and then if you are doing that, then you get A on, what was it, epistemological hybridity. And you can say, hey, I am a good epistemological hybridist or something.

So when we internalize the violence, a lot of times, people, because of our personality or because of where we live, or how things are in our lives, we can't externalize and we can't be violent towards other people, there's something that doesn't allow that.

So then the energy goes inward, and so then we attack ourselves, and this is where I think the whole realm of addictions, because it all fits to me, when we call domestic violence, domestic violence can also be internal. And when we start talking about addictions and the chronic illnesses, those are very violent internally to the human being, so then we seek to destroy our self-image through whatever process we have either unconsciously or consciously chosen.

Alcoholism is a real common one in a lot of our communities. Other addictions, and then there is the body sicknesses that we get. One of the big ones, not just in Native communities but now all over the country, this whole energy, our relative called diabetes, is also creating tremendous devastation in the United States of America. It has been doing it in Indian country for a long time, to where it has been literally eating up the organs of our relatives.

There are some communities that even have little prosthetic shops right there on their communities, and some of these places that I visited, they don't have that many people in the community, yet they have this kind of a business going on there, because so many people are losing body parts to this entity called diabetes.

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Even though they are getting the medicines and all of the things that we know how to give them, there is still something called—like when patients don't want to do what you tell them, there's, noncompliance, yeah, that's the one. So I hear that a lot, and a lot of the docs say—and the people know, they know that if they don't take their medicine, that this is the road, especially some of the young people. I mean, I have heard 13-year-olds say, well, there is nothing that can be done. What's going to happen to me, I am going to be losing my body parts, and that's the just the way it is.

So they have internalized that energy that is telling them that in order to get rid of that self-image that you have internalized and you hate so much is by sacrificing yourself to this entity. So then the whole loss of body parts and internal sicknesses that happen becomes a form of sacrifice to the entity and also to the perpetrator, which is a real twisted turn of events here, because now you are the victim, yet you are paying for the—or sins, lack of a better word, of the perpetrator, and the lineage that this perpetrator's sickness has, now you are the scapegoat for that.

And as you all know, the scapegoat is a very useful device in Judeo-Christian tradition. And actually, I don't know, if Moses invented it, but it was invented way back then in the desert, when they were lost. Some guy, I think it was a guy, did something; this is in the Bible by the way. I usually tell people, because sometimes I say it's in the Bible and then it's not, and I always say, but if it's not in there, it should be, because after all, the Bible was written by a bunch of guys, and I am a guy.

But anyway, some guy did something and then they cast lots, so they somehow had a magical way of finding out who the culprit was. So they found the culprit and they brought him forward. And of course in those days there was two roads to take here; you either stoned a culprit to death, the perpetrator, you killed them, and literally, their blood goes back in the ground as a sacrifice. This was an unconscious, this was—people knew what was going on here.

So now you sacrifice the culprit and the blood goes into the earth, nourishes the earth. It takes care of that situation. So now the victim doesn't have to take on the trauma and live their whole life being sick from the situation.

But then, I think it was Moses, says, well, that's kind of impolite to just be killing people like that, so does anybody have their best goat or their best sheep? So they did, and so they brought it. And what they did then, spiritually, because they had spiritual people, somebody that knew how to do this, they transferred, literally, the sin or the perpetrator energy, they transferred it to that goat, and then they killed the goat and put the blood on the earth, and then they put the goat on the fire, and they use the goat as a smudge, so that the smudge would then purify the whole community.

That's perfect. I mean, how come we don't do that anymore, to where the doctor can transfer the sickness onto another being, and then we could sacrifice it that way. Instead, we hold on to the sickness and we keep sacrificing our body parts one at a time, to finally there is none of us left, and then we go into the spirit world, but the whole time, see, that wouldn't be so bad if we knew that was what was going on, but for the most part, nobody ever tells the patient that is what's going on.

And a lot of times in talking to people who have lost body parts and things like that, I say, well, don't waste it. You can still put your intent on that body part and offer it back to God and say, that body part, use that scarifies for the well-being of my other relatives who are suffering from this sickness called diabetes.

