A School for Medicine Men

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The anthropological study of mental illness demonstrates that the types and frequency of mental disorders vary from one culture to another, as do the diagnosis and treatment of the illness. In this article, Robert Bergman discusses a training school for Navajo medicine men founded by the Navajo themselves at Rough Rock, Arizona, a community on the Navajo reservation. As a non-Indian psychiatrist working for the Indian Health Service, the author volunteered his professional services to the fledgling school. Working side by side with the Navajo medicine men, or "singers," as they are called, Bergman analyzed the nature of Navajo curative ceremonies and their effects on patients. The clash of folk medicine and scientific biomedicine has received considerable attention by anthropologists, and reports of fear and grief felt by non-Western patients undergoing medical treatment are common. If indigenous patients and their careers are ignorant of the procedures and philosophies underlying biomedicine, so too are those trained in biomedicine ignorant of folk medicine and its accomplishments.

This paper is an account of how a Navajo community set up its own medical school and how a non-Indian psychiatrist became involved in it. In order to understand what happened, one must have some acquaintance with the nature of Navajo medicine. This subject has received an enormous amount of attention from anthropologists and other behavioral scientists. I will make no attempt here to review the extensive anthropologic literature except to recommend the great works of Hilde (1959), Reichard (1959), and Klockner and associates (1948, 1956, 1967) [see "References" in the Bibliography]. The psychiatric literature is less extensive. It includes the early article of Pfister (1932), which seems to me to be remarkably insightful and sound in spite of having been based on very little and quite secondhand evidence. The Leightons in 1941 described Navajo ceremonies beautifully and explained many of their beneficial elements. Sanders (1970) reported his work with Navajo medicine men to the APA three years ago. Almost everyone agrees that the ceremonies work.

Background

Navajo practitioners generally fall into three categories: The herbalists know a variety of medicinal plants, which are used primarily for symptomatic relief. The diagnosticians are shamans who work by inspiration. By one of several techniques, such as hand trembling, crystal gazing, or star gazing, they divine the nature and cause of an illness and make an appropriate referral to a member of the third and highest status group, the singers. The singers (I will use the terms "ceremonialists," "medicine men," and "singer" synonymously) do the only truly curative work, and it is a school to train them that I will be discussing.

Navajo nosology classifies diseases by etiology: identical illnesses often have similar symptoms, but they need not. Note that psychiatric nosology is some
jar, e.g., depression is often characterized by insomnia, but sometimes the reverse can be true. A seriously oversimplified statement of Navajo etiology is that disease is caused by a disorder in the universe, including the universe of other men. A singer corrects this harmony by performing a ceremony proper to the case. Little or no reliance is placed on herbs or other medicines and, as is the case with psychiatry (at least from the psychoanalytic viewpoint), this absence of organic measures cords high status.

No one seems to know precisely how many ceremonies there are, but there are many. Important ones last five or nine nights and are difficult and elaborate to the degree approached among us physicians. I think, only by open heart surgery. The proper performance of a major rite requires the presence of the entire extended family and many other connections of the patient. The immediate family must feed all of these people for days. Many of the people present have important roles in the performance, such as chanting, public speaking, dancing in crests, leading group discussions, and many other prescribed activities of more or less ritualized nature. For the singer himself the performance requires the letter-perfect performance of 50 to 100 hours of ritual chant (something approaching the recitation of the New Testament from memory), the production of several beautiful and ornate sand paintings, the recitation of the myth connected with the ceremony, and the management of a very large and difficult group process.

Non-Navajo explanations of why all this effort helps anyone tend to be rather offensive to the medicine men themselves, and their explanations if they should feel like giving any, tend to be unarticulating to us since they are based on the supernatural. The difference may not be as great as it appears, however. Traditional Navajo talk frequently in symbols. "We are glad you came from Washington to talk with us. There are many mountains between here and Washington," which translates as, "Communication with the federal government is difficult. We are glad you are making an effort to improve it." They also reject the notion that they are using figures of speech. They do not attach as much significance to the distinctions among different levels of reality as we do, and like some poets, reject as stupid and destructive any attempt to translate their words into ordinary language. Though it seems to me that their myths and chants are symbols of human social-psychological forces and events, they would regard such a statement as silly and missing the point. Nevertheless, I will make a slight attempt in that direction.

