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# Traditional healing: A review of literature

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## 1 Introduction

The major focus of this paper is Aboriginal healing. The literature review was originally presented as a preface to an evaluation of a healing centre in Alice Springs, Australia. The healing centre, Akeyulerre, was established by Arrernte Elders and community members as a place for Arrernte and other Aboriginal people to enjoy their cultural life and practice. It was designed to give people the right to access their own knowledge systems their way. It was also established to work in partnership with mainstream western systems to ensure a strong understanding of cultural knowledge systems.

The purpose of the paper is not to comment on the findings of the Akeyulerre evaluation, though the evaluation project will be referred to in the context of the literature. The authors recognise that there are broader implications arising from an understanding of this topic which are of importance to policy makers, researchers and Indigenous people with an interest in traditional healing. The paper attempts to answer three questions:

1. What do indigenous peoples of the world understand the nature of traditional healing to be?
2. How does mainstream health service delivery and policy respond to traditional healing approaches?
3. What do mainstream service providers understand the outcomes of traditional healing to be?

We preface this paper by acknowledging firstly that this is a working paper. The field of literature dealing with aspects of Indigenous or Aboriginal healing is relatively recent, and the major themes within it are still evolving.

*While it is clear to anyone working in or with Aboriginal communities that there is a great deal of innovative work going on related to individual and societal healing, ... the literature related to this broad experience is only just beginning to emerge as a recognizable stream. Compared to say the literature relating to the colonial experience and its legacy, the community healing literature remains fragmented and diverse. (Lane et al. 2002: 21)*

We therefore recognise that it is quite likely that some of the new emerging literature, particularly within Australia, will further inform an understanding of the topic. We also accept that much of the

literature discussed here is written from a non-Indigenous perspective—indeed our own perspectives as non-Indigenous researchers affect the content and organisation of this paper.

A number of useful bibliographic sources have been developed, such as one maintained by McGill University (McGill Medicine Aboriginal Health Research Team 2010), but the sources assembled for this review have come from many different locations, reflecting the current fragmentation of this emerging field of research and practice. In Australia in particular, there are many gaps in the literature.

This brief literature review deals first with definitions of healing, the objectives of the healing process, and the methods with which healings are achieved. A number of different healing approaches are documented. Processes for becoming a healer, and being recognised and supported in that role, are described. The interaction between Indigenous healing and governments in five countries is detailed, and the review concludes with a series of issues that need to be resolved for further substantial progress to be achieved, such as building an evidence base on the efficacy of traditional practices, ensuring the optimum interaction of traditional healing with other elements of the healthcare system, and dealing with cultural and intellectual property issues.

Before proceeding with the topic of healing, we first turn to the more general topic of traditional and cultural knowledge. This is important as the intergenerational transmission or transfer of traditional knowledge is important for the continuing use of healing by and for indigenous peoples.

## **2 Traditional and cultural knowledge**

Before discussing the use of traditional knowledge in programs it will first be helpful to define what is meant by the term ‘traditional knowledge’ and related concepts. A definition offered by the Institute of Advanced Studies Traditional Knowledge Initiative (United Nations University 2008) suggests that:

*Traditional knowledge (TK refers to the knowledge, innovations and practices of indigenous and local communities around the world. TK includes the know-how, skills, innovations, practices and learning that form part of traditional knowledge systems, and knowledge that is embodied in the traditional lifestyle of a community or people, or is contained in codified knowledge systems passed between generations.*

The Institute goes on to suggest that the concept incorporates

- Indigenous knowledge;
- Traditional ecological knowledge;
- Intangible cultural heritage;
- Traditional medicine; and
- Traditional cultural expressions.

While the above definition encompasses a broad range of categories, there is some debate about whether Indigenous Knowledge is a term that can be used interchangeably with Traditional Knowledge. Nakata et al (2005), acknowledge this debate, particularly in the context of documenting Indigenous Knowledge:

*Indigenous knowledge defies simple definition... Despite contentious terminology, Indigenous knowledge is understood to be the traditional knowledge of Indigenous peoples.(p. 7)*

This debate aside, it is important at this point to differentiate programs that use traditional knowledge from those that use forms of cultural mediation. 'Culturally appropriate' programs are not the same. This term usually refers to adaptation of non-Indigenous values and behaviours to ameliorate the difficulties in communication and understanding that occurs at the interface between cultures. This is not to say that such programs are not valued by Aboriginal organisations or communities—and there are several examples of programs that could be described in these terms. For example, some which are documented in the literature include:

- Jalaris Aboriginal Corporation's 'Family Support and Health Outreach Service' (Walker and Shepherd 2008: 8) based in Derby, Western Australia;
- Tangentyere Council's 'Night Patrol' service (Strempele et al. 2003: 6) based in Alice Springs, Northern Territory;
- Tangentyere Council's 'Safe Families' program (Higgins and Butler 2007: 19) based in Alice Springs, Northern Territory;
- The Apunipima 'Stepping Up' Project (Memmott et al. 2006: 16) based in Cape York, Queensland;
- Lakidjeka 'Aboriginal Child Specialist Advice and Support Service' (Higgins and Butler 2007: 7) based in Mildura, Victoria.

Some mainstream programs rely on 'cultural awareness', which is another step towards a mainstream worldview. It cannot be assumed that program staff who are culturally aware, are running culturally appropriate programs.

In a legal sense traditional knowledge or 'Indigenous knowledge' can be used to describe a component of Indigenous intellectual property, including 'ecological knowledge of biodiversity, medicinal knowledge, environmental management knowledge, and cultural and spiritual knowledge and practice' (Janke and Quiggin 2005: 451).

While the definitions of traditional or Indigenous knowledge are seldom disputed in the literature, the application of that knowledge is varied and has many perspectives. For example the idea of 'both ways' or 'two ways' learning in education embraces the importance of respect for culture and language in education (Northern Territory Department of Education 1999). Nakata, (2002) referring to the use of Indigenous knowledge in education comments that:

*...the field of Indigenous education refers... to cultural appropriateness, cultural content, cultural learning styles, culturally responsive pedagogy, [and] Indigenous perspectives...(p. 285)*

He argues that these are not the same as Indigenous knowledge because the perspective from which they are viewed is a Western, non-Indigenous construct: 'a cultural framework largely interpreted by Western people in the education system and filtered back to Indigenous students...'. The integration of Indigenous knowledge into learning is done from within a non-Indigenous worldview, not from an Indigenous worldview. What may be required then is integration from an Indigenous perspective (Macfarlane et al. 2008). What is clear though, is that both ways learning approaches, while drawing on and respecting traditional knowledge, are not grounded in traditional knowledge.

In the field of Natural Resource Management (NRM) there are numerous examples of the use and incorporation of Indigenous knowledge into scientific research and practice (e.g. Arbon et al. 2003; North Australian Indigenous Land and Sea Management Alliance 2006; Smallacombe et al. 2007). To some extent the scientific arena of research has embraced the use of traditional ecological knowledge in its theory and practice (e.g. Putnis et al. 2007) and there is an ongoing discussion

about the importance of building on Indigenous Ecological Knowledge in NRM programs as is exemplified by the proceedings of the 2008 Garma Festival (Hodgkinson and Hodgkinson 2008).

It would appear from the literature that there is far less consideration given to use of Traditional Knowledge in health and social welfare programs. This is to some extent where this evaluation adds to the body of knowledge around this area.