So then it brings a lot more meaning to their sacrifice, then to just lose an arm or a leg, and that's all that happened. Well, obviously it's not all that happened, because pretty soon they are going to lose another one, and another one, and the kidneys shut down, and pretty soon then they are dead. So it's really important I think that we bring the awareness of these sacrifices to the patients that we work with.

(01:19:56)

And this is happening this very day in all of our PHS hospitals and all of our urban clinics, there is Native people who are seeing providers, and with this exact situation, where they have internalized the perpetrator and the perpetrator is devouring their very being. And no one says anything about that. We treat it as it

was just a biological situation. It is biological, but that biology has a source; it has a father, a mother, remember, grandpa, and grandma. And if we start looking at that every time you talk to somebody who comes in presenting with this entity or this relative called diabetes, if you start thinking that way, then it opens it up for the patient to also be able to tell you what they are experiencing. You don't have to tell them that you know this stuff, that you listened to this talk today, they will just kind of know it.

So is that still making intuitive sense in getting—it can get weirder, by the way. So this isn't as weird as it gets, but I have just kind of given you kind of the overall view, because I really—it's just really sad to me when I talk to some of our relatives, and hearing these words that I am telling you today, can make all the meaning for them, because some of them might be already too late. They already might be in kidney failure or what have you, but by them knowing this, their departure or moving their consciousness back into the spirit world, will be as a healing process. Then they won't have to leave this flesh body confused, and to where they don't have to appear as part of the historical trauma for generations on down.

And that's the other part, is that, when we talk about healing and the healing now, one of the things that I like to do, especially with people who are really stuck to whatever their situation is, a lot of times it happens with alcohol or addiction, because alcohol has a mind of its own and it does what it does to people, so what I do with some of these families is I have them draw a genogram, generations up, as far as you can go, and generations down, as far as you know.

And then I say, well, why don't you add a couple of more generations, just make believe that you know who is going to be born in those generations. So they add another great, great, great grandkid or granddaughters and they put several of those on there.

Then I say, well, this sickness, now we can trace it, here are your great, great, whoever had it, this one had it, mom and dad had it, now this nephew has it. Of the unborn ones, which one do you think is going to have the sickness, if you don't do something about it today? And that really creates a sense of urgency to people, because no one, even—it doesn't matter how distorted your thinking has gotten through the addiction process, wants to pass on sickness and suffering to the unborn ones. That is just—we are wired that way. We don't want to hurt children who aren't even born yet.

So when we tell them that by them doing what needs to be done in the here and now, we will possibly stop three or four generations down the line from getting the sickness. Then now they are more compelled to be more compliant, if that's the need, because sometimes that's necessary, they need to take their medicine, and they need to understand about the sacrifice.

But then also when we get into the offering of medicine, I was up in Alaska a couple of years ago and a real small community, way, way out in a bush. There were some docs and some community people and the whole noncompliance situation came up, and the patients were also right there, there were some Elderly people right there. So what I told them, I said, well, traditionally what would happen is that when you go to your traditional provider, is that you usually give a token of some sort, whether it's tobacco or deer hide or what have you, and that connects you spiritually.

And so now the provider, the doctor will go into their medicine, whatever it is, and let's say this particular provider happens to work with plants, and so they usually have had a dream or some kind of initiation into certain plants, and now in their spirit travel, by working with a patient, they will see where this plant is at. So they go where the plant is, they give an offering to that plant, and they say, I want you to help my relative get back in harmony.

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So that's the whole task here, it's not to cure anything, it's to bring back harmony. If you bring back harmony, then there's healing. So that happens. So then they prepare the medicine in a prescribed way and then they offer it to the patient with all kinds of instructions. There's a lot of compliance that has to happen in traditional Indian medicine by the way. And some of these medicine people are really totally non-codependent. I have heard them say stuff to patients that I was like, whoa, that's pretty harsh.