The Rituals

For the past six years, I have been practicing psychiatry among the Navajo people. I have often referred patients to medicine men (who in turn occasionally refer patients to me). I have also often consulted medicine men, and patients have often told me about the medicine men's traditional cures and their feelings about these cures it seems to me, although my knowledge of the songs is very limited, that the ceremony performed is almost always symbolically appropriate to the case. Pathologically prolonged grief reactions, for example, are almost always treated with a ceremony that removes the influence of the dead from the living and turns the patient's attention back toward life. "Treatment of a dream by a dream," Fluster called it.

It seems to me that the singer and we psychiatrists are the converse of the other with regard to our attitude toward ritual. To them ritual is the main focus. What is unvariably their practice from one case to another is at the center of their thought. Informal interaction with the patient and his family is considered important in an informal sort of way. This kind of interaction is not what is taught explicitly but only what is taught by the by. Our ritual, which I would argue is fairly elaborate, is not taught as the central part of psychiatry; rather, the more varying interaction is taught explicitly to psychiatry residents—ritual being taught by the by. In any event the singers do manage an intricate family interaction that, I think, has several important effects: (1) the patient is assured that his family cares for him by the tremendous effort being made; (2) the prolonged and intense contact makes it inevitable that conflicts are revealed and, if things are handled skillfully, resolved; and (3) a time of intercession and turning point are established.

At the time I first heard of the medicine-man school in 1967, I was already quite convinced of the value of Navajo medicine. Aside from the cases I had seen, I was greatly influenced by my contact with a singer named Thomas Largo whiskers. Mr. Largo whiskers, who is now 100 years old, agreed to
be my consultant and to teach me a little of what he knew. I first looked him up after seeing a formerly psychotic patient who attributed his remarkable and well-documented improvement to him. At the time of our first meeting I tried to explain what I did and said that I wanted to learn from him. He replied, "I don't know what you learned from books, but the most important thing I learned from my grandfa- thers was that there is a part of the mind that we don't really know about and that it is that part that is most important in whether we become sick or re- main well." When he told me some of his life story it impressed me that he had become interested in being a singer when, as a young man, he had had an accident and the singer who took care of him ex- plained that it had been unconsciously determined.

Mr. Langelsheters and many other extremely old men we still practicing very actively. There is a growing demand for their services—growing be- cause the population is increasing and their belief in traditional medicine is continuing. The trouble is that younger people are not becoming singers. The reasons behind the lack of students are largely eco- nomic. To learn to perform even one short ceremony takes at least a year of full-time effort. To learn a major ceremony takes much longer and many med- icine men know several. Since the end of the old healer's economy, almost no one can afford to give up earning a living for such a long time. At the time of starting the school for medicine men Yazzie Begay, one of its founders, said: "I have been ac- quainted with several medicine men who have re- cently died. They were not able to teach the ceremonies which they knew to their grand-children or to anyone else today, their sacred instruments and paraphernalia are sitting unused."

The School

The school is at Rough Rock, Ariz., a community near the center of the Navajo Reservation. It is part of the Rough Rock Demonstration School, the first community-controlled Indian school. The Demo- nstration School was started in 1965, when the Bureau of Indian Affairs (BIA) gave the buildings and equipment to a nonprofit corporation of Navajo leaders called Dine, Inc. Dine helped the Rough Rock chapter of the tribe set up and elect its own board of education (no one on the original board could speak English and all were ceremonialists) and then contracted with the board to operate an el- ementary boarding school. BIA contributed funds that would have been equal to the budget of such a school if they had been operating; it funds also came from the Office of Economic Opportunity (OEO) and other sources. Soon after the school began opera- tions in 1966, the people became convinced that their ideas really were taken seriously in its daily work- ings, and several local people suggested setting up the medicine man school to the board. It was pointed out at a board meeting that while people have medical schools and give students scholarships to attend them and that what was needed most on the reservation were new medicine men. Therefore they felt Rough Rock should set up a school for singers and provide scholarships.

