

# Navajo Indian Medicine: Implications for Healing

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Traditional medicine men coexist with physicians and hospitals on the 25,000 square mile Navajo Indian Reservation. Most seriously ill Navajos utilize both systems of health care. This natural experiment of coexistence emphasizes several general characteristics of all healing. Traditional ceremonies are successful because they are integrated into Navajo belief systems and meet needs of sick people not dealt with by the available Western medicine. Physicians and other healers simply remove obstacles to the body's restoration of homeostasis or, as the Navajo say, to harmony. Reductionism limits the spectrum of obstacles considered relevant (eg, causes of illness), but an alternate model might include emotional, social, or spiritual phenomena equally as significant to healing as are biochemical phenomena. In that context, nonmedical healers, as well as physicians, can potentially influence factors relevant to getting well.

Navajo medicine is an example of an American Indian system of health and healing that remains viable, despite the coexistence of contemporary scientific medicine. The presence of both approaches to illness on the Navajo Indian Reservation presents, to some extent, a natural experiment in which it is possible to delineate the contributions of each.

The Navajo form the largest tribe of American Indians, numbering about 150,000 people. They live on a 25,000 square mile reservation in Arizona, New Mexico, and Utah, and in the adjacent country. The land is part of the Colorado Plateau, a high steppe-like territory, crossed by deep canyons and mountain ranges. Prior to the twentieth century, the white man had little use for Navajo country because the low average rainfall

made it marginal for grazing and no mineral deposits had yet been discovered. Consequently, except for military engagements, the Navajo had relatively little contact with white or "Anglo" society until well into this century. The Navajo culture and language remained viable and, in particular, Navajo medicine men, or Singers, continued to practice successfully. At present, this traditional medicine appears to be expanding after a decline noted in the 1940s and 1950s.

To the Navajo the natural or correct state of all things, including man, is harmony.<sup>1</sup> Far from being dominant over nature, man is seen as interdependent with other living beings and physical forces. Likewise, an individual person is dependent on his family, his clan, and the people as a whole. All Navajo thinking is grounded in relationships. More emphasis is given to the "connectedness" of one thing to another than to the things in themselves. To maintain correct or natural relationships is to be in harmony. Everything that is, is related to everything else. The universe is a complex matrix of interdependence. There is a proper

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set of relationships for each being, a proper way of existing in harmony with the universe. The Navajo Way is manifest in the myths, history, literature, art, customs, and society of the Navajo people.<sup>2,3</sup>

As in most tribal cultures, there is no separation between religion and medicine among the Navajo. In fact, healing ceremonies are an integral part of the community experience, and there is no distinct Navajo term for "religion" in the Western sense.<sup>2</sup> The Navajo interpret all human suffering as disharmony. An individual suffers because in some way he or she has fallen out of harmony. As one observer put it, "disease is simply, yet precisely, disharmony."<sup>4</sup> The person who does not feel well has gotten out of phase with the matrix of correct relationships. Consequently, what Western man interprets as specific disease, an entity in itself, and affecting an organ system, is for the Navajo only a symptom of underlying disharmony.

The Navajo people believe that phenomena such as storms, lightning, witchcraft, spirits, and animal contamination cause most disease or disharmony.<sup>4</sup> Once the cause of sickness is ascertained, often by a "hand-trembler" who goes into a trance to make the diagnosis, the sick person must hire a medicine man, or Singer, to perform an appropriate ceremony. Such a Sing will last two to nine days and consist of rituals, prayers, and chants which must be performed in precisely the right manner to be effective. Major Sings are mystery plays that recount Navajo myths about creation, emergence, and salvation of their people. One myth, for example, is that of Changing Woman whose two sons, Child Born of Water and Monster Slayer, killed the giants who were terrorizing mankind; parts of this myth are included in several ceremonies.<sup>5</sup>

Sings are group ceremonials, which involve the patient, the Singer, his assistants, the immediate and extended family of the patient, and many friends. Family members contribute both money and other resources, such as sheep. When the time comes, all drop their ordinary duties and gather together for the event. The patient becomes the center of interest. The support of the whole community is lavished freely. The community recognizes that by restoring harmony to one person the ceremony improves the harmony of the people as a whole.<sup>6</sup> It relates person to environment, past to present, and natural to supernatural. The Sings involve "an interplay between patient, healer,

group, and the supernatural, which serves to raise the patient's expectancy of cure, helps him to harmonize his inner conflicts, reintegrates him with the group and spirit world . . . and, in the process, combats his anxiety and strengthens his sense of self-worth."<sup>7</sup>

