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Sacred Medicine: Indigenous Healing and Mental Health

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Sacred Medicine:
Indigenous Healing and Mental Health

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Abstract

This participatory action research was designed to create guidelines and strategies to improve the delivery of mental health services to immigrants from Central and South America to the US. The demand for appropriate strategies for addressing the mental health needs of this population is increasing. This study recruited 17 traditional healers and their clients in the US and Peru to share their understanding of mental health needs, the conditions for which someone might seek treatment, and those aspects of traditional cosmology and practice that could inform modern approaches. The findings identified patterns of generational trauma still evident from colonialism, the need to respect the traditional worldview of immigrants in relation to diagnosis of mental distress, connection to nature and place, and the role of community and ancestors to the process of healing and recovery. Recommendations for practitioners to be a bridge between traditional and modern approaches to mental health are offered.

Keywords

Immigrants, Mental Health, Cultural Competence, Colonialism, Participatory Action Research

The US is home to approximately 40 million immigrants contributing to an ever-expanding diversity in the population. More than half of the immigrant populations are from Central and South America (U.S. Census Bureau, 2011). Immigrants face enormous challenges and yet they demonstrate remarkable strength and resilience in doing so (American Psychological Association, 2012). Mental health services tend to be under-utilized by ethnic minorities because of cultural differences, mistrust of the system, and the cost of services (Roysircar, 2009). Immigrants from Central and South America often come to the US from rural areas where indigenous practices and worldviews predominate. When families and individuals are displaced through immigration, they do not leave their culture, their sense of place, and connection to the earth behind and absorb a new one. Their culture, traditions, and values come with them as they

take on the additional task of integrating and adapting. The former culture is not replaced by the new (Ocampo, 2010). Rather the new culture must be integrated and internalized within the framework of the culture of origin. Even second-generation children of immigrants face challenges in addition to those that face the general population (Duran & Firehammer, 2015).

Literature Review

The modern indigenous psyche cannot be understood apart from the traumatic experience of colonization by European cultures and armies. Varma (2010) noted that the devastation wrought by colonization goes far beyond subjugation by conquering armies, destruction of social structures, and disease; extending to the colonization of minds. Psychological domination extended to the destruction of sacred sites of worship, local deities, and the imposition of a new religion (Cachiguango, 2006, Carrion, 2005; Pineda, 1998). The natural consequence of this ongoing violence for indigenous people and their descendants was a fragmented psyche (Choque, 2009; Duran, Firehammer, & Gonzalez, 2008).

The effects of colonization did not end when independence from Spain was achieved in 1821. Burman (2016) noted that a return to a pre-colonial world in modern Peru is a myth, since colonialism was not an administrative system but a system of domination and oppression historically tied to modern capitalism. The departure of the Spanish administrators made no significant changes to the social structure or in the fabric and structure of the daily lives of the Andean people. Racial disparities and oppressive policies from the colonial era were perpetuated in an unofficial caste system based on skin color, dress, and language. Whites, who represent 15% of the population, make up the majority of the upper classes, live primarily in urban centers, and have the most wealth and education. Meanwhile the large Amerindian population is the poorest and least educated segment of the social structure.

Indigenous vs. Western Approaches

Indigenous approaches to healing are based on the intimate connection of spirit, mind, and body. Western approaches have separate disciplines for physical maladies, mental disorders, and spiritual crises, reflecting the longstanding pattern of separating body, mind, and spirit. Physicians, psychiatrists, psychologists, and ministers have different training regimens, licensing bodies, are governed by different standards of care, and rarely collaborate in patient care. Western research is focused on the identification of laws of behavior and functioning that are global and apply to all cultures. Indigenous psychology challenges the biomedical foundations of Western medicine and psychiatry, asserting that variations in cosmology and socio-cultural diversity make it impossible to apply universal psychological theory to nonwestern populations. (Adamopoulos & Lonner, 2001; Mercer, 2007; Suzack, 2010).