The idea was taken up enthusiastically by the board, and the details were worked out over the course of the next year. It was decided to alter the traditional method of teaching and learning. singing as little as possible. (The old way is by apprenticeship and takes place in the teacher's home.) It was also decided that each medicine man would teach two appren- tices of his own selection; that is, application for admission to the school would be made by one consisting of a medicine man and two trainees. The school board would select among them on the basis of the medicine man's reputation, the trainee's ap- parent ability, and the importance of and threat of extinction to the ceremony that was proposed to be taught. The medicine men were to be paid a very modest salary and the trainees considerably less for their subsistence.

Obtaining Funds

Ever since the Demonstration School started, I had been going there once a month or more to consult with the guidance counselors and teachers. At one time the school administration, at the direction of the board, was preparing a project proposal in an at- tempt to obtain funds; I was asked to attend a meet- ing about the project, and from my support for the proposal was enlisted. This was the start of several project discussions in which I took part, and ulti- mately the board kindly included me in the pro- posal. It was decided that I should meet regularly with the trainees to discuss non-Native medicine.
particularly psychiatry. I strongly suspect that my inclusion was a move to make the project look more reasonable to funding agencies.

I flatter myself that from time to time my colleagues in the school and the trainees have been glad to have me around, but I am sure that I have gained much more from this than they have. Before the project could materialize, however, we had to obtain funds.

The first proposal was made to OEO, which turned it down. The second proposal went to the Training and Special Projects Branch of the National Institute of Mental Health (NIMH). This one was accepted, although not, I suspect, without some trepida
dation. At the time of the site visit by NIMH it became apparent how many mountains there really were between Rough Rock and Bethesda. Mr. Field, after all, the weather became very bad and the site visi
tors felt they were stranded in Albuquerque, which is 270 miles away from Rough Rock. Luckily the school board was able to go to Albuquerque, so we had a meeting. Two incidents seemed to me to epitomize the meeting. The first was a question from the visitors: "How can a project that supports the continuance of superstition promote mental health?" The reaction of the ceremonialist school board members was more restrained than I had expec
ted. They answered at length, and I added my endorsement. The visitors seemed satisfied. Later one of them, in leafing through the documents, said, "The project director is to be full-time, and the salary listed here is $5000. Can that possibly be right?" When that question had been translated, Mr. John Ock, the director in question, who was a med
cine man a former school board member, asked anxiously, "Is it too much?" I am very grateful that the project was funded, and I know that the board is also appreciative.

The Training Program

The work began in September 1969 and is still con
tinuing. There are six medicine men and 12 trainees. Most of the original trainees are still in the program. One of the faculty members died during the first year and was replaced. The ceremonies being taught so far have been one and two nights in length, and almost all of the trainees have completed the learning. Soon they will be performing them for the first time. They will then go on to major ceremonies. Al
though the lessons (excluding the one I teach) are conducted at various homes scattered over considera
table territory in which there are no paved roads, Mr. Dick, as director, maintains close supervision. He travels to each home and watches over the teaching and its results. As the trainees have progressed, he and other medicine men have tested them. My only criticism has been that Mr. Dick's supervision seems rather harsh at times. He has demanded continuous effort and has been very hard on some people whom he surprised when he thought they should be work
ing and they weren't. Still, apart from minor profes
sional jealousy, the group's morale seems high. The program has been well accepted, and there clearly will be a demand for the services of the graduates. Other communities are trying to start similar schools. Recently one of the medicine men had one of his students perform a sing over him.

My sessions are a full day every two weeks. Be
tore I started holding them I met with the medicine men to describe what I intended to do and to ask their permission. Tony great pleasure they not only agreed to my plans but said they would like to at
tend along with the trainees. Attendance has varied from time to time, but usually most of the trainees are present as well as three to five of the medicine men. During the first year I talked about somatic medicine, attempting to cover elements of anatomy, physiology, pathology, diagnosis, and treatment. I discovered that the entire group, including the trainees, had considerable knowledge of anatomy and some of physiology. The sessions were lively. The medicine men and the trainees enjoyed trying out stethoscopes, otoscopes, ophthalmoscopes, and blood-pressure cuffs. Microscope slides of blood smears and pathology specimens were also very popular. In return I was learning more about ceremonial practice, although not as much as I was to learn the next year when we began discussing psychology.

