

# INDIGENOUS CULTURE-AS-TREATMENT IN THE ERA OF EVIDENCE-BASED MENTAL HEALTH PRACTICE

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## Introduction

The goal of this chapter is to clarify, to the extent current scientific understanding allows, the ways in which traditional cultural-spiritual practices have potential to improve the wellbeing of Indigenous North Americans. Traditional healing is a commonly used term for a number of practices, some employed in contemporary medical care, which are made of cultural teachings and/or spiritual practices that are based in Indigenous historical and contemporary worldviews (Duran, 2006; Gone, 2010). Some research has demonstrated that such teachings and practices may improve wellbeing and psychological health, discussed below, but a full discussion of the use of traditional healing requires that we address the historical context in which such practices take place.

It would be impossible to discuss the wellbeing of Indigenous populations in North America without reference to historical and ongoing colonization, and the impact of such colonization on the spiritual and cultural practices of contemporary Indigenous North Americans. Prior to European contact, hundreds of widely varied spiritual traditions marked the equally numerous and distinct cultural groups now broadly categorized as the Indigenous peoples of the North American continent. Early European contact was marked by mass conversion efforts promoting Christianity that over time built into full-scale campaigns to eliminate Indigenous spiritual practices. Boarding school policies in both nations encouraged or even coerced Indigenous parents to turn their children over to institutions that typically forbade the cultural and spiritual practices of Indigenous groups. In some cases, the effect of such policies was the total extinction of particular Indigenous languages and cultural traditions.

The employment of legal sanctions against certain ceremonial practices in the United States and Canada served to further suppress Indigenous spirituality. In Canada, traditional potlatch ceremonies<sup>1</sup> were outlawed until 1951, for example, while in the United States it took several acts of Congress to restore rights to traditional American Indian spiritual practice, most notably the American Indian Religious Freedom Act of 1978 (Paper, 2007; Pevar, 2012). Even among Indigenous groups whose cultural practices were maintained over generations, the boarding schools nonetheless had deleterious effects on the psychological health and wellbeing

of community members (Elias et al., 2012; Evans-Campbell, Walters, Pearson, & Campbell, 2012). Largely as a result of these and other long-standing inequities, Indigenous groups in the United States and Canada face far greater rates of substance dependence, posttraumatic stress disorder (PTSD), and suicidality than the general population of either nation (Gone & Trimble, 2012; Towle, Godolphin, & Alexander, 2006).

This historical backdrop and its legacy have significantly impacted contemporary spiritual and cultural practices. Perhaps surprisingly, given the history of both religious subjugation and suppression of traditional Indigenous spirituality, research indicates that spiritual commitment and participation is especially high among Indigenous North Americans (Garrouette et al., 2014). In a study of over 3,000 American Indians from two regions of the United States, researchers found self-reported rates of participation of about 90 percent for both men and women, with high involvement in three different spiritual traditions that were measured: Aboriginal, Christian and Native American Church (Garrouette et al., 2014). According to this research, blending of Christian and Indigenous spiritual practices is common; approximately three-fourths of participants indicated participating in some form of Christian practice, with rates of two-thirds for Aboriginal practices and one half for the Native American Church.

Given these findings, it makes sense that spiritual approaches and traditional healing are commonly included in Indigenous health service settings (Gone, 2010; Garrett, 2011). Some of the most common spiritual practices used today in Indigenous treatment settings are pan-Indigenous; while they may draw from particular Indigenous traditions, the sweat lodge, medicine wheel and many other practices associated with traditional healing have been distributed broadly to Indigenous contexts far outside their original sources, and have generally been embraced by Indigenous North Americans as acceptable for pan-Indigenous contexts. Native American Church ceremonies, also seen by many as a form of treatment (Calabrese, 1997, 2008), are used more broadly in pan-Indigenous settings, drawing on specific traditions of particular Indigenous groups while also incorporating aspects of Christian spiritual tradition (Garrouette et al., 2014).