What is the Navajo attitude toward scientific medicine? With the appearance of physicians and hospitals, people were saved from infectious disease, the infant mortality rate declined, and the Navajo rapidly accepted the white man's "shot" and his surgery. Navajo thought developed, at least implicitly, the distinction between the lesion itself, whether cancer or tuberculosis, and the disharmony of which it is a manifestation.<sup>1</sup> In most cases of physical disease, the people realize a physician is more able to resolve these symptoms than a Singer. Penicillin may save an infant from death or surgery rid a woman of an infected gallbladder. On the other hand, if lightning or witchcraft was the initial etiology, obviously it must be dealt with as well. Thus, only a traditional Sing can cure the whole person.

This author practiced medicine for two years on the Navajo Reservation and spent a large part of that time as medical officer in an isolated community, Lower Greasewood, Arizona, where the clinic was nearly 70 miles from the nearest Public Health Service Hospital. The clinic served about 4,500 people whose camps were scattered over more than 400 square miles of semi-desert. This provided an opportunity to share many patients with Singers, and to observe the outcomes in several cases. Following are three cases based on examples of Anglo and traditional medicine treating the same patient.

### Case 1

Tommie Chee, a 38-year-old married man with four children developed progressive low back pain and fatigue over several months, followed by insomnia, unkempt appearance, and absence from his family for two or three days at a time. He quit his job at a boarding school dormitory, claiming that he was too weak and sick to continue. Several

days later, he was found walking aimlessly in the desert, near his family's camp. At the hospital, Tommie was diagnosed as suffering from endogenous depression, and was prescribed amitriptyline 100 mg at bedtime; he was referred for counseling to the Mental Health Clinic in Gallup, a town 65 miles from his home. He neither took the medication, nor kept subsequent appointments. His condition worsened over two months, including weight loss of 20 lbs.

A Navajo hand-shaker was hired by Tommie's family. She said that Tommie had been possessed by the ghost of his mother's brother, who died violently in the Korean War. Tommie had married into an improper clan, and tended to "think too much," both of which lowered his resistance and allowed the ghost to gain possession. A major Night Way (Yei-Bei-Chai) ceremony was indicated, and held. After the nine-day Sing, Tommie was cured of possession. He went back to work, gained weight, and all symptoms resolved.

## Case 2

Athabasca Mailcarrier was a 67-year-old widow who lived in a camp with two of her daughters and their families. She developed progressive lower abdominal pain, bilateral leg edema, poor appetite, weight loss, weakness, and exertional dyspnea rather rapidly over about a three-month period. She was admitted to Fort Defiance Hospital where diagnostic evaluation revealed carcinoma of the cervix, Stage IV, with extensive local invasion and left ureteral obstruction. She required large doses of morphine or Dilaudid for pain during three weeks of hospitalization, and became confused and combative. Radiation therapy was recommended, but the family rejected this option and took her from the hospital against medical advice.

A Navajo diagnostician revealed that Athabasca had too much exposure to thunder and lightning; she was "straining against the world." It was a fundamental disharmony in the fabric of being. The family sponsored a Holy Way Sing, lasting nine days, and performed by Hosteen Klah, a famous Singer. Athabasca was "cured" of dis-

harmony and had no further requirement for strong pain relievers. Her strength increased and she was able to carry out her duties in the camp. She died quietly at home about six months later.

## Case 3

Hosteen Begay was a 50-year-old married man, with seven children. He had a large number of sheep, both his mother's and sister's herds. While riding on the range, he developed acute severe right upper quadrant abdominal pain, with nausea, vomiting, and fever. He recalled recurrent episodes of mild to moderate abdominal pain over the preceding year. At Fort Defiance Hospital, Hosteen was treated with intravenous fluids, antibiotics, and analgesics. On oral cholecystogram, numerous radiolucent stones were demonstrated. The diagnosis was cholelithiasis and acute cholecystitis. Surgery was recommended after the infection cleared.