And they say stuff like, if you don't do what I am telling you here and take this medicine and live in this way, then I don't want you coming back and crying to me in a couple of years, because you are going to pick it up and you are going to stay sick, and then you might die from it, and I don't want to hear it. I was like, whoa man, can you soften it up a little bit? A little sprinkle of codependency never killed anybody.

And they talk that way, and has never killed any patient to hear straight up like that, because—and Carl Jung, also one of my heroes on that side, the whole story with Bill W. and Alcoholics Anonymous, that's how that happened. Bill W. went to see him, really terrible alcoholic, kind of really pitiful, and went to Carl Jung to give him some real nice therapy and Carl Jung said to him, there's nothing I can do for you. It's Carl Jung.

So he says, if you don't have a spiritual transformation, you are just going to die. And a session by, and Bill W. took it to heart, obviously, and so he had a profound spiritual transformation, and a lot of things happened with that spiritual transformation.

So it's really important to have that understanding. So back to how the medicine is prepared, and I was telling the people there in Alaska, that a lot of times, especially corporate medicine; I call corporate medicine, where you go see the doc at this corporate building, and they don't even look at you, and you go in there and they look at the labs and then they write something and they hand it, they walk out, and that was it, that's the whole doctoring experience. Now you have this piece of paper, you know what to do with it, you go to the pharmacy, put it on the thing, somebody looks at it, you take a number, come back half-hour, sign a piece of paper, off you go, there is your medicine.

So I wonder why there is noncompliance. See, the difference between how the medicine is respected. The medicine that the Western docs give patients is the exact same medicine that traditional doctors give their patients. Remember, it all comes from fire, air, earth, and water. So that medicine, let's say the insulin, the insulin has a spirit to it. And if the spirit of the insulin isn't respected by the doctor or by the pharmacist, now that insulin spirit is not feeling too good about itself, because there wasn't the respect that was given to the medicine, the way that the natural law says this needs to happen.

So what I told the people there, I said, wouldn't it be interesting if the doctor faces the patient, you talk to them, and then you tell them that you have medicine, that you have been initiated into this medicine and you understand it, but you can't say it if you haven't, and you really have a relationship with let's say insulin, because you have to have a relationship with the medicine, otherwise you shouldn't be given it. Even though you might have the DEA number and all that, you shouldn't be messing with it.

So now you are talking to the medicine, you pray with it, you tell the patient you have prayed for the medicine. They go to the pharmacist, same thing, the pharmacist says, yeah—and do it in front of them. Take this medicine, present it to the Six Directions. Do you think you will be noncompliance if you did that? I don't think so. I think that patient then, then they have their instructions, you are to take this medicine in a sacred way. You are not to just go home and pop pills and take medicine that way, because this medicine is sacred.

And most Native people that I know or run across, that's the one thing they don't want to do, is they do not want to insult the medicine, because the word “medicine” in most traditional cultures has a way bigger meaning than medicine that we have in the medicine cabinet.

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Medicine has to do with the whole world view, the whole cosmology, creation, God, the devil, I mean everything, the stories that go with that are in that medicine. So it would be really important to also explain to them how you came about

understanding this medicine; what's the father, the mother, the grandpa, the grandma of insulin, as it would be really important for you to know that.

Wouldn't it be cool if in the IHS brochures next year, it said, insulin has a father, a mother, a grandpa, a grandma, and this is their lineage and this is how the lineage was found and this is how it's made. It's made from these particular animals, from body parts. So that means somebody has to sacrifice for you to have this medicine. There's a natural animal that is killed. Is that animal killed in a sacred way? Probably not. See, so now all that fear and anxiety that, that animal had in getting this medicine goes into the medicine. So now it's there.

So now you give it to the patient, there's fear and anxiety in that medicine. So now they take it, there's fear and anxiety going through them. It's not rocket science, it's just natural law. It can be no other way. It's just very linear and you connect the dots. So that's why it's so important for the medicine then to be made sacred, to where then the patient, instead of just taking their insulin, they would be doing a sacred ceremony.