The imposition of a universal psychology can be viewed as a continuation of colonial domination, as another instance of the hegemony of Western culture and science being imposed on the developing world similar to the imposition of language and religion on indigenous populations. The World Health Organization (2001) reported that traditional methods of medicine and healing were officially banned in Peru in 1969 in response to pressure to adopt Western models of medicine and marginalize traditional approaches. Fortunately enforcement of the ban has been lax. Mpofu (2006) noted that traditional methods of health care continued to be used by the majority of the world's population. In the developing world biomedical approaches are considered alternative. Traditional approaches are favored more heavily by the poor and less educated, due in part to accessibility, cost, and social acceptance (Kuunibe & Domanban, 2012).

Indigenous Models of Illness and Healing

A spiritual orientation and the employment of religious ritual are inherent features of Andean culture and psychology (Hernandez, 2015; Mackinnon, 2012). As a collectivist culture the wellbeing of the individual cannot be distinguished from the wellbeing of the community and collective wellbeing is based on the relationship of the group to the cosmic world of nature and spirits. The intimate connection with Pachamama (mother earth) mirrors the interdependent connection of members within a community. Healing from emotional or physical trauma means reestablishing a connection with Pachamama through spiritual healing rituals. Healing practices derive from the relationship among four fundamental constructs: "spirituality (Creator, Mother Earth, Great Father), community (family, clan, tribe/nation), environment (daily life, nature, balance), and self (inner passions and peace, thoughts, and values)" (Portman & Garrett, 2006, p. 453). Achieving an integrated state of harmony and balance among these four interdependent domains is the foundation of wellbeing and the primary goal of healing. In Peru, the Maestro (shaman or healer) seeks to determine the nature of an imbalance as evidenced in the social, emotional, and spiritual aspects implied in the physiological symptoms (Constantine et al., 2004; Marks, 2006).

An important distinction between indigenous and modern worldviews is the animistic nature of the world of indigenous peoples in contrast to a modern mechanistic understanding of nature. Critical to this distinction is *ajayu*, a fundamental presence or energy underlying the flow of all life and existence. "Where there is life, subjectivity, and agency, there is ajayu" (Burman, 2016, p. 99). The ajayu was considered to consist of cosmic energy holding together the personality of a human being loosely, but not entirely, consistent with the Western notion of a soul (Cachiguango, 2006; Choque, 2009). Ajayu is at the center of indigenous mental health.

Ajay sarqata describes the dismemberment of the soul caused by disruption or imbalance, including trauma, and damages the ability to interact with the self, the community or the earth. Such disruption is inherently a spiritual loss (Burman, 2016). Centuries of colonization and subjugation imply that the roots of modern instances of *ajay sargata* have their roots in the persistence of generational trauma. Engaging in native spiritual practice is inherently a political act as well as an act of healing and resilience.

In spite of five centuries of efforts to eradicate native religion and spiritual practice, the Pre-Columbian worldview and indigenous soul persist in the minds and hearts of many of her people. Choque (2009) acknowledged that efforts to decolonize the soul of indigenous peoples and recover the inner meaning of the culture does not imply a return to pre-colonial cultures that dismisses the current influence of globalization and modern culture, but call for an end to the stigmatization of indigenous culture and characterization of Western traditions as superior. Discerning and creating therapeutic practice that will bridge indigenous and Western methods, that will honor ancient assumptions of the nature of healing with modern practice, is the very goal and heart of this research.

Purpose

In the 1960s medical anthropologist Dobkin de Rios (2002) studied traditional healing methods for emotional disorders in Peru. Years later as a psychotherapist in California she found herself returning to these traditional healing methods when working with over 700 Latino immigrants and their families. She found shamanic equivalents to modern techniques such as hypnosis, cognitive restructuring, and behavior modification. Her experience points to the potential for designing therapeutic approaches sensitive to clients raised in animistic cultures with shamanic traditions.