Hosteen went to a hand-trembler who told him that he was bewitched by an enemy, who caused stones to be placed in his body. An Evil Way ceremony was held for seven days, during which the Singer "sucked out" the stones. Subsequently, Hosteen had no further symptoms during a two-year period, although no repeat x-ray films were obtained.

## Discussion

These three cases all demonstrate two systems of care bearing upon the same problem. Only in Case 3 is Anglo medicine successful in relieving a major part of the syndrome, and so the selection is somewhat atypical. Commonly, with tuberculosis, pneumonia, cellulitis, and other Navajo illnesses, the hospital and physicians play a larger role. However, the central question here concerns the

role of Navajo medicine. What does it do? What did it do in these three cases?

In each one it might be said to be a form of psychotherapy. Clearly, it was effective in Tommie Chee's depression, but what about the patient with metastatic carcinoma? The cancer did not go away, but the patient got demonstrably better, even if her tumor mass remained the same. Since gallstones may produce intermittent symptoms, how can one say Hosteen Begay was healed? Who would believe the stones were actually sucked out through the skin? Again, from the patient's point of view, he was better and had no illness, despite the cholesterol stones that probably remained in his gall bladder. The Navajo healers were not quacks however one labels what they did. At least in these cases, they did as much or more for the patient than Anglo physicians could have done.

Certain characteristics of Navajo healing are illustrated, directly or indirectly, by these cases. First, Navajo medicine does not always seek to prolong life. All living beings have a natural life-span, and the cycle of birth, growth, maturation, and decline is essential to the world's harmony. Thus, an aged person becoming sick and dying does not necessarily mean disharmony, but rather may be fulfillment of the natural cycle. Thus, the ceremony for Athabasca Mailcarrier put her back into harmony, allowed her to die well, surrounded by her personal world, and was, therefore, successful, despite the fact that she did indeed die of cancer.

Secondly, all diseases are considered within the province of Navajo medicine, not just those Western physicians look upon as emotional or psychological in nature. As noted before, mind-body dualism has no place in Navajo thought. From a Western perspective, a Singer may be more successful in curing hysterical paralysis than the paresis of a stroke, and such cures lend much credence to a Singer's power. However, both strokes and hysteria are Anglo labels, not Navajo understandings, and Sings may benefit either, perhaps in different ways. Hosteen Begay had clearly a "physical" illness, which apparently resolved after a Sing.

Thirdly, all these cases represent serious illness. Self-limited acute illnesses and body discomforts for which contemporary Americans seek medical help are felt by the Navajo to be "part of life" and not specifically reasons to hold a cere-

mony. Navajo people have equanimity in the face of a harsh environment and difficult life. Aches and pains, sore throats, or diarrhea are not problems for healing proper, although people may use various herbs and folk remedies at home. People may also go to the Anglo clinic for some pills or a "shot" in much the same way. It is only when the person and family decide something serious is involved that true Navajo medicine is undertaken.

What lessons can be learned from Navajo medicine, and its relationship to the Western health care system? There are three related concepts which are implicit in the Navajo "experiment" and which are, at least partially, responsible for the success of Navajo healing. The first is that all patients have certain beliefs about health and illness, and these beliefs do not come from medical textbooks. More specifically, patients have concerns about the origin and meaning of their symptoms that may be more important to them, and ultimately to healing, than the purely descriptive aspects of pain or vomiting. Illness is not value-free or meaning-free, although medical education has not placed much emphasis on this fact. The physical world, as studied in natural science, is, for us, an abstraction. Where we really live is in what Eric Cassel calls "semantic space."<sup>8</sup> We live in a world of symbols and interpretations, and the physician must collect data about patient beliefs just as he or she collects other relevant data.

These beliefs may be centered in coherent systems, such as those of Jehovah's Witnesses or Christian Scientists, or they may be fragmented. The coherent systems are likely to be highly integrated into the person's value system, and will not be changed by what may be considered a rational explanation.<sup>9</sup> The systems are, in fact, quite rational in themselves, as long as one accepts their basic premises. If, for example, one accepts that a clear understanding of the gospel message will lead to health, and that any illness reflects a failure in such understanding, then all the beliefs of a Christian Scientist proceed logically from these assumptions. A physician will not be able to heal that person unless he takes these beliefs into account. The refusal of Jehovah's Witnesses to accept blood products is another example of this principle.

