

An Ethnographic Look at Cultural Healers

Penelope D. Keough, Psy.D.

Professor Department of Special Education

National University, La Jolla, California, USA

Abstract

The presentation and ultimate paper will explore cultural healers and the impact they have on the lay community and others. The goal of the presentation/paper is to explore the affect culture has on the medical profession and allude to hypotheses why natives of specific cultures may have more trust in cultural healers than medical professionals. Theories toward this exploration include hegemony, social behavior, critical race theory, and cultural psychology. This presentation/paper will be based on the work of Michael Cole, Berry & Poortinga and Marcus and Kitayama. Alternative medicine will be explored and the faith the lay person may have in wholistic treatments as opposed to the medical professional.

Keywords: Cultural Psychology, Hegemony, Critical Race Theory, Social Behavior, Cuerandero

What prompts indigenous people to trust medicine men, faith healers, Curanderos, Sanghas (Tibetan healers) and or Shamans?

One may say the answer is steeped in tradition. Others may allude to the wisest leader of the tribe handing down “proven” natural cures generation after generation. Magic may play a

role in alternative medicine, especially those inculcated by the Druids of Northern Ireland originating centuries ago.

To surmise these reasons for indigenous people to place their well-being, at times their life, in the hand of an untrained professional can only lead us to tales captured in ethnographic studies. According to Kleinman (1988), “There is a long history of folk healing in North American society; contrary to the expectations of many, folk healers have proliferated, not decreased, as our society has developed technologically.” (p. 262).

Healing, certainly according to medical professionals is a science. To others on the path to find clarity in well-being trust to the wisest members of the indigenous tribe. That indigenous tribe and even be considered our 21st century communities, where health care grows to be a more political issue rather than research and development for the most effective cures. Our societal behavior is making us sick! Stress, anxiety, politics, road rage, deadlines and bills create an unhealthy environment bringing on heart disease, emphysema, cancers and tumors. According to James (1986), “At the University of Washington Medical School, where I taught for many years, my subject was Culture and Illness – how society and our beliefs make us sick. I discounted my ability as a scholar because much of what I knew was intuitive, not scientific; soft, not hard”.

Notwithstanding the dire consequences unhealthy environments can impact our well-being, communities turn in the 21st century to “quick-fixes”, i.e. “Teladoc” (Blue Shield, n.d.), pharmacies in grocery stores, injections in drug stores and nurse practitioners to respond when we need a doctor the most.

Societal behavior of the 21st century undermines preventative and prescriptive one's own individual health care! It is not surprising cultural healers surpass the trust of indigenous groups and lay persons over the medical profession.

Unfortunately, the emphasis in the medical profession is on pathology, rather than homeopathy. One must look to theory to unravel the tangled web of why cultural healers garner trust from indigenous or lay persons.

Hegemony refers to the domination of one nation over the other. For time immemorial warring countries have attempted to conquer each other. In the midst of one indigenous people attempting to overtake another, faith in a power great than themselves grew. This was a time when cultural healers gained notoriety as wise beyond human frailty. Shamans took on mystic powers, as did Druids, reveling at times in witchcraft and other magical potions to calm, sooth or heal the weary clan.

The author was intrigued to conduct an ethnographic interview with a Hindi called Sikh (name is factitious to protect the individual's identity), a name he identifies with "since that is how he calls himself in relation to his cultural/ethnic identification" which is East Indian (Keough, n.d).

"Many forms of spiritual healing exist in the Hindu tradition, from the time of the Vedas to Hinduism in its contemporary form... Historically, the Ayurveda—which is an ancient, five thousand year old Vedic system of medicine known as the "Science of Life" (Frawley 1997; Jones and Ryan 2007)—**placed emphasis on the pure self** (*Atman*) and true consciousness and its relation to the universe (*Brahman*)." (Layton, 2016, n.p.).

In keeping with the above emphasis, “the pure self”, much was learned from Sikh during the ethnographic interview in relation to what is family thought was “clean” or “unclean” for one’s health based solely on religious beliefs (Hinduism). One might say, these indigenous people, the Hindus, suffered hegemony under the British in the late 19th and early 20th century. Hence the reason the relating of this interview is a good illustration of the impact tradition and religion have on community.

For example, Sikh states, “I am not very religious”, he was told by his parents not to “eat food from vendors because it is perceived to be not prepared in sanitary conditions” (personal communication as told to author during doctoral studies at California School of Professional Psychology, n.d.).

In keeping with the Hindu religion the caste system is prominent. However, “throughout the interview Sikh never referred to himself nor his parents as members of a particular caste” (Keough, n.d., p. 3). Yet, in keeping with the preparation of food, related to the “pure self”, a concept related to health stemming from a cultural tradition, Parrish (1994) notes, “If, however, a man marries a woman from a caste that is somewhat lower than his own (but not untouchable) and does not eat food cooked by her, then he will not lose his caste standing” (p. 90).

Even if [my son] married a woman of a lower caste,
our own caste is not lost. This is the main thing.
If a man in his house eats boiled rice [that the woman
has prepared] then he will become low caste. But what
this man can say outside is... ‘I don’t eat the rice my
woman makes. I make and eat my own rice’ (ibid.)