The primary research question guiding the study was Which indigenous healing rituals and therapeutic practices in contemporary Peru are relevant to modern Western mental health practice? The ultimate goal was to identify potential healing practices appropriate to Western practitioners working with immigrant populations from Central and South America. This was accomplished through discerning the aspects of worldview and healing practice in contemporary Peru relevant to modern psychological trends and identifying the barriers for people wanting to use traditional healers in conjunction with Western approaches. In order to fully answer the research question, participants from four separate sample populations were recruited: a) current practitioners of traditional medicine, b) healers trained in Western approaches, c) indigenous healers also trained in Western approaches, and d) clients using traditional and Western approaches. The researchers felt that gathering data from these three sources would create a wider frame of comparison for addressing the potential of traditional medicine.

Researcher Backgrounds

I, Sonia, am an indigenous Quechua descendant and grew up in a traditional household in Peru. Both of my parents were of indigenous heritage and spoke the mother tongue of Quechua, the traditional language of the Incas that predates colonization by the Spanish. During my childhood, family members spoke only in Quechua, thus providing my first language. Because of our cultural identity, my family experienced stigma and suffered derogatory statements and insults designed to depersonalize us and create feelings of inferiority. In order to avoid prejudice and discrimination for our language, physical appearance, and poverty, my siblings and I hid our spiritual orientation and cultural practices from others. As a survival strategy I learned to speak Spanish and recite the Catholic prayers to satisfy my teacher. My father functioned as a Maestro and was once arrested for exercising his traditional healing practices. All of these experiences

have profoundly influenced my motivation to recover and promote traditional healing practices.

I, John, have devoted much of my career as a psychotherapist to working with trauma in marginalized populations, and in particular generational trauma. Given the persistence of trauma symptoms when left untreated, and their positive response to appropriate treatment modalities, I have been encouraged by the results of new treatment modalities. Participating in this study has provided a motivation to expand these emerging strategies to immigrant populations and to create training opportunities for mental health clinicians.

Method

To best address the research question Participatory Action Research (PAR) was chosen as the most appropriate method. PAR is a subset of action research focusing on the collaborative nature of the research process (Macdonald, 2012), and involving members of communities significantly impacted by the issue under investigation and who act as partners to the inquiry (Herr & Anderson, 2015). A primary goal of PAR is empowering these *coresearchers* by placing control of the process into their hands; conducting research *with* them rather than *to* them. Articulating the collaborative design of this study, McCutcheon and Jung (1990) characterize PAR as an inquiry that is "collective, collaborative, self-reflective, critical, and undertaken by the participants of the inquiry. The goals of such research are the understanding of practice and the articulation of a rationale or philosophy of practice in order to improve practice" (p. 148). The goal of improving practice reinforces the stated goals of this study.

Action research grew out of efforts to address social inequities and the needs of marginalized populations, emerging alongside the work of Martín-Baró (1986) in liberation psychology. Given that action research frequently challenges traditional social science methods and the trends of mainstream academia, it may be understood as a political act (Herr &

Anderson, 2015). This feature of action research is relevant to the implementation of this study and the treatment of the data as is evidenced below.

PAR and Indigenous Research

As a methodological strategy, PAR was ideal for conducting research with indigenous populations. Doing so requires diplomacy, competency, and sensitivity to the history of colonialism and to the specific worldview of a people. Indigenous researcher Tuhiwai Smith (2012) characterizes the common perception among traditional peoples that Western research has exploited their culture, knowledge, and resources: "Just knowing that someone measured our 'faculties' by filling the skulls of our ancestors with millet seeds and compared the amount of millet seed to the capacity for mental thought offends our sense of who and what we are" (p. 1).

Few of the findings of research have come to benefit indigenous populations, especially those residing in Central and South America (Wilson, 2009). Rather, findings have been used to facilitate oppression by characterizing a people as primitive with a substandard culture. For researchers trained in a Western paradigm, it is not sufficient to be culturally sensitive to such issues. Research must be conducted through an immersion into the culture (Snow et al., 2016) and seeing the world through that lens (Duran & Firehammer, 2015). Wilson (2009) who characterized *research as ceremony*, notes that "an indigenous research paradigm is made up of indigenous ontology, epistemology, axiology, and methodology" (p. 3) and each of these must influence and be incorporated into the very structure of the research.

