Integrating indigenous healing with mainstream psychotherapy: Promises and obstacles

Synergy, healing, and empowerment: Insights from cultural diversity

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Calgary, AB: Brush Education Inc., 2012, 312 pp. ISBN: 978-1-5505-9386-0 (Softcover)

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Introduction

I am torn between two minds with respect to *Synergy, Healing, and Empowerment*. On the one hand, I cheer the authors for their bold vision and deep insights. I cannot agree more with everything they say. On the other hand, I am disappointed that I did not find the specifics needed to implement their vision. I find myself dogged by questions such as “How can we objectively assess the competency of indigenous healers?” “How can we convince policy makers that traditional indigenous healers are qualified psychotherapists?” “How can we integrate indigenous transition with evidence-based psychotherapy?”.

A personal story may shed some light on my ambivalent feelings. I lost my older sister when she was five years old. According to my mother, Western medicine could have saved my sister’s life because her high fever could have been controlled by penicillin. Unfortunately, my grandparents forbade any Western-trained physicians from treating my sister. Instead, they hired Taoist healers, who did their chanting and spiritual dances and made my sister drink water sprinkled with ashes of incense. This image is still fresh in my mind until this very day. I wish that there could be some regulation to protect the public from charlatans. I had hoped that this book would provide some answers to my haunting questions regarding indigenous healing, but my doubts remained after reading the book.

**Promises and Obstacles of Indigenous Healing**

The authors are very honest about the promises and limitations of their book, which provides “practical insights into the emergence of synergy as well as obstacles to its existence. Of special significance is the fact that the book draws upon a knowledge base that has rarely entered into the Western dialogue about healing and empowerment–namely, Indigenous healing traditions, such as those practiced by the Ju/'hoansi of the Kalahari Desert, and the Cree and
Anishnabeq First Nations of Canada. Synergy exists more commonly among these Indigenous peoples.” (p. 13).

The authors take a bold step trying to transplant healing practices in indigenous groups, which are based on entirely different socio-economic structures and cultural systems, to Western society. While cooperation and synergy might work naturally in a hunting and gathering culture, such practices may have difficulty fitting into an individualistic and competitive capitalist society. The authors are fully aware that “mainstream approaches to healthcare reflect the values of the culture within which they function; therefore, if we wish to encourage synergy in Western healing, we must consider larger cultural and political issues” (p. 71). But they did not clearly explain what the issues are and how we can leverage these issues to foster synergy.

The book consists of four sections: (1) introducing the complexity of implementing synergy and synergistic community, (2) documenting how synergy works by bringing together diverse elements, (3) focusing on education as transformation as a way of encouraging synergistic community, and (4) describing synergistic community in a larger context. All four sections are interconnected. The strength of the book is the unity of theme in spite of the fact that the book involves several contributors. The weakness of the book is the repetition of the same themes.

The main theme of the book is that healing is defined as a “‘transitioning toward balance, meaning, connectedness and wholeness’ (Katz 1982a)” (p. 23). This definition is very different from the Western view that healing consists of the removal of symptoms. Katz’s definition is more consistent with Eastern holistic view of healing, which emphasizes balance and a wholeness that transcends individual concerns. For example, Katz observes that “Ju’hoan healing involves health and growth on physical, psychological, social, and spiritual levels; it
affects the individual, the group, the surrounding environment, and the cosmos. Healing is an integrating and enhancing force, far more fundamental than simple curing or the application of medicine.” (p. 30). This view also seems consistent with the humanistic-existential-transpersonal psychology perspectives, which face similar challenges in terms of epistemology and methodology.

**Scarcity Paradigm vs. Synergy Paradigm**

The authors have an idealized view of synergy: “We argued that healing resources belong intrinsically within a synergy paradigm and, therefore, would become renewable and expanding, and accessible equitably throughout the community; the result was called a ‘synergistic community’” (p. 51).

I totally agree with the authors’ thesis that, in synergy, valuable resources are expanded, and made accessible and renewable, whereas, in the scarcity paradigm, resources are limited and inaccessible. I also concur that synergy is a promising way to meet the current community mental health crisis: “We consider how synergy can be a response in the West to the crisis in health care, where increasing need is not being met by an increase in resources” (p. 51).