### ***2.1 Local ownership and governance of Indigenous programs***

The notion of 'program' and the local ownership of such constructs presents a paradoxical if not contradictory problem in the context of remote Indigenous contexts. Programs are typically non-Indigenous constructs that are designed along the lines of mainstream world views, intent on achieving mainstream outcomes. Blagg (2008: 19), describes some of these programs as 'innovations' of 'neo-colonial/neo-liberal practices', which 'smack of social democratic and inclusionary thinking'. The term 'community engagement' is sometimes promulgated to give credibility to 'programs' while maintaining a mainstream, non-Indigenous worldview. In many cases 'community engagement' is an overused euphemism for consultation, which ultimately may mean in practical terms that the program leader tells the community what they are going to do. An example of this is revealed in the recent *NTER Monitoring Report*, which uses the terms together in the same sentence in relation to participation in Work for the Dole programs:

*Community consultation on the nature of the activity is important in creating community ownership and can be seen in those communities where attendance has been comparatively high.* (Office of Indigenous Policy Coordination 2008: 48)

True engagement is different. It seeks input and involvement from within communities. Ryan et al (2006), arguing from experience in community justice mechanisms suggests that:

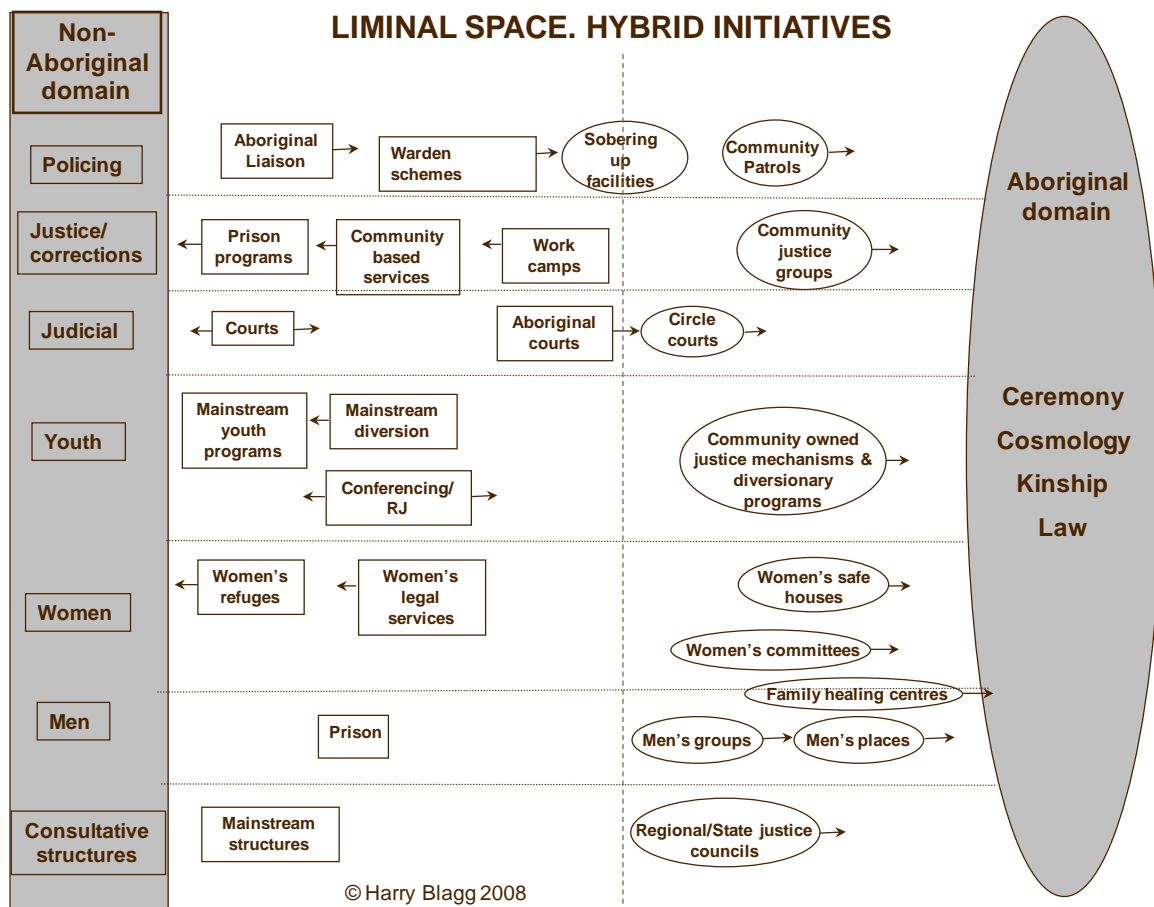
*...community involvement in the design, implementation and operation of intervention programmes gives Indigenous communities 'ownership' of the programme and therefore minimizes the adversarial nature of traditional community interventions...* (p. 316)

Blagg (2008: 53), also discussing community justice mechanisms, talks about 'hybrid initiatives' that sit between the 'Aboriginal domain' and the 'non-Aboriginal domain' in a kind of liminal space where syncretic processes are created at the points of intersection between these domains. They are:

*Independent of the system and work within Aboriginal terms of reference and use Aboriginal notions of cultural authority. They are not traditional structures but they represent a mechanism by which Aboriginal people can manage problems in an Aboriginal way.* (p. 53)

Figure 1 shows the locus of these various community justice programs within the liminal space. We would argue that local ownership of initiatives in remote contexts is more likely to occur closer to the Aboriginal domain than the non-Aboriginal domain.

Figure 1. Liminal space—hybrid initiatives (Blagg 2008: 54-55)



Akeyulerre (the original reason for this literature review) is one or two steps closer to the Aboriginal domain than other models discussed above. While it is an incorporated body, its governance is based on traditional family/kinship structures with the Elders having primary responsibility for leadership. The potential for tension with western requirements for incorporated bodies is addressed in the governance structure:

*Akeyulerre promotes cultural decision making and systems of governance with the old way where elders together make decisions. As per our need to be an established Association with a constitution we also have an operational executive and committee. All Governance is directed daily by the Elders. (Akeyulerre Inc. 2010)*

There is often an embedded assumption that Indigenous organisations must necessarily be designed to engage with the mainstream interface and they must conform to westernised patterns of governance. The role of traditional governance structures in Indigenous organisations is sometimes ignored. For example, a paper about Indigenous organisations published by the Centre for Aboriginal Economic Policy Research (Martin 2003) fails to mention the role of elders in governance structures. Although community ownership and Indigenous decision-making are to be welcomed, much of the literature advises of the complexities involved in putting such concepts into practice. Morphy and Sanders (2004) note the differences between the complexity of real life communities, and the concept of 'community' as an abstract group, noting the influence of different Indigenous families, and the role of elders and leaders in communities. 'Authority in Indigenous life, as much as in post-colonial administration, is layered, contextual, contested and continuously subject to exegesis... (Sullivan 2007: 1).

The following sections move more specifically to the issue of healing as it is reflected in the international literature. We start with a section that considers different aspects of healing from a definitional point of view.

### **3 Definitions of ‘traditional’ or ‘Aboriginal’ healing**

There may be a tendency among many with Western worldviews to think of healing as ‘treatment’. Indeed, the World Health Organisation notes that traditional medicine is used to refer to traditional Chinese medicine, Indian ayurveda and Arabic unani medicine, as well as to various forms of Indigenous medicine around the world. Traditional medicine accounts for approximately 40 per cent of health care in China, and 80 per cent in Africa, with methods including herbal medicines, the use of animal parts and/or minerals, manual therapies and spiritual therapies to maintain well-being, to diagnose and treat illness (World Health Organisation 2002). Much of the literature discusses healing from a ‘practice’ perspective—what is done, where, how and why.

We acknowledge that these perspectives may well be incomplete. The ontological, cosmological and epistemological perspectives associated with healing should perhaps also be considered. While we recognise the importance of these viewpoints, our focus for now is more on a limited range of literature that is methodological and pragmatic in nature—and which is admittedly more aligned with a predetermined set of beliefs, knowledge and identities.

However, looking more specifically at Indigenous or Aboriginal healing, although there are many definitions of health and healing in Aboriginal contexts (Adelson and Lipinski 2008; Fiske 2008; Fletcher and Denham 2008; Waldram 2008) most have common elements, found on different continents where Aboriginal populations have been colonised, from North and South America to Africa and Australasia.

Definitions related to Aboriginal healing practices tend to:

- Have a more holistic approach to health than the approach taken in most Western medical models (Hewson 1998; Horn 2008; Smith 2009);
- Mention spiritual and emotional issues in addition to mental and physical health (Moran and Fitzpatrick 2008);
- Make frequent reference to ‘balance’ and/or ‘harmony’ (Chansonneuve 2005; Ross 2008);
- Place emphasis is often on families and communities as well as on individuals (Lane et al. 2002);
- Include references to nature or aspects of the environment (López and Tascón 2003);
- In many cases explicitly refer to healing from the trauma caused by aspects of colonisation, such as forced removals from family and incarceration in residential schools (Castellano 2006); and
- In a deviation from western models, there are many examples which mention the healing required by those who have hurt others, as well as those who have been injured (Archibald 2006; Correctional Service of Canada 2008).

