# Traditional Healing and Allopathic Medicine: Issues at the Interface

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*Abstract*: There is increasing interest in Native traditional healers and the possibility of their working in some form of relationship with the allopathic medical system. It represents a resurgence of effort in an area of great potential benefit to the Native community, but is rife with issues that could destroy the effort at any number of stages in the process. Issues related to professional and institutional responsibility, the power of medicalization, physical and philosophical interactions of the systems of healing, measures of effectiveness, issues of reimbursement, and many more must be dealt with in an intentional and thorough manner if the process is to be successful.

Keywords: Alaska; Traditional healing; Health care delivery; Alaska Natives

## FOREWORD

As a non-Native physician working within Native medical services in Alaska, I have a very limited perspective from which to speak on these issues. I do not pretend to speak authoritatively for or about the Native community. What I can bring to the dialogue is some expertise in the assumptions and underlying philosophies of U.S. society and its medical system. It is imperative these become identified, made conscious, and discussed. The danger in not doing so is to extend the direct acceptance of values and biases that should be intentionally and consciously accepted, rejected, or modified. The potential for traditional healing methods and their practitioners to be co-opted by the medical model rather than integrated or incorporated within it is a danger that needs to be recognized and discussed. In this paper I also begin to address some specific logistics that have arisen as conversations in Anchorage on this subject have taken place.

## INTRODUCTION

There are at least some in the areas of sociology and anthropology who would assert that one of the ways to gain a relatively quick understanding of many of the central social tenets of a culture is to examine how it defines that which is 'not normal' (ill and/or deviant) and how it intervenes with these individuals. To a large extent this means how illness is defined and how their 'health system' is structured and implemented. The point here is that health and medical systems never are, and never can be, "objective," but are rather reflections of a myriad of social and cultural biases central to the social and cultural system within which they were created. Allopathic biomedicine has very strong cultural and social biases, as do the various traditional healers. It is imperative that this fact be realized to discuss the interaction between the systems.

Another significant point, very basic to this discussion, is the fact that the allopathic medical system has a relatively uniform system of education and certification, a point which is certainly not true for traditional healers. Any relationship developed between the allopathic system and a traditional healer is not necessarily transferable to other traditional healers.

The relationship between traditional healing and allopathic medicine is not a new topic. "Compacting," under Public Law 93-638 for Self-Governance Compacts, brings the opportunity to restructure and reprioritize the funding and structure of service delivery systems into better alignment with Native priorities and philosophies. It is perceived that many of the underpinnings and assumptions of allopathic medicine are taken as unchangeable facts rather than seen as being embedded in larger societal philosophies and laden with social and cultural

values and biases. Awareness of what the theoretical implications are of their unquestioned acceptance needs to be raised. Similar analysis of parallel underpinnings of traditional healing and its embeddedness in Native society and culture should also be undertaken to complete the picture. The specific issues of concern from the allopathic medical perspective models of relationship between allopathic and traditional medical systems are beginning to be discussed.

**Underlying Philosophy of Biomedicine**

American society finds its philosophical roots in classical liberalism. This includes an emphasis on the individual as a free player in the market economy, individual ownership, and a limited government. Understanding these theoretical underpinnings of American society and their adoption by medicine is critical to an understanding of the health and medical issues of today. Central is the concept of life as made up of components working together as predictable machines, including the separation of the mind and body. Protestantism contributed an ethic of world mastery and domination. Secularization then replaced religious explanations with scientific ones, casting the body as an object of science and promoting the rational and bureaucratic management of the body and populations.

The current American medical system mirrors larger society and its faith in science. Health care becomes equated with medical care. Medicine sees the body as a machine composed of many parts which need fixing. It is primarily understood as a physical entity largely independent of the mind (mind/body dualism). Medicine perceives individuals as essentially similar and prone to illness caused by specific vectors that can be catalogued into specific disease categories. The central drive in the medical interaction is towards diagnosis from a specific list of disorders. The disorder is usually corrected with chemical or surgical manipulation.

The causative agent of illness is depicted as some definable disease vector. The goal is to properly identify the offending agent and eradicate it. This fits well with the mechanistic, reductionistic theoretical orientation that pervades medicine. Most of the concerns people bring to a physician's office, however, no longer fit this model. A medical system that maintains its monopoly on health and medical information and a conceptual framework based on infectious disease is poorly equipped to handle the majority of patients presenting complaints that fall into other categories.

Physicians are predominantly from the upper or middle classes and remain in those classes as physicians. The values and norms under which they practice are consistent with the values of these classes. In general, physicians easily accept the individualization of causation of illness and social controlling aspects of their profession because they fit nicely with the rest of their life framework.