While the first author was born in Peru and fully embodied the indigenous culture, the fact that she immigrated to the US at age 13 and was trained as a Western clinician made her an outsider to traditional peoples. She approached this research from that framework. In keeping with traditional expectations, the elders of the local community were approached first to secure

their permission and blessing to conduct the research. The manner in which the findings would be published and how the people would be characterized was of profound importance to the elders. For example, one Maestro found the term *indigenous* to be disrespectful, being a term placed upon him. He identified himself as *Andino* (Andean) a term more consistent with his sense of history and geographical connection to the land. Thus the very terms used to describe a people are critical to understanding. Before conducting interviews a ritual or ceremony was performed and a focus placed on the personal relationship between researcher and participant. From an indigenous perspective, it would be considered unhealthy to do otherwise.

Sampling Procedures

Colleagues and associates were contacted to identify traditional healers in both the US and Peru who would be willing to participate as coresearchers in this study. This snowball technique generated 17 coresearchers all of whom contributed data in addition to guiding the direction of the study. Each was assigned a pseudonym in this discussion to protect anonymity. Several demographic categories were identified as essential to this study. The first were current practitioners of traditional medicine such a shamans, or Maestros as they are known in Peru. Since traditional healers often take up their profession later in life, inclusion criteria included those who were older than 45 years, were either women or men, and who had recognition in the community as a healer. Some were residents of the US and some from Peru. The second demographic category was clients of either traditional medicine or Western medicine. The rationale for this category was to conduct an inquiry into people's perceptions of the comparative benefits of one or either healing modality. The final category was Western trained mental health practitioners in Peru in order to assess attitudes toward traditional medicine. All participants signed an Informed Consent approved by the Sofia University Research Ethics Committee.

Research Procedures

As already noted, Participatory Action Research is particularly suited to conducting research with indigenous populations. It was necessary for the coresearchers to assist with the design, implementation, and data analysis in ways that fostered self-determination and empowerment, hopefully reversing some of the abuses of previous generations of research (Bergold & Thomas, 2012). This partnering with coresearchers meant that it was not possible to approach this study with a concrete strategy for data collection, analysis, and even the publication of results. With uncertainty as to who would emerge as coresearchers during recruitment, the methodological procedures remained flexible and responsive to potential participants as well as methods of data collection (Snow et al., 2019). Some coresearchers residing in the US were interviewed prior to traveling to Peru, while others were interviewed after. When arriving in Peru, the primary researcher met with local Maestros in the cities of Lima and Nazca to explain the purpose of study, to secure their approval and blessing to conduct research, and to get referrals for potential coresearchers. Over a ten-day period traditional healers and their clients were interviewed. Some interviews required the better part of a day. It was necessary to conduct ceremony and to establish both a personal and collegial relationship prior to the interviews. Yet, even the ceremony was revealing and contributed to the purpose of this study. Interviews in Peru were conducted in both Spanish and Quechua, with the researcher acting as translator as needed. Coresearcher demographics are described in Table 1.

Table 1 Coresearcher Demographic Characteristics

Demographic Characteristics			*N* = 17
Age			
	Average	58	
	Range	30 - 85	
Sex			
	Female	12	70.5%
	Male	5	29.5%
Residence			
	Peru	8	47%
	US	9	53%
Status			
	Traditional Healer	6	35%
	Western Trained	3	18%
	Traditional & Western Trained	5	30%
	Client	3	18%

Data Analysis

Each interview was conducted in the participant's primary language—Spanish, English or Quechua. With permission from coresearchers the interviews were audio-recorded and the researcher took notes during the interviews as needed. Upon returning to the US, the recordings were reviewed and transcribed. The first step was to translate the interviews conducted in Quechua and Spanish into English so that all data could be analyzed in one language.

