

Global Health Crisis: Can indigenous healing practices offer a valuable resource?

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This article offers a reflective view of five articles published in this Special Issue of the *International Journal of Disability, Development and Education*. The 5 articles address various aspects of indigenous healing practices in different cultures. In distilling a number of pertinent themes, the author presents the view that indigenous healing practices can no longer be ignored by conventional medicine. These practices are potentially an invaluable resource available in addressing the ongoing global health crisis. However, in order to ethically address the role of indigenous healing practices within a westernised worldview, certain policy, methodological, and conceptual changes will be necessary.

Keywords: *Global health crisis; Holistic medicine; Indigenous healing; Policy changes*

Introduction

In reviewing the five articles that appear in this Special Issue, “Indigenous and Complementary and Alternative Healing Practices”, it is clear that there are similar trends that define and connect indigenous healing practices across different cultural contexts, be they African American, Native American, Mexican *Curanderismo*, Pakistani healers, or South African traditional healers. All share similar epistemological foundations. All are based on the interconnectedness between spirituality, humanness, culture, and community. All were, and are still, subjected to historical and political influences and restrictions. All have been, at best, underestimated in their efficacy or, at worst, dismissed by the western-based scientific biomedical model. Yet despite, or perhaps because of, these factors, the researchers

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note that large percentages of people avail themselves of indigenous healing remedies.

Harley (this issue) cites the National Centre for Complementary and Alternative Medicine (2004) in this regard. She notes the crisis facing health care systems worldwide as well as the lack of credence given to Indigenous practices by institutionalised medicine.

The observation is made that the popularity of Indigenous Healing practices among African Americans is largely due to the intuitive recognition that these healers base their authority on a collective understanding of a culturally bound idea of health or a worldview based on consubstantiation. In contrast, the biomedical model is perceived as poorly equipped to administer to the Indigenous ideology of illness and health. It is clear from Harley's article that Indigenous practices are an important part of non-formalised health care and that an authentic, ethical, and appropriate collaboration between the healer and institutionalised medicine is unavoidable.

Portman and Garrett similarly highlight the worldview of the Native American healer as based on the inextricable interconnectedness between spirit, the environment, and the self, resulting in a complex holistic treatment practice. The importance of the individual's belief system is pivotal to the acceptance of the healer's knowledge and the healing process. This multidimensionality is highlighted by Zacharias with her call for an ethnopsychotherapy and a method of research that is sensitive to a culturally based healing paradigm. While the hegemonic system of western medicine has recognised the cultural importance of the work of the Mexican *curanderos*, medical validity is withheld, despite evidence of a clinically significant service offered by these healers.

In noting the difficulties that the Traditional Healing practices have experienced with respect to the modern medical world, Farooqi notes that the strong cultural and spiritual fabric that characterises Indigenous medicine has been dismissed, due to the dehumanisation of medical treatment particular to the western model. Nonetheless, traditional and alternative practices are alive and well in Pakistan. Mzimkulu and Simbayi stress the efficacy of African Traditional Healing practices in the treatment of psychosis in South Africa, and reiterate the call for collaboration between western and traditional treatment systems.

A theme highlighted by the five articles focuses on the often underestimated efficacy of the realm of the Indigenous or Traditional Healer. These Indigenous Healing practices are understood to include a wide range of interventions from herbal remedies to rituals, faith healing, therapeutic touch, and spiritual practices. All are based on historically accumulated knowledge within a specific culture. As a result, Indigenous Healing practices have remained outside the accepted boundary that defines the biomedical model. Battiste and Youngblood Henderson (2000, p. 41) reflect that "Indigenous knowledge is a complete knowledge system with its own epistemology, philosophy and scientific and logical validity ... which can only be understood by means of pedagogy traditionally employed by the people themselves".

A Call for the Recognition and Legitimisation of Indigenous Healing Practices

A cursory perusal of the shelves of any well-stocked bookstore or Internet search engine reveals a plethora of writings addressing the complex and multifaceted realm of Indigenous or Traditional Healing practices. In addition, there is a growing awareness that we are facing a global health crisis. A point noted in the articles, and one that is well known, is that, despite the advancement of medical systems, they fail to reach the majority of those most at risk, due to rising costs, and complex and expensive technologies that limit accessibility and availability of health care. The crisis in health care will need to be addressed with great rapidity and by resources that lie outside the boundary defined by conventional modern medicine. The World Health Organization (2004) in Johannesburg, South Africa, quoted statistics that attest that 80% of Africans depend on Traditional Healers. Farooqi notes that two-thirds of the world's populations rely on herbal medication. Faced with these statistics, one is forced to question whether or not it is at all possible for the biomedical world to continue to maintain a paternalistic tolerance or patronising dismissal of these Indigenous practices. Given the global health crisis facing established health systems, the biomedical model will need to access and assess as many alternative resources as is possible.