The medical system and their patients have, as an assumption, a tremendous faith in technology as a tool to assist with diagnosis and treatment. The mechanistic, dualistic view of the body lends itself to a technological system of diagnosis and treatment. Extreme specialization follows naturally, creates increased consumer dependency on powerful experts, and further mystifies the average consumer. The extension of this system of enforced dependency, through the process of medicalization, brings more and more of everyday life under the influence and control of the medical system.

**Underlying Philosophy of Traditional Healing**

Just as the specifics of allopathic medicine grow out of a philosophical and historical context, so also do traditional systems of health and medicine. From my limited knowledge base there appear to be significant differences that need to be acknowledged and discussed. The danger I fear is that since most funding has been tied to the allopathic medical system, the momentum to incorporate traditional healing through the newly acquired rights of "compacting" will result in some imposition of the allopathic medical framework onto traditional methods and practitioners—in essence a medicalization of traditional healing and its practitioners.

Traditional Native understandings of life and the environment around us are far more integrative and interdependent. The concept of

subdividing everything and having individual ownership and control is foreign to traditional ways. In traditional society one's identity is to a great extent that of the group and not so much the individual. To some extent it is considered improper to exalt one's self above others. Health and illness are understood far more in collective terms where one's position and relationships in society and one's surroundings determine the state of one's health to a great extent. To be whole one needs to be in proper balance with all these dimensions of life.

To isolate an individual in an institution away from home and family in order to make them whole seems to be a concept very foreign to Native understandings of the inter-connectedness of life. The Native understanding of the importance of balance, of being in proper relationship with each other and the powers around us, also is in significant contrast to the reductionistic, disease-vector philosophy of medicine.

The practitioners of the two types of healing differ significantly. Physicians are selected for their objective, scientific skills at manipulating chemicals and facts and their ability to take and interpret tests. Their training emphasizes an understanding of illness in primarily mechanistic terms and prepares them to be authoritative controllers of these components of the body. Their body of knowledge is written and assumed to have inherent efficacy apart from the practitioner. Traditional healers, on the other hand, are generally selected through powers beyond the community or for gifts that are more spiritual and relational in content. Such healers are often widely respected, but seldom financially wealthy. Their body of knowledge resides within them and is somewhat dependent on them for efficacy. They are selected for certain traits beyond intellectual capacity.

Traditional healing is usually done in a community or family context or in particularly sacred locations. The afflicted person is often an active participant in the process and often will have responsibilities to pursue after the interventions that are deemed necessary to complete the process. The environment and persons around them are often an important part of the process. By contrast, biomedicine understands illness to be very individual, best treated by isolating the individual from his usual surroundings and casting him in a very dependent and passive role.

**Medicalization**

As medicine has increased in power and influence there has arisen a fear that too much of life is coming under its control. Medicalization is the application of the medical model to an entity and its utilization to create a theoretical framework within which to understand causality, relationship to society and normalcy, and the creation of treatment modalities. It takes as assumptions the many underpinnings of the medical model. In brief summary, this includes the individualization of illness and health, the understanding of illness being the consequence of outside, isolatable disease-causing vectors, the reductionistic understandings of the body as a machine with many definable constituent parts, the relative separation of the mind and body, and the heavy utilization of chemical entities to eradicate the perceived offending cause of illness and restore "health." It implies acceptance of the theoretical underpinnings of "Western" society with its reductionism, commodification, individual rights, and individual ownership of nearly everything.

The results of medicalizing an aspect of life are significant. It effectively removes the topic from the political arena and general societal discourse, and locates it under the control of medical expertise. Medicalization brings a loss of power and influence by others such as parents, religious or cultural institutions, and schools. Those who are most dependent, unempowered, or "unique" are those who are at most risk of medicalization. They are children, women, the poor, minorities, and anyone "different." At issue is power, control, and conformity.

An important tool in the construction and implementation of systems of social control is language. Illness can only be defined when there are values developed that prioritize certain entities over others. A fungus growing on a tomato is a blight only if the tomato is highly valued, but would be desirable if the fungus were the desired end product and the tomato only the growing medium. The point here is that definition of what is deviant, what is illness, and what

is the proper framework within which to understand them, is determined by societal values and power relationships.

When a condition is labeled an illness, the person's behavior is changed by being given that diagnosis or label. Acceptance assumes that medical designations have a scientific basis and are, therefore, treated as morally neutral and objectively determined. The reality is that medicine is largely constructed by convention and consensus within a society with many moral and conceptual presuppositions, and certainly not morally neutral. Acceptance is also due to the fact that medicalization has both positive and negative consequences.

### "Compacting" Issues

One of the areas where there is considerable interest in the positive prospects for "compacting" is the potential to dramatically increase the financial support for traditional healing and traditional healers. Only by understanding the underlying premises and the implications of their differences and similarities can we proceed with finding ways to apply both traditional medicine and allopathic medicine to the benefit of the people who utilize both systems. It is also important to have this analysis and conversation lest the traditional medical interventions be co-opted by the medicalization process of the wealthy and powerful allopathic medical system or that the traditional systems be blindly and uncritically accepted by all involved.