One of the highlights of the first year was a visit that the group made to the Gallup Indian Medical Center. It was characteristic, I thought, that two things the medicine men most enjoyed seeing at the hospital were an operation and a particularly good view of a sacred medicine man sitting in the windows of the psychiatric ward. They also had criticisms and suggestions. They were horrified by the pediatric ward because the children were so lonely. They kept asking, "Where are the parents?" They urged that
better provision be made for patients to stay with their children. They also suggested that we build two homes at the hospital for ceremonial purposes. They remarked that they all had performed brief ceremonies in the hospital but that they could do more in a home. They said that the medical staff could see the patients during the ring and could go back and forth if necessary. Their suggestion still had not been followed, but I hope that it will be soon.

During the second year, I began discussing psychiatry, and in this area there has been more of a two-sided interchange. We have spent much time on European and Navajo notions of the unconscious, a subject in which difficulties in translation have been great. Navajo metapsychology still largely eludes me, but it is clear that the medicine men know about the dynamic interpretation of events and dreams and were pleased to discover that all of us followed the same stream with regard to them. We all, it turned out, spent our first waking moments in the morning contemplating and interpreting our dreams. One of the medicine men gave an example. He had dreamt about an automobile accident and said that the kind of a dream meant something serious was going on within him and that as a result to prevent some disaster from happening to him, it was important to perform a chant about it.

There has been a great deal of case presentation on both sides, particularly for some reason not clear to me, regarding returned Viet Nam veterans. My feeling of trust and closeness to this group ultimately became such that I presented my own case describing some things that had led me to enter my analysis and some of the analysis itself. When I finished this rather long account, one of the singers asked me the name of my analyst and where he is now. When I told him, he said, "You were very lucky to find a man who could do so much for you. He must be a very intelligent person."

Another high point for me was demonstrating hypnosis. The group often looks half asleep as it seems to be the custom with medicine men in meetings. This was unmeriting at first, until I found out from their questions and comments that they had been paying very close attention. When hypnosis was demonstrated, however, they were obviously wide awake, although at times I wondered if they were breathing. Working with a carefully prepared subject (I was unwilling to face failure before this audience?) I demonstrated a number of depth tests, somnambulism, age regression, positive and negative hallucinations, and some psycopathic suggestions. When I was done, one of the faculty members said, "I'm 82 years old, and I've seen white people all my life, but this is the first time that one of them has ever surprised me. I'm not surprised to see something like this happen because we do things like this, but I am surprised that a white man should know anything so worthwhile." They also pointed out the resemblance of hypnosis to hand trembling, a diagnostic procedure in which the shaman goes into trance and his hand moves automatically and indicates the answers to important questions. After we had discussed the similarity, they asked that my subject, a young Navajo woman, diagnose something I objected, saying that neither she nor I knew how to do this and that it was too serious a matter to play with. They trusted that we try, however, and finally we decided that a weather prediction was not too dangerous to attempt. They were particularly interested in the weather at that time because we were in the midst of an especially severe drought, and someone in the community had predicted that it would continue for another year. When my subject was in a deep trance, I instructed her to visualize the weather for the next six months. She predicted light rain within the week, followed by a dry spell of several months and finally by a good rainy season in late summer. I made no claim other than the truthful reporting of facts; She was precisely correct.

My involvement in this project has, of course, been extremely interesting to me. It is hard, however, to assess the effects of the project on the medicine men and on me. The medicine men say that they know better when, and how to refer patients in the white doctors, and I think they feel more kindly toward us. In turn, I feel better able to understand my Navajo patients and know better when to refer them to medicine men. I have adopted some Navajo styles of thought, I think. I use hypnosis more than I used to. And one of my Navajo colleagues in the Indian Health Service Mental Health Program claims that I try to act like a medicine man all the time.