In fact, I have tried to implement synergy in my hometown, Toronto by offering Meaningful Living Meetup Groups as my vision for a grassroots movement towards positive mental health (see Bardi, 2013 for a report). However, I have discovered that for this movement to succeed, it has to be championed by someone with the necessary competence and credentials to ensure that it is on the right track and that it will not be hijacked by unscrupulous, ambitious members with personal agendas. After reading the book, I am still dubious whether a purely egalitarian, self-help group can succeed without any involvement of mental health professionals. I have also
been involved in AA groups. I have seen some of these groups flounder and degenerate without competent leadership.

The authors have an idealistic view that somehow ego problems will disappear in a synergistic community. They believe that in such a community, “self and community both work toward the common good while seeking to fulfill their own perceived needs” (p. 44). But they do not offer any convincing logic or evidence of how a synergistic community can be established without controlling egotistical needs of power and greed.

To me, there is always a tension between autonomy and conformity or individualism and collectivism. The problem with the synergy paradigm is that we have to assume that all members are willing to give up their egotistic desires for recognition, power, and material gains in order to advance the common good. From my experience, one self-centered person can wreck the whole synergy enterprise, unless firm action is taken to constrain or remove such a person.

Peter Cornish (Chapter 11) recognizes that “Within the synergy paradigm, individualism becomes a liability because reciprocal caring and support, so vital for the creation of synergistic power, would have to be sacrificed for that individualism” (p. 251). But he offers no solution. Individuals steeped in Western individualism will have difficulty buying into the logic of synergism.

Katz and Seth (Chapter 2) provide several individual examples of synergy in Western health care systems. However, these are exceptional individuals with strong characters and determination. There is a lack of clear guidelines and specifics on how these examples can be replicated. The reality is that not everyone is capable of becoming a powerful change agent moving toward a synergistic paradigm.
Science vs. Spirituality

Another recurrent theme in the book is the conflict between science and spirituality. In one instance, Katz (Chapter 6) describes the spiritual healing accrued to the ritualistic dance of the Ju/'hoansi.

“While experiencing !aia, one can heal. Those who have learned to heal are said to possess n/om and are called n/omkxaosi (‘masters’ or ‘stewards’ of n/om’ or simply ‘healers’).

N/om resides in the pit of the stomach and at the base of the spine. As the healer dances, becoming warm and sweating profusely, the n/om heats up, becomes a vapour, and rises up the spine. When it reaches the base of the skill, !aia results” (p. 136).

Such an experience reminds me of the ritualistic dance of Taoist priests for the sick and the dead in traditional Chinese society as described in the beginning of this paper. I do not know how many people have died because they believe in the healing power of ritualistic ceremonies. Unless there is some clear, objective evidence of the healing and transformational power of ritualistic dance, there is not a prayer to get mainstream mental health systems to provide funding for such indigenous practices.

The authors observed that traditional healers have gone through the experience of transformative education “Briefly, that education involves a transformation of consciousness in which potential healers experience a sense of connectedness, joining a spiritual healing power, themselves, and their community” (p. 134). This language sounds new agey, which remains a barrier in communicating with mainstream psychology.

In Western psychology, spirituality is gaining increasing recognition to the extent that it is based on empirical science and operates within the context of rational dialogue. Mainstream professional psychologists clearly recognize the distinction between psychotherapy and
spirituality/religion as two distinct domains of helping people. Psychotherapy may involve spirituality, but psychology cannot be equated with spirituality.

In contrast, according to indigenous healing everything falls under spirituality. All healing is spiritual. Psychological knowledge seems irrelevant or unnecessary. Witness the authors’ own statement:

“…in traditional First Nations approaches, the fundamental source of healing – a spiritual healing power – is something beyond the therapist or her techniques. First Nations counselling, existing within a sacred or ceremonial context, stresses the foundational importance of spirituality in health and healing; this spirituality is an essential aspect of all part of the universe, including plants, animals, rocks, and the weather, as well as humans” (p. 221).

Kiran Kumar (2005) is correct in pointing out the vast differences in worldview, beliefs, and epistemology between East and West. It is difficult to apply standards of Western psychology, based on reductionism and positivism, to Eastern practices. He also points out the encouraging trend of the increasing interest of Western psychology in Eastern practices such as mindful meditation and yoga.