In Australia the Aboriginal and Torres Strait Islander Healing Foundation Team (2009), citing Phillips and Bamblett (2009) state that healing is ‘a spiritual process that includes addictions recovery, therapeutic change and cultural renewal’. The Team goes on to explain that:

*therapeutic change means dealing with trauma in a safe and culturally-appropriate environment. Cultural renewal means strengthening and reconnecting with identity, which may include language, dance and song.* (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009: 4)

McCoy (2008a: 90) speaking to the context of healing and health among males in the Kimberley, suggests that 'living healthy or palya becomes the embodiment of harmony that exists between physical, social and spiritual realities', and 'in living well and palya there is a folding a subtle pleating of the inner and the outer person, the physical with the social, the kurrun with the cosmic world'.

Definitions related to traditional healing practices tend to have a more holistic approach to health than the approach taken in most Western medical models (Hewson 1998; Horn 2008; Smith 2009). Spiritual and emotional issues are frequently mentioned in addition to mental and physical health, the emphasis is often on families and communities as well as on individuals and in perhaps the greatest deviation from western models, there are many examples which mention the healing required by those who have hurt others, as well as those who have been injured, (Archibald 2006; Correctional Service of Canada 2008) in order to restore balance and harmony, which are important values (Chansonneuve 2005; Ross 2008).

A frequently cited definition of 'health' in an Australian Indigenous context was used by the National Aboriginal and Islander Health Organisation (NAIHO) since 1982 and more recently by the National Aboriginal Community Controlled Health Organisation (NACCHO):

*Health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities. (Swan and Raphael 1995)*

More recent examples often put greater emphasis on healing from trauma than the definition above:

*Healing to me is being able to come to terms with the trauma I've experienced throughout my life, and the fact I cannot change what has already occurred, but I can start to connect with my spiritual self and take the time I need by myself to discover what the road ahead has in store for me... (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009)*

*Healing is a letting go - physically, mentally, emotionally and spiritually - of our hurt - the hurt that has been inflicted upon each of us, the hurt that we have inflicted on others. (Correctional Service of Canada 2008)*

*Healing ... occurs throughout a person's life journey as well as across generations. It can be experienced in many forms such as mending a wound or recovery from illness. Mostly, however, it is about renewal. Leaving behind those things that have wounded us and caused us pain.... Healing gives us back to ourselves. (Mackean 2009)*

The Indian Health Service of the United States combines many of these features in its definition of its primary, secondary and tertiary health responses for millions of American mainland and Alaskan Aboriginal people. It presents as its mandate that it prevent, slow the development or reduce the impact of imbalance or disharmony of body, mind, and spirit in individuals, families, communities or [Aboriginal] nations and in the living environment (Smith 2009).

Finally, forgiveness or acceptance is sometimes cited as an important component of healing by Aboriginal respondents.



*Being “healed” means living in peace, living in acceptance and not judging anyone. Thus with the residential school experience, healing means to come fully into acceptance of what took place and fully forgiving everyone that was involved. The only way to resolve the pain that comes from living in the past is acceptance and forgiveness. I tried all different kinds of healing, but I didn’t feel like I was healed until I saw all the things that had happened to me as a great gift. (Lane et al. 2002)*

Interestingly, although there has recently been growing interest within mainstream western medicine of the potential impact of religion and spirituality on healing, to date this has almost entirely emphasised Judeo-Christian traditions. This is unexpected, given the strong link between the two in population carrying a disproportionate share of ill health and injury. Csordas notes, for example, that 'healing is the central theme of Navajo religion, while the sacred is the central element in Navajo medicine' (Csordas 2000). Even in Australia, the links between Aboriginal spirituality and healing are overlooked surprisingly often by medical researchers looking at the interactions between spirituality and medicine (Eckersley 2007; Koenig 2007; Williams and Sternthal 2007).

### **3.1 Healing objectives**

The damage and trauma inflicted on Indigenous people by colonisation, including the forcible removal of lands, the break-up of societies and families and the removal of children away from their cultural heritage and often into situations of cultural, physical and sexual abuse, have been well documented, both in Australia (Aboriginal Healing and Wellness Strategy Management 2003; Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities 2002; National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997; Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007) and overseas (Royal Commission on Aboriginal Peoples 1996).

The impact from such trauma is manifested at several levels. Damage at the level of individuals displays in the high incidence of substance and sexual abuse, and of victims and perpetrators of sexual and family violence. Damage is manifested at the family level in the number of family breakdowns, and the high proportion of children removed from their homes by social workers into alternate care. It is also manifested at the community level:

*Aboriginal communities that have been traumatized display a fairly predictable pattern of collective dysfunction in the form of rampant backbiting and gossip, perpetual... conflict and in-fighting, a tendency to pull down the good work of anyone who arises to serve the community... widespread suspicion and mistrust between people, chronic inability to unite and work together to solve critical human problems... and a general lack of progress and success in community initiatives and enterprises (which often seem to self-destruct). (Lane et al. 2002: 10)*

Healing at all of these levels—individual, family and community—is documented in the international literature, and it is not surprising that much current Aboriginal healing focuses on dealing with trauma and its effects (Aboriginal Benefits Foundation 2008; Atkinson 2002; Gone 2008; Mamisarvik Healing Centre 2010; Mussell 2005; Ross et al. 2008), perhaps reflecting both community needs and the broader mandate of most Aboriginal healers, compared to western health practitioners.

### **3.2 Healing traditions**

There are many diverse healing traditions in Aboriginal communities, and the literature stresses the importance of recognising the diversity of responses to healing in different communities, each with

their own needs, capacities and traditions (Centre for Suicide Prevention 2003; Chandler and Lalonde 2006; Smith 2009; Waratah Support Centre 2008). An important distinction has arisen more recently, between 'traditional' healing methods, which have been practised for centuries and may require many years of study, and 'experientially informed' healers, where the healer may have gained skills in dealing with their own trauma and now wishes to use culturally embedded methods to help others. Both of these can legitimately be considered 'Aboriginal healing', both are attested in the literature and have been evaluated for efficacy, but they differ dramatically in other ways.

For an example of traditional healing, the Navajo hataali spend years studying and working with a master healer to learn their craft of singing healing ceremonies. The chants are long, a mistake in words is considered dangerous, and learning a single chant has been compared to doing a university degree in terms of the time and rigour required, with some hataali knowing a number of chants. Potential healers are selected for their work ethic and seriousness, and must be prepared to spend years working on their craft and paying for what they are learning (Iris 1998; Sandner 1979). There are other forms of healing in Navajo communities, which may be practised by men or women with diagnostic skills or knowledge of herbal remedies (Iris 1998), but they do not enjoy the level of status given to hataali. Similarly, there are long-established healing methods in east Arnhem which are still practised by Yolngu healers, and which require specialised training and experience to use (Wearne and Muller 2009)

Communities where post-colonial experiences have devastated transmission of cultural knowledge are unlikely to retain the degree of healing knowledge required for such extensive and rigorous ceremonies, although it is attested in the literature that even in difficult circumstances, more cultural healing knowledge is retained than may be obvious to an outsider (López and Tascón 2003; Phillips 2003). The use of traditional healing practices may be more common than is realised, at least in both South America (López and Tascón 2003) and North America:

*In some areas of the country [Canada, in this case] and within some Aboriginal communities, traditional healing practices remain very strong. There are traditional "treatment centres" which are being run with no external funding, no staffing or administrative structures and which are undocumented, often at the homes of healers. Many people, both within the literature and anecdotally ascribe their healing to participation in traditional cultural practices. (Lane et al. 2002: 30)*