The researchers recognise the difficulties faced by the Indigenous Healing fraternity on its path to recognition and acceptance. These include politico-historical discrimination, colonisation and the reluctance of the Indigenous Healers to share esoteric knowledge for fear of contamination and exploitation. An added difficulty that the biomedical model faces is the attempt to transpose methodologies and research techniques that grew up in a reductionistic paradigm onto the Indigenous approaches in which spirituality is interwoven with health care.

There is a Need to Engage in Inter-epistemological Dialogue

The World Health Organization (2001; as noted in Harley, this issue) stated that Indigenous medicine has a central role to play in the twenty-first century. I believe that established medicine will eventually honour this sentiment. In doing so, the biomedical world would need to make paradigmatic shifts that are not comfortable and that are mostly without precedent. Indigenous Healing practices (as also noted by Portman and Garrett, this issue), have a long history that extends beyond today's conventional medicine. Conventional medicine owes its roots to the so-called "folk remedies" of old. It seems that yesterday's folk remedies become today's medical science only once they survive the rigours of currently accepted scientific investigation. It seems rather short-sighted to dismiss something just because we do not as yet have the instruments to validate its existence. Herein lies the challenge faced by the biomedical model. Part of this challenge will be the acknowledgement that the Indigenous Healer as an individual is not limited to specialist categories so prized by the biomedical world, but functions as a multifaceted practitioner.

Indigenous Healing has been defined as comprising the interrelatedness between physical and spiritual components. I would like to focus on an aspect of the Indigenous

Healing cosmology that is alluded to in most of the five articles; that of the spiritual role of the healer and the symbolic essence of the “illness” or symptom. This aspect is perhaps a more controversial and difficult one for the biomedical model to accept. The scientific medical approach conceptualises and treats symptoms as deviations from a pre-determined norm. This model aims to eliminate physical symptoms, often at the expense of a more holistic understanding of the role of the symptoms in the person’s life. Ignoring the role that a symptom may represent for the individual may also contribute to a poor prognosis. An example from my practice illustrates this point. A 36-year-old female patient was diagnosed with debilitating migraines and chronic pain during an unwanted divorce. Her ex-husband agreed to support her financially as long as she remained ill. Her symptoms continued despite medical treatment. Her illness had become more than a physical symptom, acquiring an emotional and psychological function, and thereby ensuring the ongoing relationship with her ex-husband.

The cosmology of the Indigenous Healer understands and accepts this phenomenon as natural since the healer is the “one who lives in an undivided world in which ancestor, dream, plant, animal, body, [mind and spirit] all belong together” (Kruger, 1974, p. 30; brackets added). As mentioned, this aspect of Indigenous Healing practices has long confounded the conventional medical model whose response has been to relegate such practices to the position of frivolity or, worst still, the amusing “mumbo jumbo” of mystics.

It is in the face of this dismissal that the Indigenous Healer has stood. The paradigm shift required of the biomedical model is no easy task as it seems to compromise the very foundation upon which it is built—that illness is not always isolated and treated as a separate entity, but is considered an integral part of the human condition.

Indigenous Healing Operates from a Multi-layered Perspective

The Indigenous Healer, certainly in South Africa, functions as herbalist, counsellor, and spiritual guide—the repository of cultural and historical spiritual knowledge. The Indigenous Healing process rarely limits itself to the prescription of herbal remedies, but invariably includes a ritualised ceremony in order to address the spiritual and communal imbalances in the person. Achterberg (1985) observed that illness for the healer is the result of an external intrusion into the body, not unlike conventional medicine. This intrusion may be a virus or a spirit. However, unlike conventional treatment, the indigenous healer’s primary concern is not only the removal of the intrusion, but the identification of the “loss of personal power” that has led to the intrusion in the first place. It is possible to compare this with the biomedical view of a compromised immune system; the body’s “power” to resist illness. In the Indigenous Healing epistemology, a person becomes “ill” when their personal protective immunity is weakened.

