Integrating Indigenous Healing With Mainstream Psychotherapy: Promises and Obstacles

A review of

Synergy, Healing, and Empowerment: Insights From Cultural Diversity
by Richard Katz and Stephen Murphy-Shigematsu; Niti Seth, Peter Cornish, Tania Lafontaine, Danny Musqua, and Verna St. Denis (Cols.)

Reviewed by
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I am torn between two minds with respect to Synergy, Healing, and Empowerment: Insights From Cultural Diversity. On the one hand, I cheer the authors for their bold vision and deep insights. On the other hand, I am disappointed that no specific information is given on how to implement their vision in North America.

A personal story may shed some light on my ambivalent feelings. I lost my older sister when she was five years old. According to my mother, Western medicine could have saved my sister’s life because her high fever could have been controlled by penicillin. Unfortunately, my grandparents forbade any Western-trained physicians from treating her. Instead, they hired Taoist healers, who did their chanting and spiritual dances and made my
sister drink water sprinkled with ashes of incense. This image is still fresh in my mind. After reading this book, I find myself dogged by questions such as: How can we objectively assess the competency of indigenous healers, and how can we integrate indigenous transition with evidence-based psychotherapy?

Promises and Obstacles of Indigenous Healing

The authors Richard Katz, Stephen Murphy-Shigematsu, and Niti Seth are very honest about the promises and limitations of their book, which provides

practical insights into the emergence of synergy as well as obstacles to its existence. Of special significance is the fact that the book draws upon a knowledge base that has rarely entered into the Western dialogue about healing and empowerment—namely, Indigenous healing traditions, such as those practiced by the Ju/'hoansi of the Kalahari Desert, and the Cree and Anishnabeq First Nations of Canada. (p. 13).

The authors take a bold step of encouraging the implementation of healing principles of indigenous groups in Western society. Although cooperation and synergy might work naturally in a hunting-and-gathering culture, such practices may be difficult to fit into an individualistic and competitive capitalist society. The authors are fully aware that “mainstream approaches to healthcare reflect the values of the culture within which they function; therefore, if we wish to encourage synergy in Western healing, we must consider larger cultural and political issues” (p. 71). This suggests that radical sociopolitical changes would be necessary to implement synergy.

The main theme of the book is that healing is defined as a “transitioning toward balance, meaning, connectedness and wholeness” (Katz, 1982, as cited on p. 23). This definition is very different from the Western view that healing involves only removing symptoms. Katz’s definition is more consistent with the Eastern holistic view of healing, which emphasizes balance and a wholeness that transcends individual concerns. For example, Katz observes that “Ju/'hoan healing involves health and growth on physical, psychological, social, and spiritual levels; it affects the individual, the group, the surrounding environment, and the cosmos” (p. 30).
Scarcity Paradigm Versus Synergy Paradigm

The authors have an idealized view of synergy: “We argued that healing resources belong intrinsically within a synergy paradigm and, therefore, would become renewable and expanding, and accessible equitably throughout the community; the result was called a ‘synergistic community’” (p. 51). Most reasonable people would agree with the authors’ thesis that, in synergy, valuable resources are expanded, and made accessible and renewable, whereas in the scarcity paradigm, resources are limited and inaccessible to many.

I also concur that synergy is a promising way to meet the current community mental health crisis. In fact, in Toronto we have tried to implement synergy by offering “Meaningful Living” meetup groups as our vision for a grassroots movement toward positive mental health (see Bardi, 2013, for a report).

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

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

Science Versus Spirituality

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

While experiencing !aia, one can heal. Those who have learned to heal are said to possess n/om and are called n/omkxaosi (“masters” or “stewards of n/om” or simply “healers”). N/om resides in the pit of the stomach and at the base of the spine. As the healer dances, becoming warm and sweating profusely, the n/om heats up, becomes a vapour, and rises up the spine. When it reaches the base of the skull, !aia results. (p. 136)
Such an experience reminds me of the ritualistic dance of Taoist priests for the sick and the dead in traditional Chinese society, as described in the beginning of this review. I do not know how many people have died because they believed in the healing power of ritualistic ceremonies. Unless there is some clear, objective evidence of the healing and transformational power of ritualistic dance, mainstream mental health systems are not going to provide funding for such indigenous practices.