There is a huge difference just the way I said that; take your insulin or go have an insulin ceremony. I mean, it's a whole other world view. And it's really important I think that, since most of you are working with people who come from that world view, it's really important that you at least use that jargon sometimes amongst yourselves and at least think it when you give it to the patient. And even if you don't believe in anything, but pray to the natural law or ask the natural law to do what it's supposed to do with this.

Because as we all know, through particle physics and the people that are doing that kind of work, things behave in certain ways if you are looking at them, versus if you are not looking at them. So just the intent and awareness of looking at particles; the Heisenberg Principle, all of you know that, if you are looking at stuff, then it behaves different than if you are not looking at it.

So what's that about? That's not my theory, that's not an Indian, that's just natural law. So it's really important that, I think, keeping things on that playing field, versus making a tradition, nontraditional, because everybody has a tradition, and it gets too confusing and it's too easy to compartmentalize, which is the other thing that happens a lot is that we compartmentalize the patient, especially the trauma patient, where the body is taken care of by one doctor and the mind is taken care of by another the doctor, then the soul usually isn't getting taken care of by anyone.

And traditionally, this was done all in the same place, it was all done by either the one doctor or two or three doctors would get together and do the ceremony, so that all of that would be taken care of at once, versus having to compartmentalize, because then that very splitting for the patient.

And if the patient is already split from the fear and anxiety about having this particular trauma and then also by having the sickness, the symptom of the trauma, we are not doing them too much good by splitting them up yet another time within our systems. And even if—because sometimes the inertia or the bureaucracy is to make the change overnight, but at least letting the patient know that you know that that's how this works, then that will really change the transference energy towards you as a doctor and then they will become healed even if they die, because remember, they are all going to die. That's just the rule.

Does anybody have a comment or anything, because I know it's a huge audience? Usually I try to do a dialogue, but it's really hard with this many people. This afternoon, hopefully, it will be a little bit smaller and I am actually going to talk about a case, kind of a case presentation type of thing to where I will have some actual words that patients have said to me, and some of the stuff that I have said back, and some of it is pretty out there.

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But I am going to try to be as hands-on as possible, because what I am saying here today could be considered as kind of very transcendental and theoretical, but it actually has applications in everyday life. And if you don't get to go to the workshop for 2995+, I know this is being recorded, so I shouldn't even joke about these things, because it can get out into the world and then people will start sending me money, and I will say, what is this for?

Also, I just want to give you one last bit of Clarence's teaching, although most of this has been from the seeds that he gave me during that first five minutes that I was with him, this is what he shot into me. See, so there is good sorcery too. I mean, Clarence was a good sorcerer, and that first encounter with him, he did this to me. Then it took all these years for it to be able to systematize and for me to write about it and to be able to meditate on it, and going to lots of ceremonies and getting a lot of prayer, and somehow what I am telling you today, some of this stuff has been kind of distilled through that process.

So you are kind of getting the '*Reader's Digest*' version of 35 years of personal suffering around trying to find out some of these things, and then seeing a lot of Native patients over the years with these exact same stories.

The whole entity issue came up in one of my visits with him, where it was, at the time that we were studying addictions in my graduate program, and there's a lot of theories on it; there's psychoanalytic, there's behavioral, there's the AA theory, there's a theory of the month. So he asked me what I was studying and so I told him.

He laughed so hard that time that he literally almost bounced off the bed. I remember he had this iron bar with a chain on his bed and his hands were all

twisted, so he just kind of threw a hand over there to keep himself from falling. I had given him my best stuff, because I really had this stuff down. I thought, what is it going to take, this is my best material and he thinks it's the funniest of all the material?

So by then I had a relationship enough to where I could say, well, I didn't say it, but I sort of said, I said, well, you old guy, if you think my stuff is funny, what do you think this is, kind of addiction? Let's talk about alcohol and everything else has the same story as alcohol, because it's an energy. So he got real serious and he just said one word to start, he says medicine. I said, huh? He said it's all medicine. I am like, tell me more about that, use my psychological trick here.