I believe that in time we will have more empirical support for traditional healing practices. Meanwhile, it is still possible to assess the efficacy of indigenous practices by soliciting feedback from clients over a period of time. Self-reported efficacy in terms of reduced symptoms, as well as increased well-being, is a better way to assess the competency of traditional healers than mere word of mouth. A charismatic charlatan may be able to persuade the gullible to give testimonials, but the average rating scores of many anonymous clients may reveal a more accurate picture.
Expert Authority vs. Empowerment

I agree with the authors that every person is capable of offering something to the group. “Therefore, all members are potentially experts and have access to the valued resource. An egalitarian system of generating and distributing the valued resource prevails, enhanced by the anonymous nature of the group. It is believed that one can help oneself by honest sharing, and only by helping oneself can one help others” (p. 285). However, even if we accept the authors’ assumptions, empowerment of sharing can only go so far without some training in the mental health field.

Both experience and research have shown that a purely egalitarian system does not always work because of two common problems. (1) In a leaderless group, someone will always emerge as the leader until he or she is overthrown by the group. In the process, much damage is done. (2) A leaderless group can wallow in self-pity and mutual commiseration without getting to a higher ground, resulting in more negativity (see Bion, 1991). A compromise between a truly egalitarian self-help group and a professionally-led therapy group is to have a trained facilitator who has sufficient knowledge and training to ensure that the self-help group moves in a healthy and productive direction.

Katz is correct in suggesting that to establish a synergistic community through empowerment requires a radical paradigm shift. This paradigm shift requires a fundamental change in the way people perceive meaning, but also a structural change that redistributes power and wealth. It is difficult to see how empowerment can work without radical socio-political change. Such a bold vision cannot be realized without some kind of cultural revolution, which seems unlikely in the foreseeable future.
In this book, empowerment goes beyond Rogers’s (1979) concept of personal power or perceived sense of meaning making. The main emphasis is on the generation and distribution of power in terms of access and control of resources. ‘Empowerment is not limited to or identifiable with individuals; it becomes a resource beyond the self. It occurs across individuals and within communities. It also suggests that we can turn to ‘education as transformation’ (Katz, 1981)” (p. 23).

**Professional Competence vs. Spiritual Transformation**

A persistent and important question regarding indigenous healing is: Does spiritual transformation alone qualify the healer as a competent therapist? You can equate the two only when you assume that all psychological problems are spiritual problems that can be solved by someone who has experienced spiritual transformation. In that case, the person would not need to be a psychotherapist.

Genuine spiritual transformation can and often does bring out the best of humanity. But there is no guarantee that any kind of spiritual training or spiritual rituals result in spiritual transformation. Even if we assume that individuals who are spiritually transformed are capable of helping others, we cannot jump to the conclusion that such individuals qualify as psychotherapists.

To the Western mind, psychological problems are more than spiritual problems; mental illnesses are complex phenomenon, which may be caused by biochemical imbalance, childhood trauma, and extremely toxic situational stresses. Therefore, we would need individuals with professional expertise in psychotherapy to treat mental illnesses. Experience of spiritual transformation alone will never qualify one as a psychotherapist.
Academic Credentials vs. Life Experiences

A related issue is whether life experiences without academic credentials are sufficient for psychotherapy. The authors argue that personal experience is “the source of the most valuable and valid knowledge” (p. 166) and that personal experience is a legitimate source of learning for healers. No matter how they argue their case, in Western societies, personal knowledge alone can never be granted the same status as academic credentials based on scientific knowledge.

I agree with Katz that the moral character of the healer is important. However, character alone does not guarantee healing efficacy. “With the First Nations practitioners, their character and moral principles open them to the power of spiritual healing, after which therapeutic techniques – which remain important and must be mastered – become simply tools to be used when appropriate. The traditional counselor’s development of character comes from the accumulated wisdom gained from a lifetime of personal experiences, and considered reflections on those experiences” (pp. 222-223).

My careful reading of the book fails to find answers to my questions: (1) What kind of therapeutic techniques do First Nations counselors use that are not part of their spiritual practices? (2) Where do they acquire those techniques outside of their spiritual tradition? (3) Do life experiences always confer one with wisdom and healing power?