After a brief discussion regarding Hegemony, the term Critical Race Theory comes to mind. It can be considered another form of domination of one race over another. This, in turn, often causes an indigenous group to mistrust the pathological premise of traditional medicine

furthering the need for cultural healers' practices based on tradition and healing! According to Law (2018), Critical Race Theory is:

A radical movement within jurisprudence that traces its origin to a conference held in Madison, Wisconsin, in 1989. Sometimes called **outsider jurisprudence**, it sets out to challenge the conventional liberal approach to civil rights issues, in particular the notion that there can be a colour-blind view of social justice. CRT regards the privileged position occupied by mostly White, middle-class academics as a major obstacle to a comprehensive exposure of the racism that is seen to permeate the law, its rules, concepts, and institutions. Adherents generally argue that only those who have themselves suffered the indignity and injustice of discrimination can be the authentic voices of marginalized racial minorities. The law's formal constructs reproduce, it is claimed, the reality of a privileged male White elite, whose culture, way of life, attitudes, and norms constitute the prevailing "neutrality" of the law (n.p).

Critical race theory can be likened to "White Privilege" or as Pedersen and Carey (2003) provide in their discussion of White Racial Identity Theory: "Also, because White identity and "racism" are often treated as synonyms, White people's exposure to racial issues generally has others (non-Whites) as the focus, and does not help them understand how unresolved racial developmental issues affect their personal adjustment and well-being" (p. 49).

In discussing cultural healers and the impact they have on the lay community and others; this paper would be incomplete without a brief look at the term "cultural psychology". Berry, Poortinga, Segall, and Dasen (2002) use this author's most favored cultural psychologist, Michael Cole (1996), in his definition of cultural psychology:

"Cultural psychology (is) the study of the culture's role in the mental life of human beings" (p. 1). Cole (1996) goes on to say in *Cultural Psychology, A Once and Future Discipline*, "...the path I have been traveling leads to a third way, one which follows Mill, Wundt [grandfather of cultural psychology], and others in recognizing important differences between

humans and other creatures associated with the unique environment of human life, **culture**” (p.327).

In his book, Cole (1996) further postulates about “Spoken language associated with mythic culture” a theme prominent in this paper. He references Merlin Donald’s “mythical culture” which includes burial customs in which various objects of apparent symbolic significance are included with the body (for example, burial of a boy with a finely wrought hand axe and the bones of wild cattle “as though meat had been included to sustain him in his journey” p. 150). Herein lies the intersection of mystical traditions of an indigenous people spoken language to embellish traditions followed henceforth from generation to generation.

Shweder (1998), a cultural anthropologist, went further to define cultural psychology: it “is the study of all things members of different communities think (know, want, feel, value) and *do* by virtue of being the kinds of beings who are the beneficiaries, guardians and active perpetrators of a particular culture” (p. 867 as cited in Berry et al, 2002, p. 328).

Hence, indigenous persons strive to protect what they think will promote their well-being. It is what they *do*, i.e., establish rituals, cultivate artifacts, and fervently protect what cultural healers have engendered in the generations to protect their well-being.

In a book review of Shweder’s work, *Thinking Through Cultures*, Markus & Kitayama (1992) postulate, “The one idea Shweder insists readers grapple with can be summarized by Sapir’s early (1924/1963) claim that “the worlds in which different societies live are distinct worlds, not merely the same world with different labels attached”, (p. 209, as cited in Markus & Kitayama, 1992, p. 357). Hence different terms of cultural healers vary from one indigenous group to the next: Shamans, medicine men, faith healers, Sanghas, or Curanderos (male), and

Curanderas (female), Mexican healers who offer, herbs and potions bordering on “mystical” cures.

It has been this author’s purpose to explore the affect culture has on the medical profession and allude to hypotheses why natives of specific cultures may have more trust in cultural healers than medical professionals. One trusts the point has been made which discerns a striking difference between traditional medicine, focusing on pathology to the stark difference cultural healers contribute to indigenous people’s well-being through tradition, cultural artifacts, mysticism, and faith passed from one generation to another.

One can only hypothesize which form of healing: modern medicine or cultural healing takes precedence over human suffering and pain!

References

Berry, J. W., Poortinga, Y. H., Segall, M.H, & Dasen, P. R., (2002). *Cross cultural psychology*.

Cambridge, United Kingdom: Cambridge University Press.

Cole, M., (1998). *Cultural psychology, A once and future discipline*. Cambridge,

Massachusetts: The Belknap Press of Harvard University Press

James, J., (1986). *Success is the quality of your journey*. New York, New York, Newmarket

Press

Kleinman, A. (1988). *The illness narratives*. New York, New York: Basic Books, Inc., A

member of the Perseus Books Group.

Levy, L. (2018.) , “TELADOC”, Blue Shield “mailer”.

Pederson, P. B., & Carey, J. C. (2003). *Multicultural counseling in schools*. Boston, Massachusetts: Pearson Education, Inc.