Even where some healing traditions have been lost, there are many good examples of the 'experiential' approach, essentially creating a new approach to Aboriginal healing in devastated communities, typically through ceremonies of 'mutual care' (Atkinson 2002) often combined with Aboriginal ceremonial elements and underlain by experience in overcoming one's own traumatic experiences. Such an approach may be more highly valued than professional, western-style healing:

*There's value in the experiential piece - big value to my way of thinking. So to bring in a therapist, a non-aboriginal therapist who's never gone through what we've gone through, while I can appreciate their value and I respect what they have to offer, they will never connect to what we've come through. So my preference is to work with someone who's been through the same kind of things I've gone through.... I really take exception to those people when they start saying you have to have formal education, you have to have a clinical background, and you have to have all these things before you can start helping people. I don't believe that. (Bushie 2008)*

There have been documented cases where this healing approach has had remarkable results, as in Alkali Lake, or Esketemc:

*In the mid-1980s, the community made a dramatic shift from a situation in which virtually every man, woman and child over twelve years of age was a practicing alcoholic, to one in which ninety-five percent of the population practiced sobriety. The community did not stop there. They went on in their healing process to address high levels of physical and sexual abuse and many other challenges. (Chandler and Lalonde 2006; Lane et al. 2002)*

Both traditional practices and the new emerging healing models are used in Aboriginal communities (Fletcher and Denham 2008). Multiple methods are common, and there are also many cases where Aboriginal healing techniques traditionally used in more restricted geographic areas are now being used more widely (Archibald 2006).

*A variety of factors (the prohibition of traditional practices, the movement from traditional territories to urban centers, the development of an inter-tribal indigenous identity, etc. have led to a growth in cross-cultural healing symbols and practices (many of which have been adopted from Plains cultures. As Aboriginal cultures have undergone massive transition, so too have many healing practices. (Lane et al. 2002: 21)*

Sweat lodges, medicine wheels and smudging are Canadian examples; 'smoking' may be growing in use in Australian contexts.

Importantly, it has become apparent in many locations, including Esketemc, that substance abuse, although a problem in itself, had occurred in response to and was masking deeper wounds, which also required healing. The literature attests that longer term healing requires layers of treatment and can require many years to complete.

*At one time I used to believe the myth that if our people sobered up, our problems would be solved. Now I know that all [it] does is take one layer off the onion... We are dealing with a number of different issues ... related to our people's experience over the last 80 or 90 years ... I believe that the whole issue of residential school [and its effects] is an issue that's going to take at least a minimum of 20 years [to work through]. (Castellano 2006: 201)*

Attention is now moving to what needs to happen when trauma has been dealt with, in terms of providing employment and life opportunities; having overcome overwhelming alcoholism and then worked through massive violence and sexual abuse issues, the community of Esketemc believes that if local structural improvements are not put in place soon, these hard-won gains will be lost:

*From their point of view, it doesn't much matter how "healthy" community members become, how emotionally competent, how free of addictions and abuse, how spiritually connected to their own identity and values, how clear thinking in articulating the future they want for themselves and their Nation, how willing they may be to work hard and even sacrifice for the realization of the vision – none of this is enough when you have to live inside a repressive political and economic system that keeps Aboriginal people powerless, poor and unemployed. The Esketemc people have demonstrated that while it is certainly possible to emerge from trauma and tragedy to become physically and spiritually whole and to have family and community relationships that are largely positive and healthy, governmentally imposed limits to the people's development potential constitutes a very serious obstacle to keeping the next generations remotely healthy. In the minds of the core healing team, there is a clear and present danger that unless a way through these*

*obstacles can be found, many of the wellness gains Esketemc has made will be lost within a generation. (Lane et al. 2002: 26)*

### **3.3 Healing methods**

Many methods are employed in traditional Aboriginal healing.

*Almost everything has been tried when it comes to healing modalities. Basically almost everything works for someone, and nothing works for everyone. It is clear that specific modalities are less important than the context in which they take place. (Lane et al. 2002)*

Medicinal plants are often an important component (Centro Hamichicuy de Crecimiento Personal y Aplicacion de la Medicina Tradicional Amazonica n.d.; Dobson 2007; Swan and Raphael 1995) but ceremonies and other healing modalities are typically even more important, and most often there is a mix of healing methods, even in the most traditional healing modalities.

A partial list of healing methods would include: chants, cleansing and smoke rituals, counselling, healing circles, bush trips to special sites, painting and other forms of art therapy, vision quests, massage, residential treatment and many more, often used in various combinations (Fiske 2008; Institute of Environmental Science and Research Ltd. 2009; Smith 2009; Swan and Raphael 1995). Some approaches appear to be particularly effective, particularly the common emphasis on group healing involvement rather individual sessions, and the emphasis on cultural recovery.

Healing circles were often cited as effective, compared to more standard western healing models:

*... I probably could have gotten help [from a professional therapist], but what scared me was, I got in touch with my rage and for the first time, I became aware of how terrifying it was. I couldn't make myself go back to a therapist, because I'm going to be there alone, and I am going to be touching this terrible thing inside me, and I'm going to be walking away alone. I can't do any work through the western methods. It's just too much. I have to do my work through the traditional way. I have to use the circle. I have to have people that care about me and know they care about me. I want them there to help me through whatever it is I have to deal with. I can't do it any other way. (Bushie 2008)*

Perhaps the single strongest claim in the literature is the importance of re-connecting to one's own cultural traditions; indeed, in many cases it appears that 'recovery' is equivalent to recovery of one's lost cultural identity and that this is vital to healing.

*The answer to improving the health of indigenous people may lie less in increasing their access to modern health services and more in their rediscovering cultural values and ways. (Smith 2003)*

Probably for such reasons, Canadian Aboriginal communities are increasingly adopting the 'Culture as Treatment' healing model across that country, sometimes in favour of more traditional local approaches, due to their perception of its special effectiveness (Lane et al. 2002: 30).

### **3.4 Healing places**

The term 'Aboriginal healing centre' is used in many different senses in the literature, ranging from frankly entrepreneurial centres that combine New Age techniques with Aboriginal healing practices and may or may not be headed by an Aboriginal person, to centres specialising in western style

medicine but in a facility designed for use by Aboriginal clients, to places offering solely traditional healing practices. In many cases, traditional healing may be offered in private homes or in community buildings not necessarily called 'healing centres' (Lane et al. 2002).

Hospital and clinics owned and operated by Aboriginal people may offer western medical equipment and procedures, but the facility is often designed to look and operate different from a mainstream hospital or clinic, perhaps with family spaces (for extended family of well of over a dozen people), 'talking rooms', incorporating local motifs, open spaces that do not separate healers from patients, and other culturally friendly features (Belfrage 2007; Finke 2009; Towne 2009). Iris (1998) noted that:

*Today... it is not unusual for a Navajo healer to perform some piece of a healing ceremony in the clinical setting, and many Navajo people are engaged as community health representatives, nurses, and interpreters, among others, in the health delivery system on the Navajo Nation.*

Although there are facilities specifically designed to offer traditional healing, these are probably a minority; few of the Canadian Aboriginal Healing Foundations grants, for example, went to such facilities, with most going to programs that would be operated out of other facilities and perhaps incorporated into other programs (Aboriginal Healing Foundation 2008). Lists of different types of Aboriginal healing places can be found in Canada (Aboriginal Healing and Wellness Strategy Management 2003; Aboriginal Healing Foundation 2008) but no comprehensive national lists exists, likely due in large part to the difficulty of determining what exactly should qualify as an 'Aboriginal healing centre'.

New Zealand provides relatively comprehensive national lists of services that 'deliver health and disability services to predominantly... although certainly not exclusively... Māori clients [within a]... delivery framework which is distinctively Māori' and seeks to keep the lists comprehensive and updated (Cripps and McGlade 2008). In America, it is easy to find lists of services offered through the Indian Health Service for people living on recognised tribal lands, but it is difficult to find lists of services outside this system, and urban Aboriginal Americans in particular have great difficulty in accessing suitable healthcare (Young 2007).