The theory driving the analysis was that meaning is socially constructed; that knowledge of the self and the world derive from human relationships (Gergen & Gergen, 2008). This is consistent with indigenous psychology, in which a primary goal is to understand "psychological and behavioral activities in their native contexts in terms of culturally relevant frames of reference and culturally derived categories and theories" (Yang, 2000, pp. 245-246). In social construction theory, truth and meaning are considered to be culturally situated processes that

derive from language (Gergen & Gergen, 2008), making the treatment of language central to the analysis. As the holder of the three languages of the interviews and having been raised in both Peru and the US, the primary researcher was tasked with bridging the linguistic distinctions implicit in the data in order to create meaning.

The thematic analysis was designed to look for patterns across the entire data set of 17 interviews. Transcripts were reviewed to identify and code individual units of data relevant to the research question. This process went through several iterations to guarantee that all meaning units were identified. The next step was the organization of coded units of data into patterns and themes. This demanded that the researcher remain true to the original meaning, intentions, and sentiments of the coresearchers while translating that meaning into an idiom appropriate to an English-speaking audience. While the researcher was officially an “outsider” to indigenous culture in the eyes of some coresearchers, having intimate knowledge of that culture demanded that she be the interpretive bridge between the various traditions and cultures. Initially some of the themes focused on an indigenous worldview distinct from Western biomedical approaches, while others related to responses to colonialism. In keeping with the goals of action research as a political act as well as to improve practice, such latent themes were actively developed and retained (Braun & Clark, 2006). Some data units found a natural home in two or several themes, pointing to the complex interdependence of worldview, culture, and healing practice. Once a cluster of themes emerged, the transcripts were put aside for a period of time and then revisited with the intention to guarantee that all relevant themes had been identified. When clarification of data units was necessary, the researcher was able to return to several coresearchers to review the themes derived and gain additional insight in an informal member check. The conclusion of the data collection is summarized in the themes outlined below.

Findings

Colonialism and Generational Trauma

A strong theme articulated by coresearchers in this study was the ongoing pervasive influence of colonialism. This theme was not directly related to mental health practice but was a latent theme that formed the background to many of the discussions and interviews. The majority of coresearchers shared a heightened awareness that even after 500 years, the impact of deliberate efforts to annihilate indigenous cultures was still evident in ongoing stigma and oppression. Catholic and European attitudes were still dominant in the ruling classes and governmental institutions. The effects of colonial oppression are expressed in the pain, the loss, and the sadness of the people. The fact that ancient traditions still continue and memory of ancestors survives is a testament to the tenacity of indigenous culture.

The plight of immigrants is to experience the sadness and grief over a disconnection from their past even as they struggle to assimilate to a new culture. Kunturi, a Maestro in his late 60s, explained that the cruelty of the genocide was the destruction of an entire economic, political, spiritual, and social system of a great civilization. He emphasized that transgenerational trauma comes from the genocide, explaining that, even today, children in school are taught that "globalization, internationality, the transnational is the best, so we will live better. The colonizers hypnotize the young generation with that term." Kunturi, also noted that the herbs used as the basis for pharmaceutical medicines were taken from the new world. "Now they are brought back to the people in the form of pills and liquids, and we are told that our natural herbs are primitive and ineffective. Growing up I was stigmatized for my diet of quinoa. Now I am told it is fashionable in the West".

Yolihuant addresses the pain and stigma of trauma by doing "group work with a talking stick, or a Women's Circle with the drum, giving that sacred space in which they can process the experience in their own time and at their own tolerance level." She proposes "a safe place for somebody to process their trauma and a native person to have that space to remember what they already know." It is clear in Intiawki's sharing that the pain of colonization is still present in her personal history as a client and experience as an immigrant. The loss of a culture and a way of life, the deep suffering resulting from this, has passed down through the generations. "It's hard to let the energy flow, but it is also time to heal about that tragedy". She stressed that it is important for clinicians to assume that first and second generation immigrant clients from Central and South America will embody symptoms of generational trauma from colonialism in addition to the challenge of accommodating a new culture. Lacking connections to ancestors and place, they may feel disconnected from their roots. The effects of colonialism may largely go unrecognized so it is not likely that a screening instrument or responses on an intake form will yield an admission of generational trauma. Yet, for the discerning therapist, the subtle signs will be there in identity, mood, and motivation, and be a contributing factor to any mental or social distress.