Rather than challenging the authenticity of traditional healing practices, these alterations reflect the normal process of cultural reproduction and change. Traditional healing, like any other cultural institution, is subject to shifts and modifications over time in the context of inter-group contact and exchange. In addition to the special relevance of spiritual practices for Indigenous North Americans generally and the relative ubiquity of pan-Indigenous approaches, one takeaway from the spiritual commitment noted in Garrouette et al. (2014)'s findings is that programs designed to promote wellbeing through Indigenous spirituality and traditional healing need to be sensitive to, and respectful of, a number of spiritual traditions, including the Christian faith. Regardless of whether they are pan-Indigenous or specific to local practices, traditional teachings and sacred ceremonies are a major form of treatment in use today in Indigenous communities (Gone & Trimble, 2012; Rowan et al., 2014).

Although often discussed in terms of its spiritual components, much of traditional healing draws on teachings that reflect a holistic conceptualization of health, such as the teaching of the 'four directions' encapsulated by the medicine wheel, which are said to embody mind, emotion, body and spirit (Gone, 2008). Some researchers have found differences in Indigenous conceptualizations of health and wellbeing in comparison to other North American populations, which overlap with an emphasis in traditional healing on holistic understandings of health rather than fractured domains associated with the physical, spiritual and psychological (e.g. Donatuto, Satterfield, & Gregory, 2011; Yurkovich & Lattergrass, 2008). Such conceptualizations are hardly universal, however. For example, Cavanaugh, Taylor, Keim, Clutter, and Geraghty (2008) found that an Indigenous sample presenting for treatment for

diabetes made little mention of spirituality or traditional healing in interviews, contrary to these investigators' expectations.

Some Indigenous perspectives on health consider Indigenous and 'Western' illnesses as separate and requiring different forms of treatment, while remaining interested in the treatment of both in their respective contexts (Waldram, 2004). Similarly, although much research has been written on Indigenous populations as 'collectivist' as opposed to 'individualist' in their cultural orientations, Indigenous worldviews prior to European contact would be difficult to designate as solely collectivist, and today are even more likely to be a blend of collectivist and individualist orientations as Indigenous perspectives exist within a (post-)colonial context and have been shaped by cultural interactions (Waldram, 2004). Cultural essentialism would be a serious error; programs which seek to reach a diverse audience of Indigenous peoples need to be flexible and accommodating of numerous perspectives. In addition to building flexibility for differing perspectives on wellbeing into intervention programs, exploring a specific community's understandings of wellbeing is a wise first step prior to the employment of any intervention.

### **The contemporary use of traditional healing practices**

Traditional healing practices are used with relative frequency among American Indians and Alaska Natives. Greensky (2014) found that 90 per cent of American Indian participants employed some form of traditional healing practice to assist with chronic pain. Given the widespread usage of such practices, questions arise about whether they are effective. The basic potential for cultural-spiritual forms of healing for Indigenous North Americans has been fairly well established for some time, but limitations surrounding research efforts have made it impossible to provide the types of evidence typically associated with established 'empirically supported' treatments. Specifically, randomized controlled trials, central to the establishment of an empirically supported treatment (APA Presidential Task Force on Evidence-Based Practice, 2006), have not been undertaken with forms of traditional healing, and numerous barriers to obtaining this kind of evidence remain (Gone, 2010). Despite this, early research generally suggested a connection between Indigenous identity and wellbeing (e.g. Oetting & Beauvais, 1990; Whitbeck, McMorris, Hoyt, Stubben, & LaFromboise, 2002).