That's when he explained to me that—let's say in the making of alcohol or anything else in the universe, the four elements are distilled and intent is used on that. So the intent is there. So he said, alcohol in and of itself is neither good nor bad, it doesn't have that. It's when human intent is put on it that it becomes what it becomes.

An example of that would be that light socket over there. The 120 volts in that light socket are neither good nor bad. If we use it to turn on this light, then it's good electricity. If I were to lick my fingers and stick them in there, then it would be very bad electricity, because it would kill me. So all energy operates that way, and it's about the intent that you put on it.

The way that he explained it, he said, this energy, the spirit of alcohol, this is just water or spirit of water, since it is a spirit, by the time you approach it, it's already recognizing you. Just like if I approach you in the hallway or whatever, there's something that happens by just that approach. There are manners, there are etiquettes, there are rules of that approach. It's natural law.

There are rules about doing what we are doing here right now. So there's a shaking of hands, an identify stuff happens, and then the rest.

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But unfortunately, with most people who use this medicine called alcohol, they don't know of the rules consciously. So alcohol recognizes you and says, I will give you what you want. We could do an experiment today. We could give everybody half a glass of spirits and to everyone something would happen. It cannot be any other way. Something would happen to you, whether it would be good, bad, or indifferent. You could get happy, you could get sad, you could sing, all kinds of stuff.

So therefore the alcohol, because it is a spirit and it has respect, it's fulfilling its purpose and it's fulfilling what it says it will give to you. But now, because of natural law, it wants something in return. That's the other part of the rules that isn't too good I guess for a lot of us, is if you take something, you have to give

something, you can't just take, because natural law then will balance out the equation for you.

So if the person takes the alcohol, drinks it, they get their—whatever they were getting and you don't give something in return, then it will take from you.

One of the things I know when I lived in New Mexico, there used to be a tremendously high alcohol morbidity rate, and that's what it's called, high alcohol morbidity rate. See how nice and sterile that is. I mean, what does that mean? It doesn't really mean anything. I mean, it does if you are a statistician, but wouldn't it mean more if you said, well, the spirit of alcohol took the life of his relatives, because they abused that medicine?

See, to a Native person that would mean a lot, because now they know that it was their abuse of medicine that created the energy that cost—it's called—I think my Navajo relatives call a five fingered one, a human being, it costs that.

So it's very serious. And in talking to people in treatment, I used to work at the Rehoboth Hospital there for a couple of years, and almost everyone that I saw there is mostly Native people in the in-patient unit, they would say that somebody is witching them and that's why they were drinking so much. I would always agree with them. I would say, yeah, you are right, which was a tremendous validation, but then I would follow it up by saying, I even know who is doing it.

So that would get them really interested, because most of them would think there is some grand shaman or medicine man on some cliff out there, doing some ceremony to hurt them. I would say, well, it's you, you are witching yourself.

Every time you take that medicine and you disrespect it, then you are witching yourself.

They would get very, very quiet and serious, because intuitively they would know that, that was exactly correct, because the rules are, remember, if you haven't been initiated into a medicine, you can't use it. Just like every doc in here, if you don't have your DEA on a specific level of drug, you can't use it, because you haven't been initiated into it. So somebody has to tell you about this drug. Well, same with alcohol. If you haven't been initiated into the spirit of alcohol, like let's say a priest, a lot of priests—although some of them, you know there's treatment of payments for some of our relatives who don't understand about the spirit of alcohol and is taking to much of the sacrament

So it's really important. So I say, well, if you are not a medicine person yourself, you shouldn't be using it. But since you are using it anyway, what is the opposite of a medicine person. And everyone, to a person, over the years has always understood that, they say, well, then that means I am a sorcerer or I am a witch. These are people who might be in their second day of recovery, who have just

barely been drunk two days ago, they absolutely understand the natural law when it's put into their awareness that way.

