

# **Native American Traditional Healing:** Information and Ways to Collaborate for Western Medicine and Mental Health Providers



Kee Straits, PhD

# Outline

- Introductions
- Draw/write the first 3 words or images that come to mind when you hear:
  - Traditional healing
  - Western medicine
- What are traditional healing curative processes
  - Examples/stories & cultural norms
  - Discussion of culturally attached meaning
  - Common factors in healing
- Why clients do not share about their participation in traditional healing (cultural STIGMA)
  - Examples/stories
  - Cultural Stigma
- Building stronger collaborations between Western and Traditional Practitioners
  - Examples/stories of when communication works and/or does not work
  - Suggested steps
- Questions for discussion
  - What are your experiences with traditional healing (yourself and/or your clients)?
  - What are some challenges to collaborations between Western and Traditional healing practitioners?
  - What are some benefits to collaborations between Western and traditional healing?
  - What are some steps we can take towards greater collaboration?
  - Specific Case Questions?

# Introductions

- Why today's topic today is important
  - A way to address gaps in health services
  - To address health disparities: traditional healing is often more accessible (financially, culturally, geographically) as a health prevention/treatment service
  - Advocacy for Native clients to integrate their culture/value/beliefs into their health care
  - Traditional healing is an expression of our cultural histories, knowledge and integral selves. Respecting, maintaining, advancing it will contribute to our strength, pride, and wellbeing
  - Ensure that Western health providers create spaces for clients/patients feel safe to share
  - We can accomplish more towards the health of our communities by working together

# Reasons to Know About and Collaborate with Traditional Healers

- **National Standards on Culturally and Linguistically Appropriate Services (CLAS)** state “health care organization should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language”
- **NM SB 600** requiring cultural competence in health education programs in their respective health service fields, including “culturally competent health care delivery,” “health disparities,” and “culturally and linguistically competent care supported by policy, administration and practice.”
- **APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations & Multicultural Guidelines** state: “Multiculturally sensitive psychologists recognize that culture-specific therapy (individual, family, and group) may require non-traditional interventions and strive to apply this knowledge in practice... This may include inviting recognized helpers to assist with assessment and intervention plans.”
- **New Mexico Children’s Code** (§32A-1-4 NMSA et. seq.) mandates access to culturally relevant treatment and services to American Indian clients.

# Draw or Write the first 3 things that come to mind when you hear ...

- Traditional healing
- Western medicine
- Summary

# What are traditional healing curative processes?

- Definitions:
  - Traditional medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness (World Health Organization).
  - From a less formal perspective, traditional healing seems to refer to forms of structured medicine that have existed for generations upon generations

# What are traditional healing curative processes (continued)

- Examples specific to a certain region and community do not encompass all of “traditional medicine”
- There are many “types” or specialties of traditional healers/healing practices, just as there are many types of “doctors” and different forms of Western healing practices
- Western medicine is science-based and oriented to physical causes of illness. Traditional healing incorporates social, moral, environmental contributions & causes of health concerns
- For those who might seek or benefit from traditional healing approaches, there is a continuum of client needs which must be assessed to determine the appropriate approach
- As in one example where a traditional healer was able to make the appropriate referral to a physician for a client’s specific needs, it would be ideal if a Western provider was knowledgeable enough to know when to refer to a traditional healer for specific client needs

# Population served by traditional healers

- In one urban IHS setting, of 150 adult Native American patients 38% reported seeking medical care from both a physician and a traditional healer
- In another rural/reservation setting of 2, 595 Native American adolescents and adults, 41-60% sought biomedical services for physical health concerns, and 6-8% for psychiatric problems. 8-23% sought traditional health for physical health concerns and 3-8% for psychiatric problems. 10-23% used Western and traditional services, while 3-40% used only traditional healing.
- For Native Americans, age, ethnic identity, education level were associated with use of a traditional healer.
- Native Americans sought traditional healing for arthritis\*, depression/anxiety, back pain, and diabetes mellitus\* as much as Western medicine. Family problems and insomnia more common reasons for visits to native healers than medical providers. Those who consulted a native healer for depression/anxiety and arthritis were less likely to also consult a medical provider, and medical providers were never consulted for "sickness," "blessing," "bad luck," or family problems.



# Why do clients not share about their participation in traditional healing?

- Client lack of trust, believe physicians will be skeptical or uncomfortable
- Certain things are sacred- cultural values that dictate with whom it is appropriate to share certain information
- Difficulty translating or correlating participating in traditional processes
- For youth especially, a lack of knowledge or inability to express their experiences/beliefs
- Protective of our culture. Historical experiences with Western cultures where “sacred” or cultural knowledge has been taken, suppressed or denigrated, or otherwise misused.