It has proven difficult to find good sources listing Australian Aboriginal healing centres. Even discussion papers and reports on the potential for Aboriginal healing provide little in the way of such information (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009; Phillips and Bamblett 2009). This may again in part reflect the difficulty of defining an 'Aboriginal healing place' but may also reflect the lack of strategic attention to date paid to such facilities at a national level.

### **3.5 Healers**

The literature offers far more on the healing experience from patients' perspectives than can be found on healing from the traditional healers' perspective. However, a number of important themes emerge, including contrasts between the approaches taken by traditional healers and most modern doctors, the need to sustain Aboriginal healing knowledge by passing on information, the need to care for healers, and to importance of distinguishing between genuine healers and self-proclaimed 'healer' charlatans.

The relationship between patients and their Indigenous and traditional healers differs from the patient/doctor relationship in most modern western practices. As Hewson (1998) notes, traditional healers may not distinguish between 'curing and caring', or between subjective and objective symptoms, and:

*Traditional healers probe deeply into the patient's social and psychological well-being in addition to the history of the present illness. They already know or are prepared to learn about the context of the patient's life, such as his or her social and economic status, attitudes, beliefs, hopes, and fears.*

The relationship between the healer and the healer's land is also of significance. Dobson (2007: 12), speaking as an Arrernte woman, states that 'the power of healing comes from the country of whoever is chosen to be healer'. Trudgen (2000), speaking of the Yolngu context of Arnhem Land points to the connection between traditional law and healing. Having listed a number of Yolngu 'health matters' he concludes that:

*All this knowledge and the correct procedures pertaining to health and healing is encapsulated in the Yolngu law, the Maḏayin. (p. 139)*

There are inextricable connections between healing, country and sharing intergenerational cultural knowledge. Ganesharajah (2009), commenting on the connection between healthy country and health initiatives points to the need for 'recognition of the central importance of land to Indigenous peoples' identity, spirituality, community and culture'. Sharing healing knowledge is also an issue, both for lateral knowledge transfer and for intergenerational transfer, as the following quote from a Canadian context confirms.

*Talk of "knowledge transfer" and the "exchange of best practices" has become, of late, very much the talk of the town [but] the prospect that useful knowledge might flow "up-hill," or even laterally from community to community is ordinarily excluded from the realm of conceivable or legitimate possibilities...(Chandler and Lalonde 2006)*

In New Zealand, healers are trying to improve opportunities for 'side-by-side learning' to ensure transfer of information by those who possess healing knowledge before the healers pass on (Institute of Environmental Science and Research Ltd. 2009).

Intergenerational transmission of healing knowledge also emerged as an important issue in the literature. Knowledge of this sort is traditionally guarded in many societies and is not shared lightly. However, even well-established healing traditions such as those on the Navajo Nation are finding it difficult to get young people willing to put in the years of work required to become a qualified traditional healer, and a school for traditional healers set up with the support of Cornell University did not produce the results expected (Iris 1998).

Similarly, in New Zealand, where Maori healing is being incorporated into mainstream health delivery, workshops with traditional healers revealed their difficulties with overwork and/or ageing. Maori traditional healers are therefore currently looking at practice-based/internship-style training with candidates selected by older practitioners based on the particular attributes they display (Institute of Environmental Science and Research Ltd. 2009).

Caring for healers also emerged as an important issue. 'Much sick leave and workplace conflict is directly linked to unrecognized, untreated vicarious trauma' (Chansonneuve 2005: 92). Success, paradoxically, can increase the danger if:

*successful recruitment campaigns and community "readiness" magnified service demand and excessively strained the healing team... supporting disclosure requires follow-up and aftercare... Opening wounds means there can be no unethical, abrupt closure to the healing process without an enormously elevated risk of re-*

*traumatization. Projects consistently cited the need for self-care and peer support, as well as the pivotal importance of healing the healers. (Kishk Anaquot Health Research 2006: 49)*

In Canada, the Aboriginal Healing Foundation and other organisations have helped to support Aboriginal healers, but for all traditional healers – and perhaps especially for those who gained their skills through dealing with their own traumatic experiences, there are serious issues around self-care for healers.

Finally, the literature notes the need to distinguish between qualified healers (although this is unlikely to be a paper qualification and those who should not be accessed. In countries such as South Africa and New Zealand, formal organisations are being developed, where membership will signify adequate qualification, typically gained through years of apprenticeship to a recognised healer. It is more difficult to achieve such as result when working with healers who have gained their skills through their own experience of working though their own trauma. In such cases:

*First and foremost, there appears to be solid consensus that the Survivor must be known as a model of healthy behaviour or successful healing. The Survivor's role as a healer is bestowed or created through the recognition and respect of others who believe in the Survivor's healing ability. In other words, exercise extreme caution when dealing with self-proclaimed "healers." (Kishk Anaquot Health Research 2006: 52)*

'Healers' still grappling with their own injuries, who have unresolved legal issues, or are themselves involved in perpetrating violence and abuse, are considered dangerous. However, as discussed in the final section below, there are challenges in trying to use a western-style accreditation system with traditional healers.

#### **4 Government attitudes to traditional healing in five countries**

Traditional medicines and healing are used in many parts of the world, often for lack of viable alternatives (Madamombe 2006). The World Health Organization estimates that 80 per cent of people in rural areas of the developing world rely on traditional healing for their primary health care (Institute of Environmental Science and Research Ltd. 2009).

In industrialised countries western style medicine is accessed by the majority of those who are ill or injured. In countries which have colonised Aboriginal peoples with their own healing skills and traditions, policies on the role of traditional healing within the national healthcare system are still evolving. Two common strategies are to increase the number of Aboriginal people working in mainstream healthcare delivery, and/or to incorporate elements of traditional healing into mainstream healthcare delivery.

There can be quite distinct alternatives. For example, increasing the Aboriginal workforce without enabling the incorporation of traditional practices can lead to high turnover in Aboriginal staff.

*Emmy Mitchell... looks at every elder as if they were her grandparents and strongly believes in the natural way of healing. To her that means hands-on healing; massage therapy, traditional medicines, soaking the elders' feet, talking to them in their own language and other comfort measures. Working first as a Licensed Practical Nurse, then as a Registered Nurse, Emmy clashed over and over again with doctors and nursing directors who believed in giving the elders muscle relaxants, sleeping pills and antidepressant pills... "As I passed and graduated the RN course, it was supposed*

*to be this big celebration for me and it wasn't because the more I learned about the medications and side effects that our people were suffering from, it turned me away from being a nurse." (Mitchell 1998)*

Each of the countries described below is taking a somewhat different path to address such issues.

#### **4.1 South Africa**

South Africa differs from the other countries discussed here in that the colonisers continue to be a minority in numerical terms, and are greatly outnumbered by the descendants of the groups living in the area before colonisation.

As in the other countries discussed here, government attitudes to traditional healers have evolved; legislation forbidding aspects of traditional healing practices such as the Witchcraft Suppression Act of 1957 and the Witchcraft Suppression Amendment Act of 1970 are being replaced by new attempts at partnership.

*In rural South Africa, over 60% of the population seek health advice and treatment from traditional healers before visiting a medical doctor. Those that do seek formal health care also continue to visit a traditional healer... partnering with traditional healers and bringing them into the formal health system is vital to improving health in South Africa. Their potential as a resource and point-of-contact for both rural and urban communities cannot be ignored (African Medical and Research Foundation 2010).*

With encouragement from the World Health Organisation, areas where western medical practitioners are increasingly seeking to form partnerships with traditional healers include HIV/AIDS work. Importantly, traditional healers are forming associations that will enable them to be recognised by the South African Department of Health (Hewson 1998) but there are still concerns over forming partnerships between mainstream health services and traditional healers, who may undertake some activities that are contrary to medical ethics (Department of Education 2009).

#### **4.2 New Zealand**

In New Zealand approximately 15 per cent of the population identify as Maori. Maori people have higher rates of incarceration, ill health, early mortality and suicide, than other New Zealanders. Attitudes to traditional healing have changed over the years. Between 1907 and 1962, the Tohunga [Maori traditional healer] Suppression Act provided penalties for using 'any type of sorcery or enchantment or to claim to have supernatural powers in the treatment of disease... [which] led to many of the healers being driven underground' although use of continued healing methods continued (Archibald 2006).