Indigenous cultural-spiritual practices have been employed in healthcare settings for a considerable period of time as well; Brady (1995) provides an early discussion of the ongoing use and potential effectiveness of such 'culture as treatment' programs in North America and Australia. More recent research has been more nuanced on the effects of particular Indigenous cultural values, while generally supporting the *potential* for the bolstering of Indigenous identity to improve wellbeing (e.g. Kaufman et al., 2007; Stiffman et al., 2007). Ongoing research into cultural practices and traditional healing as a part of healthcare for Indigenous North Americans has similarly shown potential for such treatments to produce beneficial outcomes (e.g. Gone & Calf Looking, 2015), but thus far has not established the type of 'gold standard' evidence identified by the APA Presidential Task Force (2006). Given how common traditional healing has become, and the lack of any other well-established empirically-supported treatments for Indigenous North Americans (Gone & Alcántara, 2007; Pomerville, Burrage, & Gone, 2016), it is important at this time to delineate what such approaches entail and what evidence supports them, regardless of whether it meets for certain definitions of empirically supported treatments.

Although the term 'traditional healing' is often used in discussing the use of culture-as-treatment within health settings, it would be a mistake to think of the term 'traditional' as harkening to a single, fixed tradition. Numerous ceremonies and traditional teachings have

been used as part of contemporary culture-as-treatment, but among these certain traditions and concepts have dominated, particularly those which have become largely pan-Indigenous. Sweat lodges and medicine wheel teachings are two forms of traditional healing that have been used extensively in pan-Indigenous health settings, and the use of each is described briefly below. (Other pan-Indigenous practices have seen use in health services, such as pipe ceremonies [Waldram, 1997] and Native American Church meetings [Calabrese, 2008], but are not covered in detail here for reasons of space; see cited sources for a more in-depth discussion of these specifically.)

In considering likely mechanisms of action for traditional healing as supportive of wellbeing, and possibly as mental health treatment, most advocates have focused on the development of community relations, identity and spiritual selfhood. In addition to promoting healthful and self-affirming values, these cultural practices also harbor potential to revitalize communities and connect individuals to the support that community life can offer. Beyond the recirculation of sacred power proper, some have also suggested that certain ceremonies such as the sweat lodge may be therapeutic due to the creation of states of altered consciousness or the promotion of physical benefits associated with ceremonial practice (e.g. Jilek, 1982; Garrett et al., 2011). Due to their potential for healing in multiple senses, spiritual practices have been advocated in prison settings with Indigenous people, but the atypical nature of Indigenous spiritual practice in comparison to mainstream religions has been a barrier to gaining acceptance as a religion as defined by the United States prison system (Vazzola, 2007). Two traditional healing practices and the existing literature on their potential is outlined below.

### *The medicine wheel*

The medicine wheel as a form of Indigenous cultural teaching has been applied in a large variety of healing contexts, especially addictions treatment. The medicine wheel is a symbol comprising a circle bisected by two perpendicular lines, creating four quadrants within the circle. These quadrants are almost universally associated with the four cardinal directions (east, south, west and north), and in wellness programs are also said to represent the four aspects of the self (spiritual, physical, emotional and mental). The basic concept of the medicine wheel integrates four distinctive components into a unitary totality (Gone, 2008; McCabe, 2008). Thus, the medicine wheel is a visual representation of an Indigenous philosophical outlook that emphasizes integration and holistic balance. It signifies the interrelatedness of all things, in terms of the individual's separate aspects of self but also more broadly in reference to the inter-relatedness of communities and of people globally. The symbol of the medicine wheel is widespread in Indigenous North America, and its employment in treatment settings is often used as a metaphor for a broader commitment to Indigenous-centric values and treatment approaches (Gone, 2008).

Beyond these generalities, however, programs designed around the medicine wheel diverge somewhat in what they teach and even in what meanings they ascribe to the four 'directions' (i.e. quadrants). For example, Nabigon (2006) considered north to be associated with caring, east to be associated with feelings, south to be associated with relationships and west to be associated with respect. Coggins (1990) defined the four directions of the circle as "(North) the physical realm, (East) the realm of knowledge and enlightenment, (South) the spiritual realm, (West) the realm of introspective thought" (p. 2). Dapice (2006) explained that north contains the spiritual aspect and is associated with the herbal medicine of sweetgrass, east contains the mental aspect and is associated with the medicine of tobacco, south contains the emotional aspect and is associated with cedar and west contains the physical aspect and is associated with sage. Nabigon

(2006) differed from Dapice (2006) in associating the use of medicines and specifically tobacco, sweetgrass and sage, with the western direction of the medicine wheel. Tafoya and Kouris (2003) offered yet another interpretation of the directions of the medicine wheel which differs from and at points contradicts all of these.