# Why clients don't share about Traditional Healing

- Physician does not initiate communication or demonstrates lack of comfort with traditional healing approaches (lack of physician understanding/knowledge of traditional healing less important than being willing and open to discuss)
- The Western and Traditional systems/beliefs around treatment are in conflict and time is not provided or made to find a middle ground or complementary solution
- Division of reasons for going to different providers-Western for physical issues, Traditional for spiritual/social/cultural/emotional
- Different advice (61.4% prioritize traditional healer's advice over physician)-potential conflict, e.g. herbal remedies vs. medicine
- Cultural disconnection, societal perceptions/pressures, colonization & internalized oppression

# Challenges to Collaboration

- Lack of respect and understanding by health care providers
- Accessing “specialized treatment” for urban Indians
- Stigma
  - Being considered an “alternative medicine”
- Billing
- Integration of traditional healing without losing cultural integrity
- Different philosophical approaches and interpretations of the problem to be treated: Inner healing vs. outer healing

# Building stronger collaborations between Western and Traditional Practitioners

- Importance of client-centered approach, developing rapport and establishing a strong relationship
- Ask your client permission to ask more about his or her culture/beliefs & open the door to discuss traditional healing practices
- Create the space, time, or mechanisms for having conversations and building collaborations (e.g. Ethics committee with representation from traditional and western views)
- Be aware of power & power differentials
- Use a strengths-based approach
- Take cues from your client/patient for their needs, readiness, and interest in traditional healing or other cultural approaches to wellbeing
- Address cultural and personal identity development as a part of client's health
- Consult with others
- Identify appropriate resources and ask-(e.g. Diné Hataałii Association)

# Building stronger collaborations (continued)

- Learn the culture, values, traditions, and beliefs around wellness/sickness and healing of your clients by going there, making friends
- Educate yourself by reading, attending events, etc.
- Include culturally relevant questions in initial intake or do a cultural assessment (including questions on cultural health beliefs/practices, use of traditional healing, and interest in learning more about traditional approaches, e.g. “Who is teaching your little one the language?”)
- Make traditional services visible and available to clients
- Demonstrate the value of traditional approaches by talking about them as a regular part of your practice. Show that you honor these aspects of health (relationships, language, etc.)
- Explore with client and explore on your own (or in consultation) how client’s presenting concerns may or may not have significant cultural components (e.g. historical experiences, oppression, discrimination) and whether traditional healing approaches would better address
- Help families to learn how to talk with Western providers about their cultural values and needs when appropriate
- Recognize that each provider (Western and Traditional) has their own roles and find ways to complement rather than conflict (e.g. limited time for visits to Western doctors contributes to difficulty assessing holistically, but partnership with traditional provider would benefit all)

# Addressing Traditional Healing with your Patient

- **Ask permission to ask**
  - What do I need to understand in order to better help in your healing?
- **Build effective communication for cultural awareness**
- **Native American cultural assessment at intake**
  - a. Age, gender, education
  - b. Tribal affiliation
  - c. History of environment: # of years on or off reservation, rural or urban setting
  - d. Native language knowledge/proficiency, dominant language, and history of language use
  - e. Family support/community resources
  - f. Tribal and family historical experiences, exposure to intergenerational trauma and level of acculturation
  - g. Level of involvement in traditions/culture currently and in the past
  - h. Intimate relationships with people of different backgrounds
  - i. **Level of stress related to ethnicity, culture, practices, and acculturation**
- **Specific questions regarding cultural health beliefs and participation in traditional healing**
- **Specific questions to assess relative benefit of connecting to traditional healing for revitalization/restoration of cultural connections**
- **How to introduce client to traditional healing approaches**

# Questions for discussion

- What are your experiences with traditional healing (yourself and/or your clients)?
- What are some challenges to collaborations between Western and Traditional healing practitioners?
- What are some benefits to collaborations between Western and traditional healing?
- What are some steps we can take towards greater collaboration?
- Specific Case Questions
  - How do we address power differentials between Traditional and Western approaches?
  - How can we bridge silo'd programs such as indigenous language programs, in order to bring them in to health care as healing activities?

# Information

- **This presentation was adapted from: “Indigenous Traditional Curative Processes: A Collaborative Approach for Western and Traditional Service Providers,”** Jim, L., Fleg, A., Zuniga, J., & Straits, K. (2011).



# References

- Berman, B.M, Singh, B.B., Hartnoll, S.M, Singh, B.K. & Reilly, D. (1998). Primary care physicians and complementary-alternative medicine: training, attitudes, and practice patterns, *Journal of the American Board of Family Medicine*, 11(4), 272-281.
- Carrese, J.A. & Rhodes, L.A. (1995). Western bioethics on the Navajo reservation: benefit or harm? *Journal of the American Medical Association*, 274 (10), 826-829.
- Clark, L., Bunik, M. & Johnson, S.L. (2010). Research Opportunities with Curanderos to address childhood overweight in Latino families. *Qualitative Health Research*, 20(1), 4-14.
- Fuchs, M. (1975). Use of traditional Indian medicine among urban Native Americans. *Medical Care*, 13 (11), 915-927.
- Kim, C. (1998). Navajo use of Native healers. *Archives of Internal Medicine*, 158, 2245-2249.
- Marbella, A.M., Harris, M.C., Diehr, S., Ignace, G. & Ignace, G. (1998). Use of Native American healers among Native American patients in an urban Native American health center. *Archives of Family Medicine*, 7(mar/apr), 182-185.
- Shelley, B.M., Sussman, A.L., Williams, R.L., Segal, A.R., Crabtree, B.F. (2009). 'They don't ask me so I don't tell them': Patient-clinician communication about traditional, complementary, and alternative medicine, *Annals of Family Medicine*, 7(2), 139-147.