*In March 1984 the Health Department organised a seminar on Maori health... in Auckland. This meeting launched the 'decade of Maori development' intended to improve Maori health through increased self-determination and recognition of Maori cultural perceptions of health and sickness.... The National Advisory Committee on Core Health and Disability Support Services, set up in 1992 to help shape the National Government's health reforms, emphasised the importance for Maori of traditional healing ... The Ministry of Health has been committed to addressing the place of rongoa Maori in mainstream health and has worked with Nga Ringa Whakahaere O Te Iwi Maori, the national organisation for Maori traditional healers... (Desert Knowledge Australia n.d.)*



Currently, the New Zealand Government continues to work to formally include traditional healers within the formal health care system as well as to increase the Maori workforce in all forms of healthcare (Durie 2003; Ratima et al. 2007). However, many challenges remain, including determining mechanisms to distinguish between legitimate traditional healers and those not qualified to offer such services (particularly as considerable diversity in healing methods occurs between regions), managing workloads, reporting and evaluating practice, training new healers, and protecting cultural and intellectual property rights (Institute of Environmental Science and Research Ltd. 2009).

### **4.3 United States**

In the most recent United States Census, held in 2000, 1.5 per cent of the population identified as American Indian or Alaska Native, sometimes referred to together as 'Native Americans'. The term 'Aboriginal' will be used in this literature review to refer to both groups.

*Native Americans experience higher rates of poverty, unemployment, homelessness, suicide, violent victimization, post-traumatic stress and incarceration than non-Native Americans. Prior to the 1978 Indian Child Welfare Act, an estimated 25 to 30 per cent of Native American children had been removed from their families.*  
(Archibald 2006: 17)

As in New Zealand, traditional healing practices were suppressed over a long period of time, with 'sweats' proscribed in the 1600s, through the Dawes Act forbidding some practices, to a measure in 1921 forbidding dances and ceremonies. Such bans were not lifted until 1978, with the Freedom of Religions Act. However, wars and oppression, and the forced removals from land and of children, probably had even more of an effect than these legal measures (Smith 2009). The 1960s saw tribal people becoming more politically empowered, and the birth of the American Indian Movement (Wittstock and Salinas 2006).

Currently, members of 564 federally recognised tribes living on reservations in 38 States are entitled to the federally funded Indian Health Service, which has approximately 15,000 staff. Hospitals, health centres, community clinics and other services may operate under the federal or the tribal system, but both streams are dedicated to providing health care services to American Aboriginal peoples on tribal lands. Only one per cent of resources are dedicated to those living off tribal lands, although a growing proportion have moved to urban areas, where they struggle to access adequate healthcare (Young 2007).

As noted above, there have been efforts made to 'de-medicalise' spaces in Indian Health Service facilities to provide more culturally appropriate spaces for healing (Finke 2009; Towne 2009). There have been a number of partnerships with traditional practitioners, particularly in primary care (Interpreter 2009). Perhaps for such reasons, at least in some areas of the country, patients may access a number of healing traditions (Lamphere 2000), such as going to a western medicine style clinic to have a broken leg set but having a healing ceremony on returning home, or working with a traditional healer to make sense of illnesses and direct their lives accordingly (Schneider and DeHaven 2003) while accessing other modalities such as modern medical treatment. At a strategic level, the Indian Health Service is developing a healing model which has culture and spirituality at its base, with increasing partnership with traditional healers and incorporation of traditional healing practices (Smith 2009).

### **4.4 Canada**

As in New Zealand and Australia, the three groups of Aboriginal peoples—First Nations, Inuit and Metis—that make up 3.3 per cent of Canada's population appear to suffer more ill-health and are at

higher risk of suicide than other Canadians (Health Council of Canada 2005), although there are data collection issues that need to be resolved to build a better picture of these issues (Smylie and Anderson 2006). There is a long history of colonisation trauma, from forced relocation to the long 'residential school' era, where Aboriginal children were removed from their families and cultures.

What has come to be called the Aboriginal Healing Movement (Phillpot 2006) began in the 1980s. 'The years between 1950 and 1980 were some of the darkest years in living memory for many Canadian aboriginal communities, but they can also be thought of as the darkest hour before the dawn' (Beadman 2009). A re-emergence of Aboriginal spirituality and culture, combined with greater political empowerment led to new initiatives, including federal funding in 1982 of addiction services based on Aboriginal principles and targeted to Aboriginal communities.

*Many communities have experienced the revival of old ceremonies, practices and teachings such as smudging, the sweat lodge, the use of the sacred pipe, fasting, vision quests, ceremonies for naming, healing, reconciliation, and personal or collective commitment. Some communities seemed to have forgotten their own ceremonies, and so whole generations of younger men and women travelled to other communities and tribes across the continent to find spiritual teachers who would help them recover something of their own aboriginal spiritual teachings and practices. Sometimes, as the teachings and songs of another tribe were introduced in a community, the elders would begin to share their own heritage which had been hidden away in their hearts for so many years. (Beadman 2009)*

As in Australia, Canada has a federal system where provinces are responsible for health care, although the central government has special responsibility for Aboriginal peoples living on reserves. The province of Ontario is particularly proud of its health care policy in regard to traditional Aboriginal healing, developing agreements with a number of Aboriginal nations within Ontario to incorporate such practices and also ensure access to other health service options (Aboriginal Healing and Wellness Strategy Management 2003; Aboriginal Health and Wellness Strategy Ontario 2003). For example, one centre funded through this strategy provides:

*... holistic health services, combining traditional and western practices. The Traditional Healing Program uses various traditional Aboriginal healing methods and a holistic approach to individual, family and community health and wellness. Services include confidential sessions with traditional healers, access to traditional activities, learning about natural medicines, stress management workshops using traditional methods, and cross cultural awareness training. (Aboriginal Healing and Wellness Strategy Management 2003)*

There are many other initiatives across the country, including healing for offenders about to re-enter communities (Brown 2003). One report (Lane et al. 2002) cites over a thousand Aboriginal healing programs plus many others that have an Aboriginal healing component. As in other countries, there is also a focus on training and enabling Aboriginal people to work in different parts of the healthcare system (Lavallee 2007).

One of the most interesting development in Aboriginal healing in Canada has been the development of the Aboriginal Healing Foundation, set up for a time-limited period to enable research and support programs dedicated to healing the legacy of Canadian residential schools, including the emotional damage, violence and abuse often experienced by—and later sometimes perpetrated by—survivors and their children. An enormous amount of work has resulted from this initiative (Adelson and Lipinski 2008; Archibald 2006; Castellano 2006; Chansonneuve 2005; Kishk Anaquot Health Research 2006; Mussell 2005; Waldram 2008).

## 4.5 Australia

As of 2006, the number of people self-identifying as Aboriginal and/or Torres Strait Islanders were estimated to be 2.4 per cent of the Australian population (Council of Australian Governments 2009). The Australian Aboriginal population, particularly those based in the Northern Territory (whose population has Australia's highest proportion of Aboriginal Australians) are much younger, less migratory, have higher fertility, higher mortality, higher population growth and are more widely dispersed than non-Aboriginals (Taylor 2007). Looking at statistics on suicide, violence, abuse, family breakdown, health problems and life expectancy, Australia's Torres Strait Islander and Aboriginal peoples are substantially worse off in comparison to other Australians, than are Aboriginal peoples in Canada, the United States or New Zealand (Archibald 2006).