I say, well, then since you have abused it and this is where Bill W. and the steps also comes in handy. There is a step where it has to do with making amends and forgiveness. I will say, it's not just to people, but amends and forgiveness also have to be made to the medicine itself. The medicine meaning the altar of who you are as a Native person, because you have violated that by abusing this medicine called alcohol. Because it is a spirit.

And I think at the menu at the restaurant here—usually in the back of the menus at most restaurants, they have a place where they have beverages, and over in the corner they will have something called spirits. I will say, why do they do that, apparently they are telling you the truth, except people don't believe that they are really spirits.

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That's, again, using the example of alcohol, but that example can generalize to just about anything; the spirit of food or talking about diabetes. A lot of Native people go to ceremony and in every ceremony, there is, the food people are present, and usually most people that go to the ceremonies don't abuse that food in the ceremony. Well, why is that? Because there are rules about the sacredness of food in that ceremony.

So wouldn't that be something if we made every eating event a ceremony, where the food is sacred, and then food has, like the Tibetans say that food is medicine for the affliction of hunger, that's its purpose. So food is not there to play with or to just put it in your eyes and ears, like little kids do, food is to be respected and honored in a sacred way. And if we were to do that, a lot of people in this audience probably say grace before you eat. Well, why do you do that? Because intuitively, somewhere in there you know that what you are about to do is a ceremony and is sacred.

But if you say that then to the patient or to yourself when you do this, then the act of eating food changes. So that could be an intervention that doesn't cost anything. You don't have to write a grant to CDC or anybody like that. It's all stuff that can be done for free. This is really important, again, the entity of food, and when you approach food and when you get the food at the market, who killed that? And how did they kill it? If you were to see how that is done, it's done with so much disrespect to the creatures that are sacrificing their flesh and blood for us to live, they are killed in a very horrible way, totally disrespectful.

And unless you buy, I think the kosher food, and some of our Jewish relatives, they understand this, and that's why they, when they kill an animal in that sacred way, they kill it in a certain way. They don't just go out there and throw a whole

bunch of them into a corral and electrify them and just kill them. They do it in a way that honors the spirit of the animal. That way the animal doesn't have to die with fear, anxiety, depression, because if you die that way, guess where that goes, it goes into the blood. And then we prepare it and we eat it, and what are we eating? We are eating sadness, worry, anxiety, depression. We are eating diabetes.

So if we are eating diabetes and all these sicknesses, what do we expect? It can be no other way, if you are eating sickness, then that's what you are going to have, you are going to have sickness.

There are ways of neutralizing these things. There are ways of making them sacred as much as we can. And I really think that that is one of the things that needs to happen with, especially the preventive efforts that are so much talked about with Native people.

I know I am tangential again, back to the Alaska thing. Next day, go back to the work that I was doing there. And this grandma, I was out there just looking, because it was beautiful out there, bald eagles were flying all over the place. First when I saw it, I thought it was a sculpture. I said, wow, that's a really cool sculpture you guys have got. And then the thing moved, and it was real. So I was looking at all these beautiful things out there.

And this grandma came over next to me, and she kind of goes like this. She is giggling and she says, I went to see my doc yesterday after the talk, and she did all those things you said. I said, oh, gee, what did she do? Because I say a lot of stuff that you shouldn't do. So don't do this at home.

And she said, she prayed with the medicine, and she was so happy. So the medicine now took a whole different meaning to her, because her healer, this doctor, this Western trained doc, had actually taken the medicine before giving it to her, had actually prayed for the medicine itself and then given it to her with instructions to use it in a sacred way. And he didn't say it in Latin, the way prescriptions are done. We absolutely don't want anybody to even know what we are saying, so we use secret language around these things.

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So just tell it in plain English, pray for it. It really touched my heart, because she was just so giggly about it. She was one of the noncompliant people that wouldn't take her medicine and she was really sick. The docs are like, we don't want her—because we can help her, but she just wouldn't take it until the proper manners and etiquette was done, and then no problem at all. She was glad to take it. So it totally transformed the whole encounter with her, with her Western doc. Now the Western doc is doing traditional medicine by simply doing a prayer that is free.