In Western psychology, spirituality is gaining increasing recognition to the extent that it is based on empirical science and operates within the context of rational dialogue. Mainstream professional psychologists clearly recognize psychotherapy and spirituality/religion as two distinct domains of helping people. Psychotherapy may involve spirituality, but psychology cannot be equated with spirituality. In contrast, according to indigenous healing, everything falls under spirituality. All healing is spiritual; psychological knowledge seems irrelevant or unnecessary.

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

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

**Expert Authority Versus Empowerment**

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

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

Katz is correct in suggesting that to establish a synergistic community through empowerment requires a radical paradigm shift. This paradigm shift requires a fundamental change in the way people perceive meaning, but also a structural change that redistributes power and wealth. Such a bold vision cannot be realized without some kind of cultural revolution in Western societies, which seems unlikely in the foreseeable future.

**Academic Credentials Versus Life Experiences**

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

I agree with Katz that the moral character of the healer is important. However, character alone does not guarantee healing efficacy. “With the First Nations practitioners, their character and moral principles open them to the power of spiritual healing, after which therapeutic techniques—which remain important and must be mastered—become simply tools to be used when appropriate” (pp. 222–223).

Despite my careful reading, I failed to find answers to the following questions: What kind of therapeutic techniques do First Nations counselors use that are not part of their spiritual practices? Where do they acquire those techniques outside of their spiritual tradition? Do life experiences always confer one with wisdom and healing power?

**Elitist Control Versus Social Justice**

I laud the authors’ courage in standing up and critiquing mainstream psychology: “We must critique mainstream Western psychology, exposing its limitations and its racism, and thereby opening the door to end that racism. Most important, we must honor Indigenous psychology and therapeutic approaches” (p. 226).

However, Katz is realistic enough in recognizing that Western psychologists will not give up their power and control over healing resources. I want to add that it is an issue of
public accountability in managing the limited financial resources for mental health as well as in protecting the public from unscrupulous charlatans. If the Western language of therapy, including such terms as competence, efficacy, and evidence based, is considered to be a form of Western hegemony, what would be the alternative language of therapy that conveys standards of excellence?

Katz asks several pointed questions:

How must therapy be described and practiced in order to be legitimized? How can Indigenous approaches gain legitimacy and voice if they retain their own unique language of healing and spirituality—historically discredited by the dominant therapeutic approach—to describe their work? How can we prevent the former dominant language of Western therapy from being used, now more subtly, to legitimize therapeutic interventions in general? (p. 236)

But there are no easy answers.

Conclusions

The authors have romanticized and idealized the concept of noble savages. Recent research has shown that there was also violence and tribal wars in primitive societies when there was the need to compete over resources, such as land and water (e.g., “Hunter–gatherers,” 2007). Furthermore, the unstoppable march of progress has corroded aboriginal cultures and created numerous social and economic problems. Given this reality, the challenge is how to develop a synergistic healing community in the 21st century.

Perhaps the best we can do is to explore and encourage integration and cooperation. Gone (2010) and Marsella (2010) argued that therapeutic integration is the most promising way to benefit both multicultural professional psychology and indigenous healers. The ideal is to foster collaborative efforts between “healers” from vastly different cultures and worldviews, as suggested by the authors. I have done some theoretical work on how Western psychology can be integrated with the aboriginal healing (McCormick & Wong, 2006), and I believe that integration and cooperation are both fertile topics for research and therapy.

Overall, I highly recommend Synergy, Healing, and Empowerment for all those interested in indigenous psychology and cross-cultural psychology. I believe that all professional psychologists and policy makers can benefit from the profound insights of the authors. However, I have raised numerous questions that can be answered only after continued dialogues between traditional healers and mainstream psychologists.
References