As in Canada, the United States and New Zealand, governmental attitudes have shifted over time with regard to the incorporation of traditional healing practices within the mainstream healthcare delivery system. However, unlike the other three countries, Australia does not appear to be in a particularly supportive stance currently. Older documents appear to support such incorporation more than current strategic documents do. For example,

*Traditional healers were employed by the Northern Territory Department of Health at various rural health centres in Central Australia in the early 1970's.... A training course to teach traditional healers about western medical practices was attempted in 1974. It was soon realised that it would be better to train a separate group as Aboriginal health workers and to leave the traditional healers to their vitally important roles... However, rural health centres continue to recognise and cooperate with traditional healers in the management of sick people... The Northern Territory Department of Health's first policy on Aboriginal health stated that "traditional medicine is a complementary and vital part of Aboriginal health care, and its value is recognised and supported". (Devanesen 2000)*

More recent documents take a very different line. The current document, 'Aboriginal health and families: a five year framework for action', notes that overseas research indicates the potential value of traditional healers:

*Increasingly the medical profession has recognised that 'health care belief systems are critical to the patient's healing process' and overseas studies have shown that the practice and advice of traditional healers is often valued more highly than the advice from western medical practitioners. These themes are repeated in recent decisions of the Australian Health Ministers' Advisory Council. (Northern Territory Department of Health and Community Services 2005)*

However, the document does not propose any action in this regard, focusing instead on more medical improvements, with some emphasis on community engagement and cultural security. A 1998 study noted that '... Aboriginal traditional methods and community initiatives should be given equal status to non-Aboriginal medical practices' (Dunlop 1988). The 'Bringing them Home' report (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997) noted that Aboriginal patients' mental health needs required a more holistic approach to their healing, including partnerships with traditional healers.

There is less mention of such attitudes in more recent documents, although there is a focus on increasing the capacity of Aboriginal-managed services (in Victoria, Effective Change Pty Ltd 2007), training and supporting Aboriginal people to work in mainstream health services, including training

as doctors (Lawson et al. 2007) and other improvements to health care for Aboriginal Australians that do not include any mention of including Aboriginal healing practices (Wenitong et al. 2007).

There are some strategic documents that briefly note 'respect for traditional healing practices and cultural protocols' (Australian Health Ministers' Advisory Council. Standing Committee on Aboriginal and Torres Strait Islander Health Working Party 2004), and that recognise the potential role of 'community leaders, traditional healers, and those working to resolve community problems' (NATSIHC 2003) and the potential interaction between mainstream health services and Aboriginal healing practices, perhaps ameliorated by programs to increase awareness in non-Aboriginal service providers:

*Make non-Aboriginal and Torres Strait Islander health service providers aware of practitioners of traditional medicine in Aboriginal and Torres Strait Islander communities to foster recognition and respect for their role and skills and an understanding of the complementary roles of traditional healers and western-trained practitioners. (NATSIHC 2003: 18)*

Participants developing the Pilbara Aboriginal Health Plan noted that 'We want all people to respect our cultural ways of healing and our beliefs' (Western Australian Joint Planning Forum on Aboriginal Health 2000) but although cultural awareness programs are mentioned frequently in the literature (Mackean et al. 2007), 'it is often difficult to pinpoint the changes in the delivery of health services to Aboriginal people that flow from this increase in knowledge or changes in attitude' (Western Australian Government 2002).

As in the United States, there have been attempts to make health centres more culturally appropriate (Belfrage 2007), but such efforts appear to be largely ad hoc and inconsistent. In general, greater emphasis is being placed on initiatives such as upgraded housing to improve Aboriginal well-being, rather than initiatives to address trauma, grieving and healing (Cunningham and Stanley 2003).

However, there is also growing recognition of the importance of healing the trauma suffered by Aboriginal Australians, with the Stolen Generations as the 'cornerstone' of such healing efforts (Moran and Fitzpatrick 2008). The development of an Aboriginal and Torres Strait Islander Healing Foundation is being investigated as a model for addressing intergenerational trauma (Phillips and Bamblett 2009). Potential healing methods identified (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009) included:

- Healing centres;
- Family support and resources centres;
- Ceremonies and rituals;
- Going back to country;
- Traditional healers;
- Elder support groups;
- Support groups for sexual assault survivors;
- Leadership programs, including those for youth;
- Anger-management groups;
- Grief and loss programs;
- Peer support group;
- Drug and alcohol groups;
- Arts programs;
- More movies about Aboriginal and Torres Strait Islander issues;

- Circle sentencing; and
- Improved mainstream literacy programs.

Only about a quarter of these refer to traditional and cultural healing practices directly.

What seems to be a decreased emphasis on Aboriginal traditional healing in Australia may stem in part from the lack of support for such healers in recent decades, both in the lack of the lack of support given to healers who are aging and may not have the capacity to train others or to continue, and also the lack of mechanisms (such as those discussed in the sections above on New Zealand and South Africa) to distinguish genuine healers from charlatans, thereby maintaining the credibility of qualified traditional healers. The sourced literature did not reveal how—or if—these issues would be addressed in Australia. Perhaps the creation of a Healing Foundation will form a central point around which a genuinely Australian Indigenous Healing Movement can coalesce and develop.

In the meantime, Australian Aboriginal healers and healing centres such as Dilthan Yolnguha (east Arnhem) continue to struggle.

*“[Having a traditional sauna treatment] is important for Yolngu people who have been to big hospitals and when they come back they can get this treatment, on country, traditional way... Yolngu need these medicines, where medicines come from our land. Not like Western medicine, we don’t know what that is made of... When we put [Western medicine and traditional Yolngu healing] together, we strong – both feet strong. We can see with a clear mind. Stand strong together.” Yolngu are committed to the importance and benefit of dual philosophies and approaches... and show some frustration that Western health authorities seem slow to acknowledge the benefits and even slower to support initiatives in this direction. (Wearne and Muller 2009: 20)*

## **5 Issues still to be resolved**

Many important issues emerged from the literature, but only a few are addressed here: integrating western and Aboriginal healing modalities, building an evidence base, and cultural/intellectual property issues. We also consider what the benefits of healing are.

### ***5.1 Interaction between western and Aboriginal healing***

To some degree, as already discussed in this literature review, many forms of interaction are already occurring between modern western and Aboriginal healing modalities. In some countries, traditional healing is formally being incorporated into national healthcare systems and in others, patients or clients are choosing to access different healing modalities, depending on their needs and also what is available locally. Common patterns are documented in the literature—even in Africa, where the majority of patients access traditional care:

*Traditional healers seem to work most successfully with illnesses that have a high emotional content (what allopathic medicine might call psychosomatic illnesses and with psychological illnesses). (Hewson 1998)*

In Canada and perhaps Australia, recovery from trauma, loss of cultural identity and its common side-effects, such as substance abuse, are often addressed through healing modalities that reconnect people with their land and culture. In America, in at least some cases, patients may access modern western facilities for physical injuries such as broken bones, but supplement this healing with traditional recovery ceremonies to celebrate their return to community life. Again, the pattern of more traditional healing modalities for ‘high emotional content’ appears consistent.

There is also a trend in some countries and services to support greater integration of traditional healing approaches into mainstream health delivery. However, there have also been concerns raised about the potential for 're-colonisation' if this integration is not mentioned sensitively. McCoy (2008b: 242) describes the demarcated systems in something of an unnecessary 'tension'. Grieves (2009), suggests that traditional healing sits uncomfortably with a western philosophy of 'scientism':

*Western, colonialist approaches to health, relying wholly on the philosophy of scientism, have devalued traditional forms of health maintenance and healing that are implicit in spiritual belief and practice.*(p. 43)

One critical issue is ensuring that there is some process to distinguish between genuine healers and charlatans, if traditional healing is to be incorporated into mainstream health systems with funding from government. However, in New Zealand:

*A general scepticism towards the validation of traditional Maori knowledge by western accreditation processes emerged during the healer workshops. Attendees found it difficult to see how western accreditation processes could be reconciled with tikanga. This highlighted the tension between having qualifications in healing to access funding and the requisite empiricist standards that attend the funding. Some healers continued this theme by alluding to the compromises made in engaging with mainstream funders* (Institute of Environmental Science and Research Ltd. 2009).

Aboriginal knowledge, and the way in which it is acquired and used, may make it difficult to reconcile with mainstream western assumptions of appropriate healer training. Contrast the practice-based rigorous way in which Yolngu healers are passing on their knowledge to their grand-daughters (Wearne and Muller 2009), with recent changes in Aboriginal health worker qualifications, which have seen higher training drop-out rates and more positions unfilled (ABC 2010).