Elitist Control vs. Social Justice

I laud the authors’ courage to stand up and critique mainstream psychology. “We must critique mainstream Western psychology, exposing its limitations and its racism, and thereby opening the door to end that racism. Most important, we must honor Indigenous psychology and therapeutic approaches” (p. 226). However, Katz is realistic enough in recognizing that Western psychological practitioners will not give up their power and control over healing resources. I
want to add that it is an issue of public accountability in managing the limited financial resources for mental health as well as in protecting the public from unscrupulous charlatans.

If the Western language of therapy, such as “competence,” “efficacy,” and “evidence-based” is considered to be a form of colonization and domination by the West, what would be the alternative language of therapy that conveys standards of excellence?

Katz asks several pointed questions: “How must therapy be described and practiced in order to be legitimized? How can Indigenous approaches gain legitimacy and voice if they retain their own unique language of healing and spirituality – historically discredited by the dominant therapeutic approach – to describe their work? How can we prevent the former dominant language of Western therapy from being used, now more subtly, to legitimize therapeutic interventions in general?” (p. 236). But there are no easy answers.

Another problem has to do with how to accredit or legitimize anyone in psychotherapy or healing. The Indigenous method of confirming the validity of a healer seems to be by way of consensus among the community members and the possession of certain spiritual experiences. Katz concludes that “the community’s substantiation based on intimate knowledge of the healer” (p. 236) may have more advantages than disadvantages in terms of legitimization as compared to the Western type of accreditation process. My question is, what are the advantages? I can see clear disadvantages in terms of accreditation by acclamation. A charismatic charlatan can win the support of a community and remain a charlatan.

A point of inconsistency is that the First Nations possess special sacred knowledge of healing which cannot be easily learned or employed by individuals who are not First Nations people. If Western psychologists practice “talking circle” or “healing circle” (p. 237), they are
guilty of cultural appropriation “unless a ceremony holder gives the Western therapist one of these Indigenous ceremonies in the proper manner” (p.237).

Conclusions

Most of the authors’ praise of indigenous healing is based on their emphases on the cooperation and sharing of resources and their insights on hunting and gathering societies. I believe that the they have romanticized and idealized the “noble savages”. Most recent research has shown that there was also violence and tribal wars in primitive societies when there was the need to compete over resources, such as land and water. Furthermore, the unstoppable march of progress has corroded aboriginal cultures and created considerable social and economic problems. Finally, we cannot turn the clocks backward to restore the egalitarian society of hunters and gathers. Given this reality, it seems a moot point to develop synergistic community modeled after aboriginal people. The challenges is how to develop such a healing community in the 21st century.

Perhaps, the best we can do is to explore and encourage integration. I agree with Professor Gone (2010) that therapeutic integration is the most promising way to benefit both multicultural professional psychology and indigenous healers. The challenge is how to foster collaborative efforts between “healers” from vastly different cultures and worldviews. I have done some theoretical work on how western psychology can be integrated with the aboriginal healing (McCormick & Wong, 2006). Such integration remains a fertile ground for reach and therapy.
Overall, I highly recommend the book for all those interested in indigenous psychology and cross-cultural psychology. I believe that all professional psychologists and policy makers can benefit from the profound insights of the authors. I have raised numerous questions which can only answered from continued dialogues between traditional healers and mainstream psychologists. I do hope this dialogue will yield much fruit.

References

https://www.youtube.com/watch?v=PGFTIF-tyuo


Psychotherapy (psychological therapy or talking therapy) is the use of psychological methods, particularly when based on regular personal interaction with adults, to help a person change behavior and overcome problems in desired ways. Psychotherapy aims to improve an individual's well-being and mental health, to resolve or mitigate troublesome behaviors, beliefs, compulsions, thoughts, or emotions, and to improve relationships and social skills. There is also a range of psychotherapies designed for.

Before the advent of modern medicine, indigenous healers used natural therapies, and plant and animal-based remedies. Can traditional and modern go hand in hand? Nowadays, modern medicine and traditional techniques are sometimes considered to be at odds with each other. In fact, a survey conducted by SciDev.net found that 74 percent of US Medical students are in favor of integrating indigenous remedies and techniques into modern medicine. The number of patients who have tried such as homeopathy and acupuncture is on the rise in the West. Homeopathy is has already been integrated into mainstream healthcare of over 80 countries worldwide, including the United Kingdom, France, Germany, Switzerland, India, Greece, and Mexico.