Role of Ancestors

The fact that coresearchers remembered the old traditions and ancestral ways is a testament to pre-colonial memory. It also highlights the importance of the role of ancestors to the collective psyche. When the indigenous Maestros of Peru talk about the importance of *ancestors*, the term embodies more than a particular line of family members from which someone might be a direct descendant. The notion of ancestor includes genetic ancestors, extended family members as well as the world of nature. In animistic cultures, animals, trees, and even the mountains are understood as family relations, and the reference to ancestors is inclusive of this entire panoply

of connections. This emphasis contrasts with a Western notion of ancestors as those that might be identified in a genetic DNA test. In the traditional culture of the Incas, mummified ancestors might be given a place in the kitchen where families would dine. The departed continued to live in concert with people and their presence could be felt and accessed through the unseen world.

A relationship with ancestors was of tremendous importance to Maestros. Dina, who was a client prior to becoming a healer, described that her ancestors gave her advice through the voice of the shaman and concluded that she had been "healed by her ancestors" to the point where she no longer needed to take Western medication. In her traditional healing practice in the US, Liz came to understand her clients' emotional pain as instigated by a disconnection from their ancestors. She now views the symptoms of mood disorders, and mental health challenges, as part of that disconnection. Many of her rituals and ceremonies were designed to reestablish that connection, using them as a source of wisdom and guidance for those who are psychologically adrift. She encourages them to talk about their dreams and their ancestors as a form of treatment.

Yolihuant's personal healing began with reconnection to ancestral healing and to a connection with the feminine. In her work with teenage parents in the US, Yolihaunt encouraged her clients to think in terms of seeing their children as the culmination of 13 generations. "What moves me is to teach the women to understand that their children are the future—13 generations from here. I tell them they are the ancestors of the ancestors not born yet." Ancestors provide a source of connection to the past and support in the present. Kunturi shared that "I remember my grandmother talking to me about legends (cuentos) that were important for all of my family members," pointing to these legends as the source of ancestral wisdom. In a similar sentiment, AlaOrun claimed that the spirits of the ancestors are classified as *old medicine.* When researchers

asked Pumawari how many years he has been painting and practicing shamanism he said, “I've been painting for 5,000 years. But, how is that 5,000 years? It's in my blood. I am part of my ancestors that left the sacred geometry, art, healing roads, known as Nasca Lines, and left the love for the curative plants.” An intimate connection with ancestors was related to healing for many of the coresearchers.

Sacred Geography: Connection to Place

Another theme that can be viewed as a form of connection to something larger and beyond the self was the connection to place. As a clear demonstration of this, Kunturi took the researcher around to meet the rivers and the hills prior to the interview. He said, “The hills (apus) are sacred and silence was necessary after talking to the Apus: a sacred silent moment. Offerings were necessary.” In Andean society, family decisions and agricultural decisions would be made through the connection to the Apus. Kunturi’s teacher emphasized that the geography of the Nasca Lines is a sacred place. In the traditional relationship to the land, specific areas are set aside as sacred and known as places of power. In Quechua, *huaca* is a sacred place that possesses healing energy and power. For Maestros, *huacas* function as sacred temples and are used in healing ceremonies to cultivate a deeper understanding of life and emotions, as well as to create acceptance and reduce judgment.