Similarly, fears have been voiced in Canada that increased mainstream funding and acceptance for Aboriginal healing may result in changes to current healing practices, with funders asking for more tightly defined services rather than traditional holistic approaches, separating out issues such as violence, substance abuse and suicide from each other rather than seeing them as a whole (Ross 2008).

## **5.2 Building an evidence base**

One of the most important issues demonstrating differences between traditional Aboriginal healing practices and modern medicine is the emphasis on evidence, and the type of evidence required. For some traditional healers, the very fact that certain procedures have passed the test of time is proof of their value and efficacy, and patient satisfaction is the most important measure (Institute of Environmental Science and Research Ltd. 2009). However, if traditional practices are to become part of the mainstream health system, more rigorous measurement is required, and work is underway to develop measures that are both rigorous and culturally competent (Durie 2006).

In Canada, the Aboriginal Healing Foundation has conducted evaluation of work to date (Kishk Anaquot Health Research 2006). However, the scale and intensity of problems requires long term investment, with healing from trauma requiring perhaps twenty years to complete (Castellano 2006). Unfortunately, there is

*... stress between the need to demonstrate results within the unforgiving constraints of an essentially political timetable and the equally unyielding demands of complex social change.... patience often translates into inaction or incompetence.* (Albany Consulting Group 2004: 19)

Strong and probably bipartisan support is typically needed to commit to such long term programs, giving them the chance to produce rigorous evidence. However, even in the short term, there is evidence that some practices are being informally evaluated by Aboriginal communities themselves as particularly useful. The 'Culture as Treatment' model, for example, 'may be found in various forms from coast to coast [in Canada]. In some cases it appears to have displaced local healing modalities' (Lane et al. 2002: 30). The cost-benefits of supporting Aboriginal healing are also beginning to be assessed and documented (Castellano 2006).

### **5.3 Proprietary issues**

Finally, there are complex issues noted in the literature relating to cultural and intellectual property issues. With plants, for example, there are fears that bio-medical companies may exploit Aboriginal knowledge and threaten the sustainability of valuable medicinal plants, profiting from them at the expense of traditional healers. However, the 'very fact that traditional remedies have been used successfully for centuries—precisely what should make them invaluable signposts to researchers—means that drugs developed from those formulas can't be patented', so that there is in fact little interest from research companies and even government in harnessing medicinal plants identified by traditional healers (Elegant 2006).

There are also fears that traditional healing knowledge may be exploited, and that healers may have to give up information which has previously been divulged to very few people, and then only in very specific contexts:

*The need to uphold and protect cultural and intellectual property rights associated with... plants, knowledge, traditions and practice was noted by both healers and stakeholders. Discussions around cultural and intellectual property issues prompted varying reactions during the healer workshops... Some workshop participants focused on the way knowledge might be used, highlighting that knowledge shared about traditional healing would not necessarily be used in line with the values of healers. (Institute of Environmental Science and Research Ltd. 2009: 12)*

These issues are also being considered internationally, with one difficulty being the lack of an internationally accepted legal definition of 'traditional knowledge' (Institut Federal de la Propriete Intellectuelle 2010). Currently it appears that developing countries and Aboriginal groups are more interested than developed countries in developing new treaties or instruments to protect 'indigenous genetic resources, traditional knowledge and intellectual property (IP) rights', but international discussions are continuing (National Aboriginal Health Organisation/Organisation nationale de la sante autochtone 2003).

### **5.4 Socio-economic benefit from healing**

From a pragmatic perspective benefits from healing as it is understood in the Aboriginal context, accrue not only to those who are healed but to the broader community. Among the many benefits accruing from healing are the following (see Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009; Cripps and McGlade 2008; Kishk Anaquot Health Research 2006; McCoy 2008a; Queensland Centre for Domestic and Family Violence Research 2009; Young 2007):

- Reducing suicide incidence;
- Addressing mental health concerns;
- Alleviating stresses on the health system;
- Improved engagement in education;
- Improved health promotion and awareness among Aboriginal participants;
- Reductions in domestic violence;

- Overcoming the impact of trauma and abuse;
- Social inclusion benefits;
- Improved collaboration between mainstream and Aboriginal services;
- Reduced recidivism rates among criminal offenders;
- Reconciliation;
- Intergenerational learning; and
- Reduced rates of sexual and physical violence.

The economic benefits of the above are seldom articulated in the literature (probably because that is not what healing centres are designed to achieve). However a cost-benefit analysis of the outcomes suggested by the list above would no doubt provide a significant justification for expenditure on Aboriginal healing centres. Examples of these kinds of outcomes are available in the Australian literature. For example, the Rerranytjun Healing Centre at Yirrkala (Aboriginal Benefits Foundation 2008) addresses a number of the above issues:

*The Healing Centre's aim is to combine mainstream medicine and Yolngu Indigenous healing knowledge to begin to deal with the epidemic of substance abuse and youth suicide in the region... The program provides a range of counseling (sic) and mental health services as well as to involve youth workers and referrals to further treatment programs, or to job and training programs. The scope of the centre currently falls outside of the services provided by the local hospital and clinic. It helps the carers, the immediate families and those who are currently carrying the unbearable weight of depression and despair that this serial problem inflicts upon a tight knit close Indigenous community.*

While the quantitative benefit associated with programs such as this may be difficult to assess, it could well be argued that such benefits should be at least be qualitatively demonstrable through good evaluation processes. The evaluation of Akeyulerrre on which this literature review was original based, found a number of benefits emerging from activities.

*Akeyulerrre is carrying out a range of activities that are highly important to supporting family based Aboriginal health in Alice Springs... Examples of healing through Akeyulerrre activities such as counselling, Aboriginal medicine, engagement of the youth, increased engagement and learnings by all generations, increasing pride and increasing cultural guidance were prevalent in the data.*

*Translating these activities into mainstream 'measurable outcomes' is problematic. From a mainstream perspective, service providers were able to articulate several outcomes that connect to a range of desirable health and social outcomes. The outcomes can certainly be described in terms of improved mental health, engaged processes of education and learning for young people and adults, social inclusion, support for aged care and disability services as well as crime prevention and prevention of substance abuse. Akeyulerrre provides a foundation for engaged families that will support them to overcome the effects of trauma, loss of culture and disengagement from social supports. (Arnott et al. 2010: vi)*

The above discussion of benefits from healing suggest that in very crude terms at least, the benefits of healing can be translated into understandable concepts for a mainstream audience.

## 6 Conclusions

In conclusion we return to the three questions posed at the beginning of the paper:



1. What do indigenous peoples of the world understand the nature of traditional healing to be?
2. How does mainstream health service delivery and policy respond to traditional healing approaches?
3. What do mainstream service providers understand the outcomes of traditional healing to be?

In relation to the first question, it is evident that despite the plethora of definitions, we can say that traditional healing has only a very loose connection to health as it is understood in the mainstream. It is spiritual, wholistic, often connected to expressions of identity such as land, family and culture.

In terms of the second question, because of the loose connection, health services may have some difficulty responding to or working with traditional healing. It should be noted that traditional healing processes are not 'services' like mainstream services. They are quite separate from usual referral processes and networks that make mainstream health organisations work well. In the context of health Traditional Knowledge is not like western knowledge. It cannot be used in the same way that human capital is understood. For the reasons outlined above, health policy-makers have difficulty engaging with traditional healing approaches. The issues related to 'service delivery', intellectual property, and bureaucratic systems do not fit well with the way that traditional healing works. Nevertheless, there is a place in public policy for traditional healing—it needs to be supportive rather than dismissive. It needs to respect and value the knowledge for what it is regardless of whether it can be understood in mainstream terms.

If, as is suggested here, mainstream services and funders find it difficult to grasp the concepts and understand the practice of traditional healing, how then can the outcomes be understood by those services and funders? While those engaging in healing would not describe the outcomes this way, there are points of connection with a mainstream understanding of outcomes. These points of connection relate directly to the social inclusion agenda, education, health and well-being, crime prevention, family function and any number of other categorisations. Some of these outcomes are nigh on impossible to measure with numbers. They can however be described qualitatively and can be understood in terms of the impact they have.

## 7 References

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