In addition, despite using the circle as a metaphor of holism and continuity, some intervention-focused approaches tend to use the four sections of the medicine wheel as a way of breaking treatment into different steps (e.g. Garner, Bruce, & Stellern, 2011); often borrowing the steps-based approach from Alcoholics Anonymous in the case of tailored addiction interventions (e.g. Coggins, 1990; Coyhis & Simonelli, 2005). As such, the medicine wheel has potential to combine mainstream psychotherapeutic values with Indigenous philosophical trappings in ways that can be fruitful or problematic. Some have even noted similarities between the use of the medicine wheel and parts of contemporary cognitive behavioral therapy (Coffman, 2013).

Despite these seeming challenges to a unified meaning of the medicine wheel, a considerable body of research has demonstrated interest in and appreciation of the medicine wheel by Indigenous North Americans across a large number of contexts. Qualitative reports from clients in treatment settings (Gone, 2008) and from teachers working with Indigenous children (Cherubini, Niemczyk, Hodson, & McGeen, 2010) have made note of positive experiences with medicine wheel teachings. Programs making use of the medicine wheel have been created or suggested for use with health treatment (for example, see McCabe, 2008, among many others), adolescent counseling (Garner et al., 2011), childhood resilience (Gilgun, 2002), sexual offender rehabilitation (Dewhurst & Nielsen, 1999), teacher education (Klein, 2008), and end-of-life care (Clarke & Holtslander, 2010), among other instances. Given this proliferation of potential uses of the medicine wheel, there may be ample opportunity to undertake intervention outcome research that might assess the efficacy of this Indigenous-centered philosophy as a contributor to the wellbeing of Indigenous North Americans. To date such research is lacking, but qualitatively analyzed reports gesture to the usefulness of employing medicine wheel teachings in multiple settings where no better evidence for other programs provided for Indigenous North Americans exists.

### *The sweat lodge*

Like any pan-Indigenous ceremony, the details of the sweat lodge as a practice vary according to local traditions as well as the specific healers who are involved in 'putting on a sweat'. One description of a contemporary lodge being constructed follows: "The Anishnabe sweat lodge... is constructed with four pairs of poles, preferably willow, forming four doorways in the cardinal directions... Opposing poles are bent and twisted around each other to form arches... A round pit is dug in the center of the cleared earthen floor... The fire for heating the rocks is laid within" (Paper, 2007, p. 133). Some form of covering is placed over this temporary enclosure to hold in the steam that will be created as part of the ceremony. Within this temporary structure, the ceremony takes place. Water is poured onto prepared heated rocks to create steam; often there is a fire keeper in charge of the rocks and the fire to heat them, as well as a leader who will conduct the ceremony using traditional medicines such as sage and sweetgrass, and leading songs or prayers.

There may be a number of other parts to the ceremony, particular to the purpose of the sweat and the contours of local and healer-specific practice, including but not limited to talking circles and the ceremonial use of tobacco. Feasts are common following a sweat, but the sweat lodge is at times also a precursor to other ceremonies or community events. As expressed by

Bucko (1998), “there is a range of differing but correct procedures that sometimes conflict with each other. Correct procedure is evaluated in light of both historical precedence and contemporary need” (p. 121). More complete descriptions of the sweat lodge ceremony were offered by Bucko (1998), who provided an in-depth description of the complexities of the sweat lodge in historical and contemporary usage, especially among the Lakota, and by Garrett et al. (2011), who presented a more recent discussion of the sweat lodge as a contemporary pan-Indigenous practice taking place in the context of health services.