More frequently, perhaps, patient beliefs about disease are fragmented, and not tightly integrated

into value systems. Today's urban society is constantly exposed to health information on television and radio, in magazines and newspapers, from which a person may gather a variety of beliefs, some of which may contradict others. A common contemporary theme is that people know very little about their bodies, that dire disease may develop covertly, that there is little one can do about discomfort on one's own, and that the physician holds the key to all these mysteries. These themes constitute part of the "medicalization" of this society, and result in "cultural iatrogenesis," to use Ivan Illych's term.<sup>10</sup>

Societal beliefs specify a valid range of what the physician is expected to ask and do. Personal beliefs about getting sick and its implications, whether systematic or fragmented, may be different. They may be related to guilt, anger, loss, misunderstanding, or anxiety. But the cultural set screens these feelings out, and problems may have to be expressed in somatic language to be considered legitimate. When this occurs among the Navajo, there is a cultural remedy—a healing ceremony. When it occurs in our medicalized society, often no remedy is available. People are labeled with irrelevant diagnoses, such as degenerative joint disease to explain chronic back pain, or hiatal hernia to explain chronic epigastric discomfort. The meaning of the illness to the individual is not addressed because medicine does not recognize that symptoms are a language spoken by the whole person, and cannot be understood as simply signs of some textbook disease.

Since beliefs about illness in general, and the meaning of an individual illness, are not part of the expected content of physician-patient interaction, the physician who is interested must develop his or her skills of inquiry to learn about them. Interpersonal skills can be taught and should be part of medical education. The natural experiment among the Navajo demonstrates that the biomedical system which, because of language and cultural differences has a minimum of interpersonal content, must be supplemented by another type of care, centered in cultural beliefs and social support systems. All patients, not only the Navajo, need both dimensions of care.

The second lesson is that the world, as experienced by the sick, is different from the world of the well. The major personal experience of illness is one of loss. At the most superficial level, there is

simply modification or restriction of usual activities. However, our activities, mental or physical, actually *define* what we are, so that in serious illness we perceive our identity itself as threatened. Eric Cassell, in *The Healer's Art*, enumerates some of the perceived losses in illness: the loss of connectedness, the loss of sensing indestructibility or omnipotence, the limitation of ability to reason, and loss of control over our bodies.<sup>11</sup> The patient feels the whole matrix of his life disrupted and threatened, and himself out of control. In effect, like the Navajo, he sees illness as disharmony.

If sickness leads to experiences of loss, then getting well must in some way involve restoring these losses. The person has to get connected again, to get back into control. Navajo healing ceremonies deal with these needs directly. Various areas of experiences are covered, from the historocultural (myths and symbols) to the social (family and support groups) to the psychological (catharsis or abreaction) to the physical (herbs, sweat baths). The object is to restore harmony. In Western hospitals and clinics, physicians do a good job when biochemical or anatomic factors are paramount in illness. However, in chronic diseases, people may not readily "bounce back." A prolonged, intermittent course of rheumatoid arthritis may not permit a "healthy identity" to be restored. The constant threat of a second myocardial infarction may haunt a medically well executive. The need for daily insulin may contribute to a diabetic's lack of self-esteem. The biomedical system is poorly adapted to help with these problems since the factors it deals with, the synovial pannus, the atherosclerotic plaque, or the elevated blood glucose are indeed still present. And since these lesions are often considered irreversible, it can only teach the person to be dependent, to lack control. In a sense, this is teaching the person to remain sick. Navajo ceremonies, on the other hand, teach people to be well again.

Just as with patient beliefs, sensitivity to patient needs requires highly developed interpersonal skills. The goal in treating persons should be to help maximize their own independence and control over their lives. Szasz and Hollender described the styles of physician-patient relationships, from that in which the sick person is totally dependent, such as a comatose state, to that of mutual cooperation or a therapeutic alliance.<sup>12</sup> Only through developing the latter will the burden

of "health" be tilted away from a misnamed health care system and back toward the patient, whose health it is.