### Questions, Challenges, and Dangers

The temptation is to take the best of traditional ways and allopathic biomedicine and combine them in some way. I would raise for discussion whether such a relationship does not to some degree inherently "medicalize" traditional healing. If the actions and practitioners of traditional methods have such radically different social, cultural, philosophical, and spiritual underpinnings, as asserted in this paper, is it possible for them to remain effective if incorporated into the more allopathic, biomedical framework? My interest is in helping raise the questions, not in providing the answer.

One of the questioning assertions of allopathic, biomedical practitioners regarding traditional healing methods and practitioners concerns their "legitimacy" and "safety." They will at times assert that these methods and practitioners should be made to undergo the same scrutiny and measures of efficacy that medicine does. What is often missed is that the very definition of what constitutes adequate measures and definitions of efficacy and success are very culturally determined. All of this is not to say that traditional healing methods and practitioners should necessarily be given free rein. That is also not an issue for me to answer, but at the very least the measures of efficacy and proficiency used should not be uncritically adopted from allopathic medicine. To do so would be to enshrine a system with inadequacies of its own and extend the medicalization process to areas where it may be inappropriate.

## THE FUTURE

With the arrival of "compacting," discussions about the relationship between traditional healing and current allopathic medical institutions have arisen. Dr. Trujillo, the director of the Indian Health Service, has mandated that specific conversations begin to take place to explore these relationships. At the Alaska Native Medical Center there has been recent movement in the direction of beginning the dialogue and moving quickly towards specifics. It may be that there are very effective ways of incorporating both methods that will maintain the efficacy of each. The primary purpose of this paper is to increase awareness that many of the assumptions we make are, in fact, laden with cultural and societal bias, and to encourage the careful examination and understanding of the underlying philosophical underpinnings of the two systems by those who will be making decisions about their future relationship and funding. The secondary purpose is to begin to outline some of the specific issues in need of resolution to help move this discussion forward.

### Some Specific Issues

For those primarily involved in allopathic medicine, many of the specifics lie in two general themes. The first is in the areas of overlap of modalities of intervention. Since allopathic medicine has for the most part abandoned the

spiritual, cultural, and social aspects of the person, and places little emphasis on physical contact as central modalities, it is for the most part comfortable with traditional healers working with those areas. Where allopathic practitioners generally become uncomfortable is in the areas where they concentrate their interventions—ingested substances (medications v. herbs), physical penetration of the body (surgery, orifices, etc.), and proscribed levels of activity (bed rest, up with assistance, etc.).

The second is legal liability. If facilities that are called hospitals or clinics are primarily medical and medically overseen with medically defined certifications necessary to work in those environments, what is the medical system's level of responsibility to the patient and before the law, for activities of practitioners outside of the allopathic medical system working within "medical space"? The issue here is the definition of who is ultimately responsible for what takes place in the facilities and what the level of responsibility is. I see three potential outcomes:

1. The facilities are medical. This essentially says that everything done within the facility must be approved by the allopathic medical system. There may be some traditional healers for whom this is acceptable and those of us who see it as a severe threat to them must allow the healers to make the decision, not we in some sort of misled idealism. What should never be claimed is that this model is some sort of partnership between the systems.

2. The facilities create some legally acceptable way of defining some limited space within themselves for traditional healers for which they are not legally responsible. This may or may not be legally possible. It also has strong inherent risks that are present any time a large, powerful system relates with a small system within its confines.

3. The facilities become community owned and are thus no longer the sole purview of the allopathic medical system. This means that a nonmedical entity representative of the community owns the facility and allows healers of potentially many types to use their skills within the walls. Each healing system would be the complete driver of the system. This is the option which provides the most freedom to the traditional healers, but the legal complexities and vagaries may make it nearly impossible to implement. It also would mean an extreme restructuring of proportions difficult to conceive.

## CONCLUSION

When this discussion remains in the theoretical realm it seems relatively easy to conceive of finding ways to interconnect allopathic medicine and traditional healers. As we begin to envision the specifics, the logistical difficulties begin to multiply. It may not be an impossible endeavor, but it is one that will take much understanding at many levels and a persistent commitment to continue the work of creating a relationship.

As we continue down this path I hope we all continue to maintain the well-being of the individual and community as central, and ensure that those issues that need to be discussed are brought to the attention of those who need to process the information and create appropriate forums for these discussions to move forward. It is with that hope that I submit this paper for further discussion.

[For a copy of the more detailed original paper and bibliography or to discuss these issues further, contact the author.]

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