Connection to Pachamama

Another theme central to mental health practice was the connection and relationship to Pachamama, a theme also related to sacred geography and connection to place. Pachamama is not a remote deity to whom one prays, but a living presence that runs through the animate world and the human community. All of life springs from the womb of Pachamama, and her presence is felt within every breath. Psychologically, her presence can be understood as a healthy

relationship with the mother archetype. It is not surprising, then, that coresearchers would describe traditional healing practices and methods in terms of a healthy connection with Pachamama.

Kunturi claimed that all of the energy of the universe is present within her. “Mother earth, Pachamama, gives us everything, such as the medicinal plants. With certain herbs, wounds are washed, inflammations are lowered, infections are avoided. Plants became teas for depression and anxiety.” He attributed all of his healing work with plants and ancestors to Pachamama. For Intiawki, the plants that he consumed spoke to him in a way that offered guidance and wisdom and opened his senses to the earth, to ancestors, and to all spirits. “The universe gives us the gift to give to others, without expecting anything. Just let it flow. If you do not let it flow, you are blocking the energy and that is what is happening to people right now.” Encouraging his clients to open to that gift is an important source of healing. This spiritual understanding of a universe alive with energy and spirits is the foundation of much of Peruvian traditional healing practice.

The researcher observed that during the interviews many healing energies were activated as a part of the conversation. When speaking of their connection to mother earth or ancestors; while narrating the story of their challenges, strengths, and healing and speaking to their heritage through stories, legends, dreams, plants, herbs, colonization, art, intuition, chanting, prayers, energy, and culture; a shift in energy was detectable between the researcher and the interviewee. It was as if the telling itself activated the same healing energies as those referenced in the interviewees’ responses. This is mentioned because, for the people, the energies and spirits used in healing are real and palpable to the maestros and shamans. This is particularly true with references to Pachamama, who holds a special place and presence in the hearts of the people.

Appropriate Healing Practices

The focus of this study was the identification of traditional healing practices that have value for those who work with populations who have immigrated from indigenous cultures. Several coresearchers were skillful in both traditional and Western forms of medicine and willing to use what seemed to be called for. Others were trained in indigenous or Western approaches exclusively. Most agreed that it was important for healers to have a range of possible techniques and be open to approaches from other traditions. ChangoLade clarified that she is not opposed to people taking psychotropic medications, adding that, “There has to be a combination. You have to treat the whole person, you have to treat the whole spirit, the whole body.” Taking a holistic approach, for her, implied that the healer has an understanding of a person as being more than just a body. ChangoLade’s open approach stands out as typical of the healers interviewed in this study for their willingness to use healing practices that speak to them and are appropriate to the condition of the client. BabaAntay was trained in Western medicine as a nurse. Later in life, he reverted to traditional practices because he understood modern medicine to be another type of business for profit and became tired of the requirement to read the Judeo/Christian Bible. “But one day I got tired of that. I had already read the Bible many times, and I did not agree with the church. One day I thanked everyone, and I left.”

Several coresearchers highlighted differences in diagnostic nomenclature and categories as challenges when navigating between different traditions. Terms such as post-traumatic stress disorder (PTSD), major depression, and panic disorder would be appropriate for Western clinicians. Indigenous healers might use diagnostic terminology for the same symptoms by referring to disconnection from Pachamama or ancestors, or soul-wounding. Liz provided therapy for adolescent parents presenting severe symptoms of PTSD. She described that, a few

years ago, she realized that her training in solution-focused therapy often did not match the needs of her young clients. She said,

> I decided to change my clinical approach. I began to ask my young immigrant parents what has worked for them in the past. I changed my model and began to use client's cultural practices as client's strengths. It was amazing how such practices alleviate my patient's overwhelming feelings.

Liz indicated that, having used a Western approach to diagnose, "I think it is not appropriate for my clients," choosing rather to invite them to "talk about their dreams, ancestors, and certain rituals…But I am a witness that some clinicians will label those clients as having psychotic episodes."