The sweat lodge as a spiritual and cultural practice has been predominantly associated with Lakota tradition in popular presentations, but there is clear historical evidence for widespread use of some form of this ceremony throughout Native North America (Bucko, 1998; Paper, 2007). Today, the sweat lodge has been well-established as a pan-Indigenous practice (Paper, 2007), and is so common that as of ten years ago half of United States Indian Health Service (IHS) sites made use of it as a part of their health services (Cohen, 2003). A recent survey of Urban Indian Health Organizations in the United States similarly found that half of the surveyed sites made use of the sweat lodge within their behavioral health services (Pomerville & Gone, 2017).

Research into the use of sweat lodges as a form of healing or health promotion has found a number of potential benefits, but experimental research in the form of randomized controlled trials is still lacking. Garrett et al. (2011) made note of a considerable body of literature regarding the health benefits of sweating more generally, though distinctions should be preserved between non-Indigenous forms of sweating (such as saunas) and the spiritual and community-centered nature of the sweat lodge (Bucko, 1998). One empirical study, emphasizing the connection between spirituality and wellbeing for Indigenous Canadians, found a shift in attitudes among participants after taking part in a sweat lodge that appeared to indicate the adoption of more traditional and community-focused Indigenous cultural-spiritual beliefs (Schiff & Moore, 2006). However, as a small pilot study, Schiff and Moore’s findings were limited by sample size. In addition, the study did not measure any specific variables which could be more directly related to wellbeing.

Tolman and Reedy (1998) found increases in patient satisfaction among American Indians at a state psychiatric facility following the integration of traditional healing practices, including the sweat lodge, into treatment. This change also sparked an increase in the intake of American Indian patients at this facility, demonstrating that the presence of such practices may make Indigenous North Americans more likely to seek out treatment. Other researchers have noted the similarity of the sweat lodge to group work (e.g. Garrett & Osborne, 1995) and the potential for effectiveness of the sweat lodge as a form of group counseling for Native youth (Colmant & Merta, 1999). Some work has also established potential effects of the sweat lodge for treatment of a wide array of issues for Native people in prison (for example, Gossage et al., 2003, conducted a non-randomized outcome study), but the findings from this work are limited and, as already noted, the existing prison system in the United States presents barriers to the use of Indigenous ceremonies by prisoners (Vazzola, 2007). In a qualitative study of American Indians with chronic pain, Greensky et al. (2014) found that the sweat lodge was one of the traditional healing practices that participants used to help manage their symptoms.

### Looking forward

The scientific evidence for assessing the efficacy of Indigenous cultural and spiritual approaches to improving the wellbeing of Indigenous North Americans, as depicted above, is so rudimentary that no clear answer has emerged. Certain forms of traditional healing appear to be

associated with improved treatment outcomes and seeking care, and high rates of use and interest in traditional healing continue to point to its value in contemporary health settings despite the lack of a stronger form of evidence for its specific efficacy. The nature of research with Indigenous North Americans makes it difficult to confirm whether specific treatments are effective to skeptical outsiders, and instead many have urged re-traditionalization programs broadly as the best way to support Indigenous wellbeing. Some specific criticisms of evidence-based practice approaches and their relevance for Indigenous North Americans have led to the formation of new approaches to evidence.

Drawing on ‘practice-based evidence,’ Echo-Hawk et al. (2011) created a compendium of existing approaches and programs for meeting the wellness needs of Indigenous groups today. Such approaches to evidence more explicitly value Indigenous community knowledge and perspectives on what is effective, representing a divergence from other forms of evaluation that allows for the designation of approaches using an evidence-informed approach that better aligns with Indigenous community sensibilities. The compendium includes a list of six ‘active ingredients’ for behavioral health programs targeted at Indigenous North Americans: “Local Leadership as a Starting Place... Engaging Indigenous Communities... Cultural Foundation of Practices... Spiritual Foundation of Practices... Power of Indigenous Language... Maintaining Local Credibility” (Echo-Hawk et al., 2011, pp. 21–28). As outlined in Table 20.1, the compendium also includes a list of nine programs for American Indians and Alaska Natives which represent ‘best practices’ (Echo-Hawk et al., 2011), ranging from treatment and prevention services to programs designed to support Indigenous organizations.