Also, by the way, praying is free, and you don't have to write a grant to the CDC or anything like that. Because I go to all these communities and all of them have grants from the CDC or some XYZ or the DMV or whoever to do stuff.

I just came from a community a couple of weeks ago and the community has all these medicine people in the community, but none of them were being used. I was like, guys, you have it all right here, why are you bothering me to come here, because you have the people right here? They said, well, we have a grant from the CDC and this is the evaluation and we have to bring in people like you with PhDs and stuff to tell us these things. We can't use the medicine people, because it's not in our grant from the CDC.

And I like, well, why is that? Maybe you can hire a grant writer that can write a grant, to where the CDC then can say it's okay for you to do what's correct for your community, because I don't think the CDC could care less as long as you get the stuff done, and as long as you help people, then they will take credit for it, and that's okay.

The CDC will say, you know, we invented this intervention of praying for medicine and all these people, not just the Indians, all the White people are getting well now too, because they are taking their medicine, and it's CDC intervention, and then they can get more money. So everybody wins by doing this stuff.

But it's really an individual choice and working all these years for—I even worked for the Feds, for IHS, and I still got to do the stuff, nobody stopped me. Because a lot of times you will say, well, it's not in the policies and procedures. I say, well, it doesn't matter. Why don't you just do it anyway and see what happens, and usually nothing happens. Usually people are appreciative of this.

It reminds me of a story. Although, all of this has been a story, and it really happened that way. The story is about a particular very wise medicine woman from somewhere, usually up North, people say up North, whether it's Northern New Mexico or wherever it's at, but let's say it's Northern New Mexico this woman lived. She had this really powerful medicine that could cure things and heal things.

But then there was—wow, this does have a purpose, I was wondering what this digital thing is, it just told me, sum up. See the spirit of technology. Okay. So the medicine woman has this medicine; I have got to talk fast now. But there was this young man who wanted the medicine, and who is jealous, and he saw that this old woman had all these people who would come around her and she would teach them, and she was very compassionate and caring.

He wanted the medicine, but he didn't want to pay the price, because to get the medicine, most medicine people have to go through horrendous trials and suffering, and it's really a difficult thing. He didn't want to do that part, he just wanted the medicine.

So he thought, well, what I can do is I can just steal it from her. The way he was going to do that is that he was going to give her a perfect double bind situation, where no matter what she did or said she would lose, and by doing so, then she would be embarrassed in front of the community and her medicine would be gone and then he would have it.

The plan was to go in there when she is teaching or doctoring with a little hummingbird in his hand and just cover it up like this. Then he would ask her a question. He would say, okay, you wise woman, I have this bird in my hand, is it alive or is it dead? The thought being, well, if you are so wise and spiritual, you will know. Of course if she said it's alive, he will just quickly squish it and it's dead. If she said it's dead, he will let it go and off the bird goes.

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So he goes into the place where she is doing this and she is sitting there. She feels him. She is there with her eyes closed. Those of you who have been around old medicine woman know how they sit and how they kind of keep their eyes kind of closed, but yet they see everything around them. So she was doing that. So she was sending him compassion, because she knew he was up to no good. That really upset him even more, because how dare her to send me compassion, because I am up here doing no good.

So finally he got a break there where he could pop the question. He said, well, medicine woman, is this little bird alive or is it dead? She says, well, my son, it's whatever you want it to be.

So again, to all of you providers out there, it's really whatever you want it to be. I hope you want it to be in a good way for our relatives and for you also, because this is also part of your spiritual journey and it impacts the spiritual and natural law in your life and like that.

So this much I am allowed or want to say at this time. So keep me in your prayers wherever you go, because I could use them. If you have a spare moment where you have nobody else to pray for, or you have already prayed for everybody, you say, well, I will pray for that guy.

So I really appreciate your attentiveness and your kindness. Again, I am really honored to be here in your presence. I hope I didn't speak out of turn. I know there are Elders in here and I hope that's okay what I said; I said it in a good way, and like I said, it was all true anyway. So thanks."

[End of transcript.]