The aetiology of disease, for the Indigenous Healer, is thus the result of spiritual imbalances. Illness is not merely a physiological symptom, but indicative of a deeper, more serious, social, spiritual, and emotional imbalance. The reinstatement of well-being involves the commitment to a more conscious approach to living and an awareness, in day-to-day life, of that which is beyond the physical. The healer’s

world is one in which the organic and the spiritual are inseparable. This presents a challenge to the comfortable Cartesian westernised view of reality as that which is perceived by the five physical senses. This results in a view of the human as fixable, as well as the concomitant loss of soul. Shulman (1997) suggests that western healing systems are “ill” because they suffer from a “one-sided gerontomorphy” that needs to be corrected. A shift away from this way of thinking calls for policy, conceptual, and methodological changes. Jung (1969) commented that “the fact that we are totally unable to imagine a form of existence without space and time, by no means proves that such an existence is in itself impossible”. This further presents a challenge to the World Health Organization’s definition of health to include factors beyond the physical, mental, and social well-being of the individual.

The belief system of the individual is fundamental to the success of the healing process, be it Indigenous or Allopathic. The placebo effect is well known. Achterberg (1985) noted the interactional effect between imagination and physiology. Bodily changes are observable in response to certain images. The autonomic system’s response to stress is also well documented and often results in physiological changes in the body’s auto-immune system. The recognition of the interaction between belief systems, cognitive processes, and successful treatment forms the foundation of all Indigenous Healing practices. Neuro-physiological and bio-chemical changes have been noted in response to various Indigenous processes that involve ritualised ceremonies as part of the treatment plan (Buhrmann, 1984; Hammond-Tooke, 1989; Moore, 1990; Smith, 1997). The Indigenous Healing world seems to offer the modern western medical world a rich understanding of healing, rituals, and spirituality and their interaction and effect on health and well being.

There are Many Pathways to Competent Health Practice

The twenty-first century has presented humanity with a crisis of existence. Climatic change, globalisation, economic and political stresses, AIDS, overpopulation, and substance abuse have resulted in heightened levels of anxiety, a lack of adequate resources, and a deep sense of the loss of security resulting from a breakdown of social and cultural structures. To begin to address this crisis, the idea of what constitutes health and who constitutes health practitioners requires revision beyond merely the absence of disease and the acquisition of approved academic qualifications.

The biomedical world dismisses the knowledge of the Healer as this knowledge was not acquired in a recognised academic institution. However, Indigenous Healers spend a number of years apprenticed to an experienced and qualified healer before they themselves are deemed fit to work independently. This apprenticeship is a rigorous and exacting process that requires a deep level of commitment and “scholarship”. The scientific tradition inherent in western medical interventions, as noted in the articles, further devalues Indigenous Healing practices because they do not lend themselves to empirical investigation and thus provide no scientific basis for therapeutic effectiveness. The herbal remedies used by some healers may be subjected to a biomedical type of analysis, but interventions such as spiritual healings and rituals do

not. This would require a methodological paradigmatic shift away from the “test-tube” syndrome: if you cannot see it, test it, and manipulate it, it does not exist.

In addition, this will require a revision of the research methodologies employed by western researchers in order to understand the Indigenous epistemology. Research methods that were established within the biomedical paradigm are insufficient in promoting an unbiased analysis of the Indigenous Healing practices that are embedded in alternative epistemologies and worldviews. Portman and Garrett suggest that the indigenous healer must be included in the research process as researcher and not just as subject/participant.

Indigenous Healing practices are sensitive to the intrusive nature of biomedical research methods. The very idea of researching, documenting, analysing, and reducing phenomena to quantitative statistics or even qualitative descriptions is foreign to the Indigenous Healer’s worldview. This was expressed by a Zulu Traditional Healer, who asked me during my own initiation process “Why do you do this, ask so many questions? Just sit still and you will see”. It was during this process that I was faced with the quandary discussed in this paper. As an individual trained within the western paradigm, I had to deal with the so-called conflict of existing between these two seemingly very different worlds. To become a Traditional Healer in the African Tradition is not something that one can elect to do, but rather something one is “called” to do. For the Traditional Healer, to resist such a call results in illness. The process is one that must be lived. One is faced with seemingly bizarre, magical occurrences of precognition located in the collapse of linear time and space that unfolds during dreams and altered states of consciousness that defy rationalisation. However, the gulf may not be too wide to bridge. There is growing awareness that in a globalised world, dominated by hegemonic ideologies, there is an increasing need for Traditional Healing systems to participate in a transcultural discourse and to assist in creating an appropriate research methodologies and understanding.