Some general guidance can be gleaned from existing research for ongoing efforts to use spiritual-cultural interventions in the promotion of Indigenous wellbeing. Gone (2010) noted that historically there was a significant amount of collaboration between Indigenous traditional healers and mental health professionals, a form of integrated care that could help to improve contemporary treatment for Indigenous North Americans were it to diffuse further. Recent research with Indigenous communities has suggested that remuneration for traditional healers through insurance coverage would be of considerable value for community wellbeing (e.g. Goodkind et al., 2011).

Although the traditional practices are described above in isolation, in reality they are often understood as overlapping or interrelated practices, a part of a broader commitment to

*Table 20.1* American Indian and Alaska Native best practices identified in Echo-Hawk et al. (2011)

<i>Name of program</i>	<i>Program goals</i>
Community Readiness Scale	Behavioral Health Prevention
Data Reconnaissance for Native Americans	Increased Service Accessibility, Policy Development
Behavioral Health Financing & Policy Development for Urban Indigenous Americans	Increased Service Accessibility, Policy Development
Historical Trauma & Unresolved Grief Intervention	Behavioral Health Prevention
Oklahoma Tribal State Relations Workgroup	Increased Service Accessibility, Policy Development
Old Minto Family Recovery Group	Behavioral Health Treatment
Project Venture	Behavioral Health Prevention
Therapeutic Village of Care	Behavioral Health Treatment
Two Spirits Gallery	Recovery & Workforce Development

Indigenous cultural-spiritual practice. The sweat lodge is used at times in association with the medicine wheel teachings and can also incorporate pipe ceremonies (McCabe, 2008). It further serves as a precursor to other ceremonies such as the sun dance (Bucko, 1998; Paper, 2007). The embrace of cultural practice is likely to be a more encompassing philosophy (as represented by the medicine wheel) as opposed to a piecemeal modular approach to treatment.

A greater emphasis on family in treatment programs, which may include incorporating whole families as well as allowing those in treatment to have access to their children, has been recommended as a part of wellness programs in studies with Indigenous peoples of Canada (Baskin, McPherson, & Strike, 2012). The authors also noted the need for urban Indigenous populations to have greater connections to Indigenous reserve communities in Canada, a recommendation which has also been made for urban Indian populations in the United States. Research has noted that, although there is keen interest among Indigenous North Americans to engage in traditional healing, there is a lack of access to these practices, particularly for those dwelling in urban areas (Greensky, 2014; Hartmann & Gone, 2012; Moghaddam, Momper, & Fong, 2013). Given that the majority of Indigenous North Americans live in urban areas (United States Census Bureau, 2010), this is a serious gap. Efforts which aim to improve the general wellbeing of Indigenous North Americans would do well to focus on exposing urban Indigenous populations to traditional healing practices as a part of these efforts.

### Final comments

The state of existing research on programs which might improve the wellbeing of Indigenous North Americans lacks the type of strong empirical evidence often preferred in medical settings, and a better understanding of the effectiveness of interventions is necessary to make more concrete recommendations. Nonetheless, research generally has validated the importance of Indigenous community-building and support for a strong sense of Indigenous identity, which culturally focused programs for Indigenous North Americans should support. Due to the interrelation of culture and spirituality among most Indigenous groups, this likely also includes robust programs of traditional Indigenous spiritual practices such as traditional healing. Although pan-Indigenous traditional healing programs are often appropriate, local Indigenous communities should be consulted regarding their preferences, and local practices should be incorporated when possible at the discretion of the local community. Given the significant health inequities faced by Indigenous North Americans relative to wellbeing, it is important for the research community to help Indigenous communities to better address their particular needs and to support interventions with potential to more effectively meet them.

### Note

- 1 A potlatch involves a community coming together and giving away possessions, particularly by wealthier members of the community, and typically includes numerous ceremonial aspects including feasting, song and dance.

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