The third lesson from the Navajo is about the nature of healing itself. Western medicine uses a variety of phrases to describe what the physician does; phrases such as, "cure disease," "treat illness," "care for the patient," and "heal the sick." "Healing" implies a relationship between patient and healer, one in which forces are mobilized to enhance the well-being of the person who suffers. In that context, "curing" is one aspect of healing in which those forces alter a discrete pathologic process. There are many practitioners of healing who do not cure in the latter sense, or do so only in a peripheral fashion. Christian Scientists, chiropractors, and acupuncturists are examples of such practitioners.

When a physician and a patient interact, who does the healing? Although a physician may clean a laceration to lessen the chance of infection or suture it to provide for a quicker, more cosmetically pleasing scar, the body does the healing. The physician removes obstacles. In pneumococcal pneumonia, bacteria invade the lungs. Host defense mechanisms have partially failed in that infection has taken place, but they are actively attempting to localize and destroy the agents. The physician, by giving antibiotics, kills or disables many of the bacteria, thus aiding the person's own defenses. When the balance is tipped toward healing, the body's mechanisms restore the lungs to normal. Again, the physician has simply removed obstacles and thereby assisted the patient's own healing processes. The situation may not be so clear in chronic diseases, but whenever a physiological imbalance occurs, such as in diabetic ketoacidosis or in myocardial infarction, the physician can, in one way or another, simply provide better conditions for restoring balance. The person gets better.

Unfortunately, this view of the body's homeostatic mechanisms being the prime force in healing is not emphasized in Western medicine. Physicians are taught that *they* do the healing, and this belief becomes an obstacle to their understanding of what other types of healers do, and why often they are successful.

Reductionism is a central premise of Western medicine. From a reductionistic viewpoint, complex phenomena, like people or diseases, can be

understood best by dividing them into simpler and simpler subsystems. One can proceed from the person as a whole, with social and cultural dimensions, to a physical body, to an organ system, to a tissue, and thence to a biochemical reaction, or even a DNA base sequence. (This is obviously a powerful tool in studying phenomena and has led to all the understanding and accomplishments of Western medicine.) An alternate premise, however, is that complex levels of organization hold more information than exists in the sum of their simpler components. The whole is greater than the sum of its parts. Psychological processes, for example, may contain information not evident in studying the neurons. Engel suggested such a premise, based on general systems theory,<sup>13</sup> when he proposed a "biopsychosocial model" for medicine.<sup>14</sup>

With respect to understanding illness and healing, reductionism restricts the observations considered important and relevant. Biochemical and histological data are accepted, but social observations are placed on a much lower level, religious ones are eliminated entirely. The physician promotes the patient's own healing processes, but can only utilize tools considered relevant by reductionistic medicine, such as drugs, vaccines, and surgery. Although Western physicians may learn to take a social history from a diabetic, they would not be likely to consider that guilt or plain disappointment might be as important as the blood glucose in precipitating the current illness. Such physicians would never consider that guilt might have caused the blood glucose to rise and that this guilt might possibly be easier to deal with directly than treating its effects.

The alternate premise that the whole is greater than the sum of its parts suggests that the obstacles to getting well are often multiple and usually occur at various levels of organization. Thus, in a given case of pneumonia, they may be both microbiological and emotional, and social disorganization, or the loss of a loved one, may be causes of myocardial infarction. If this alternate premise is accepted, then it is clear that obstacles to healing may occur at emotional, social, or even spiritual levels. Removal of such obstacles, just as removal of bacteria, may aid the healing process.

This, then, is the common denominator of what healers attempt to do. Among the Navajo it is quite clear. The natural world-harmony is dis-

turbed by some factor, perhaps a witch's curse or possession by a spirit. The Singer simply re-enacts a great myth, in a sense *demonstrates* or teaches the underlying harmony, thus allowing the person's own healing to occur. Most nonmedical healers, either explicitly or implicitly, base their work on the realization that, if certain obstacles are removed, the person himself or herself will do the healing. The actual content of each system determines which sort of obstacles are considered important. In chiropractic terms they may be spinal subluxations; in Christian Science they may be misunderstandings of the gospel message; in nutritional counseling they may be vitamin deficits of one sort or another.

Reductionism limits the factors considered important in illness and, therefore, prevents understanding of what nonmedical healers can do. Since factors not considered important by reductionist medicine may lead to illness, the high technology medical care system fails to address many sources of ill health in this society. This partially explains why we are "doing better and feeling worse" in the United States today.<sup>15</sup>

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