This process may be aided by developments in scientific fields such as quantum physics, which offers opportunities for such connectedness. Quantum theory has stimulated a shift in the worldview of the physicist. The observations that subatomic particles exist within probability patterns as part of an interconnected cosmic web (Capra, 1982), begins to approximate the views of the healers who have long been aware of the circularity and interconnectedness of life and who have escaped the limitations of a linear conception of time and space. The Indigenous Healer is proficient with altered states of consciousness where the interrelatedness of all is apparent and where past, present, and future exist in a dynamic multidimensionality.

Jung (1959; brackets added) too, understood this need:

Sooner or later, modern [...] physics and the psychology of the unconscious will draw closer together as both of them, independently of one another and from opposite directions, push forward into transcendental territory, the one with the concept of the atom and the other with that of the archetype ... Psyche and matter exist in the same world and each partakes of the other, otherwise any reciprocal action would be impossible. If research could only advance far enough, therefore, we should arrive at an ultimate agreement between physical and psychological [and spiritual] concepts. (p. 261)

The World Health Organization (2004) reflected that there is one traditional healer for every 500 head of population in sub-Saharan Africa compared with the 40,000:1 ratio of patients to every western-trained medical practitioner. The effective functioning of western health systems worldwide demands a more inclusive awareness of culturally and spiritually based belief systems that will have implications for the conceptualisation, diagnosis, and treatment of illness. While it may not be possible to entirely recreate a spiritualised and ritualised way of being that is endemic to non-urbanised cultures, there can be little doubt that a collaboration between the Indigenous Healing community and the western-based biomedical model is a prerequisite in order to address the challenges facing global health systems.

The National Health Plan of South Africa encourages the recognition of all healers, in that:

Traditional Healers will become integral and recognized part of health care in South Africa. Consumers will be allowed to choose whom to consult for their health and legislation will be changed to facilitate *controlled* use of Traditional practitioners. (African National Congress, 1994, p. 38; italics added)

Recent South African legislation (2004) proposed a bill recognising the legitimacy of the Traditional Healer and promoted registration of all healers in South Africa. While this change begins to address the historical and political suppression and discrimination of healers in South Africa, the course of registration and legitimisation is problematic as it requires that healers become subsumed under the control of existing biomedical legislation. These changes have not as yet filtered into the day-to-day lives of the Traditional Healers, who still function in relative obscurity and with little or no recognition of their work. Such changes in policy must be introduced with sensitivity and understanding in order to preserve Indigenous practices and protect against contamination, commercialisation, and the possibility that Traditional Healers begin to mirror the methods and practices of the biomedical system. A collaboration must include the Indigenous Healers as colleagues and as experts in their own particular field.

The attempt to bridge the divide between Indigenous Healing practices and the biomedical model requires a mutual acknowledgement and recognition in the development of a re-humanised and spiritualised holistic approach to healing. In addition, the following points are relevant to a South African context and, as noted by Hill (2003), perhaps to Indigenous Healing worldwide:

1. There is a need, as has been expressed to me directly by a number of healers, to clarify the terminology used in referring to Indigenous Healing practices. This includes the clarification of the term herbalist versus spiritual healer and the often inappropriate, erroneous, and damaging use of the term “witchdoctor”.
2. The term “medicine” when used within an Indigenous paradigm refers to anything from herbal remedies to rituals or spiritual interventions. This requires distinction from the use of this term in the biomedical sense.
3. There is a need for the protection of the intellectual property of the Indigenous Healer. A recent case brought by the Southern African San community against

the pharmaceutical industry illustrates the urgency of this need. This case involved the *Hoodia Gordonii* plant used for thousands of years by the indigenous San tribes of Southern Africa as an appetite suppressant. The pharmaceutical giant, Pfizer, “discovered” and farmed the plant, reaping enormous financial rewards. They were forced to recognise the San people as owners of the Traditional knowledge about this plant and to ensure that the San people receive a percentage of all profits from the sale of *Hoodia* (Koro, 2005).

4. Governmental policy and regulation of Indigenous practices requires moderation to insure that all policies and guidelines are appropriate.
5. There is a need for an egalitarian forum for the meeting of Indigenous Healers and biomedical practitioners in order to promote further understanding and cooperation.

In closing, I am reminded of the Xhosa proverb in this regard: *Umuntu ngumuntu ngabantu* (“a person is a person through/because of other persons”).

Note

The author is a western-trained Clinical Psychologist as well as an initiated African Traditional Healer within the Zulu tradition, currently in private practice and a post-graduate lecturer at the University of the Western Cape, South Africa.

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