According to Simona, "in the capital, the indigenous psychological model does not exist, not even within our country. Mainly in the capital, professionals have to deepen and fortify our roots about ancestral modalities." Simona's sharing emphasizes that the isolation from traditional healing methods and the prejudice and stigma against indigenous peoples is not limited to those who immigrate to the US. Even within the country of Peru, the same Western and colonial attitudes toward native peoples and their healing methods were in evidence. For example, one coresearcher working in children's mental health at a public clinic was very dismissive of traditional healing practices during the interview. She insisted that "the clinic does not offer such services." Having been trained exclusively in Western methods of mental health, she embodied an attitude toward traditional healing commonly found in the capital of Lima. This fact heightens the importance and urgency of preserving and disseminating the worldview and healing traditions of the Peruvian people.

Recommendations

Coresearchers in this study made pointed suggestions to therapists who work with populations who have emigrated from indigenous or aboriginal cultures in Central and South America. The recommendations are designed to encourage more sensitivity to the worldview and psychological orientation of clients to better meet their mental health needs. The goal is not to make a traditional healer out of a Western clinician, or encourage them to borrow or mimic traditional healing strategies. Such efforts exploit traditional practice and are seen as another form of stealing from indigenous peoples. Recognize that there are many traditions and cultures represented in this geographic area that do not conform to a cultural stereotype, making specific suggestions for therapeutic practice difficult. Rather, sensitivity to culture and context and a willingness to repackage modern strategies to be more accessible to immigrant clients is the primary recommendation for this study (Solomon & Wane, 2005).

It is critical for clinicians to first understand their personal values and orientation toward mental distress (Roysircar, 2009). Do they privilege the biomedical model as superior to others? Are they willing to frame interventions in culturally appropriate ways? Can they be sensitive to the worldview and values of their client and operate within that frame of reference? Are they comfortable talking about spirituality in a way that is earth-based and acknowledges the sacredness of the earth and the value of ancestors? Are they willing to work in collaboration with a traditional healer and take cues from them? If doing so feels inauthentic this would be an indicator to not work with an immigrant population.

Clients may be traditional or Westernized in their orientation with expectations of a more medical approach to treatment. Be willing to listen to a client’s story, and discern their attachment to place of origin and degree of adaptation to a new culture. Inquire as to

expectations for treatment methods. How do they understand what is occurring in their life and in their relationships? Have they ever used traditional healers or methods? Do they have access to traditional healers? While it may be necessary to complete the paper work for insurance companies and notate a formal diagnosis in the chart, working diagnoses and treatment interventions can draw from many of the current psychotherapies that align with more culturally appropriate interventions. It is possible to be a bridge between two cultures without sacrificing professional integrity. Most of the coresearchers in this study were comfortable using both Western and traditional methods and may have been a client of both in the past for their own healing.

It is critical to be sensitive to the potential influence of generational trauma as part of a psychological profile. Ask clients to tell the story of their history and note evidence of internalized shame and trauma as well as strengths that can be empowering. Encourage the development of their cultural identity even as they adapt to a new culture. The two cultures need not be exclusive. With increasing globalization cultures from all parts of the world are coming into contact. Being sensitive to the importance of context and culture to mental health is critical for clinicians working with all populations. Some of the most effective training can come from a deep listening of a client’s history and a willingness to understand the world through that frame of reference. Coresearchers repeatedly stressed that a healing regimen needs to be comprehensive and focused on the whole person. For them this meant not only the physical, emotional, and cognitive dimensions, but the relational dimension of spirituality, connection to the earth and to ancestors. All are part of a larger extended family and are part of a person’s psychological makeup.

Conclusion

Indigenous Healing and Mental Health

Immigrants from Central and South America bring many challenges as they cross the border, with mental health being a primary concern. Mental health services in the US tend to be underutilized by immigrants due to cultural differences, mistrust of the system, and cost. The need for improving cultural sensitivity among clinicians and the nature and quality of mental health services is only increasing. This PAR study attempted to help bridge the Western and indigenous cultures with the goal of finding common ground among approaches that will improve the delivery of mental health services.

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