REVISITING THE NAVAJO WAY

lessons for contemporary healing

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ABSTRACT Given the paradox of the success of modern medical technology and the growing patient dissatisfaction with present-day medicine, critics have called for a reevaluation of contemporary medical practice. This paper offers a phenomenological analysis of traditional Navajo healers and their ceremonies to highlight key aspects of healing. A phenomenological view of medical practice takes into account three key features: the lifeworld, the lived body, and understanding. Because of their closeness to a phenomenological view, traditional Navajo mythology and healing practices offer insight into the healing process. Contemporary physicians can appreciate the phenomenological elements of Navajo healing ceremonies, including the Mountain Chant. Navajo healers help patients make sense of their illnesses and direct their lives accordingly, an outcome available to contemporary practitioners, who are also gifted with the benefits of new technologies. By examining scientific medicine, Navajo healing practices, and phenomenology as complementary disciplines, the authors provide the groundwork for reestablishing a more therapeutic view of health.

CONTEMPORARY NAVAJO SOCIETY offers a unique window into a variety of healing practices. Due to an array of complex historical and sociological events, the Navajo Nation incorporates a diverse mixture of traditional, modern,

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ethnic, and spiritual elements in its manifestations of health care and healing practices. Within the confines of the Navajo Reservation, four concomitant healing traditions thrive: "conventional biomedicine, Traditional Navajo healing, Native American Church (NAC) healing, and Navajo Christian faith healing" (Csordas 2000, p. 463). Individuals and groups among the Navajo people embrace these diverse traditions in a variety of ways, ranging from "outright opposition to complex synthesis" (Begay and Maryboy 2000, p. 498). Such a heterogeneous cultural picture has been called a "borderland" and connotes the "construction of complex, hybridized identities for those who must live within, yet are excluded from, the dominant cultural order" (Lewton 2000, p. 476). Anthropologists often find that studying "borderland" cultures yields insights into larger human societal interactions. The anthropologist Lewis Binford has also argued that "extreme" cases often better highlight reasons for variability than do "modal" cases (Binford 1979, p. 255). Within the context of contemporary medical practice, studying elements of Navajo healing may yield insights that apply to mainstream practices as well. This paper concentrates on traditional Navajo healing. By examining traditional Navajo healers and healing practices, we hope to provide insights that might benefit contemporary practitioners of "conventional biomedicine," or scientific medicine (Miettinen 2001).

In its broadest definition, medicine fosters health and offers healing or a return to "wholeness." As described by Rachel Lewinsohn (1998, p. 1261), medicine is "any activity that promotes, preserves, and helps to restore the physical and mental integrity of the individual." The medical practitioner ideally provides the link between the illness as experienced by the individual and some restoration of physical or mental integrity. However, many practitioners of present-day medicine confront a paradox. Although they are equipped with sophisticated medical technology and an ever-increasing understanding of disease, patients seem to be more dissatisfied with their care. Physicians often seem alienated from those they treat—perceived by patients as mere technicians wielding dehumanizing technology, rather than as healers (Schwartz and Wiggins 1985)—with the result that patients frequently turn elsewhere for healing.

Numerous authors have highlighted the deficiencies of contemporary medical practice (Lewinsohn 1998; Thomas 1985; White 1987). Although physicians may have the means to restore physical integrity, they seem to lack the ability to address the patient's illness *as experienced by the patient*. Traditional healers, who often help patients make sense of their illnesses within the context of their day-to-day lives, may offer lessons for contemporary physicians (Al-Adawi 1993; Coulehan 1980, 1992; Lewinsohn 1998; Schwartz and Wiggins 1985). This paper highlights the ways in which traditional Navajo practices help patients address their experiences of their illnesses.

The term "scientific medicine" is used throughout this paper to include a wide spectrum of medical practices that are prevalent in Western societies. These practices have in common a heavy reliance on technology and on the scientific

method for their approaches to disease and health (Miettinen 2001). Within the spectrum of scientific medical practice, individual practitioners differ in their ability to assist patients in making sense of their illnesses. Practitioners are faced with a societal emphasis on technology, perceived threats to their autonomy, and growing economic pressures and time constraints (Murray et al. 2001). In this environment, critics contend, many practitioners rely too heavily on scientific theory and technology and neglect attempts to help patients find meaning in their suffering (Lewinsohn 1998). This essay explores a phenomenological study of medical practice, highlights key features of traditional Navajo culture and the Mountain Chant ceremony, and offers suggestions for contemporary practitioners. Coupled with modern science and technology, these lessons may alter the way contemporary physicians see their roles as healers.

A PHENOMENOLOGICAL MODEL OF MEDICAL PRACTICE

Conceptually, most critics of present-day medicine focus on one of the two prevailing models of medical practice: the biomedical and the bio-psychosocial. The biomedical model rests on the foundation of the natural sciences of biology, chemistry, and physics, and defines medicine as a technology that applies the natural sciences to human illness and health. Accordingly, medical practice gains the strengths and weaknesses of the natural sciences. The precision, exactitude, and mathematical basis of the natural sciences provide precision and predictive power, and allow certainty and replicability in diagnosing and treating certain conditions. Exactitude and mathematical precision carry a price, however, since many aspects of human distress cannot be characterized in terms of the natural sciences. The biomedical model typically ignores psychological and spiritual factors, even those that are known to influence health (Schwartz and Wiggins 1985).

The bio-psychosocial model, first articulated by George Engel (1977), rests on general systems theory, and includes more of the breadth of human experience. The model incorporates the multiple facets of human life as a hierarchy of systems, beginning with subatomic particles and progressing through the levels of tissues, organs, person, family, society, and ultimately the entire biosphere. The model acknowledges the complexity of human existence, but lacks guideposts that point toward the particular system involved in a particular phenomenon. Thus, a physician attempting to employ the model would understand that many levels exist but would be hard pressed to determine which levels are operating with a particular patient at a particular point in time. Additionally, the concept of systems analysis implies precision and the application of sciences ranging from physics to sociology. Physicians seem expected to understand and integrate a wide range of natural and social sciences, while facing phenomena and patient experiences that sometimes defy analytical explanations (Schwartz and Wiggins 1985).

In reality, neither physicians nor patients approach the world strictly in terms of either a biomedical or bio-psychosocial model, and both models imply a level

of abstraction from the world as actually experienced. As such, neither provides a depiction of present-day physicians and physician-patient interactions that the participants themselves would recognize. Physicians and their patients may appeal to biomedical or bio-psychosocial theories at times but would likely describe the core of their interactions differently.

Unlike these models, phenomenology does not depict the world in terms of abstract concepts and theories (Schwartz and Wiggins 1985). Developed by Edmund Husserl, the phenomenological method seeks to: (1) look at things in themselves without theoretical speculation, and (2) examine the only phenomena truly available to us, mental acts in all their varieties—perceiving, reflecting, valuing, and theorizing. For example, one might perceive a billiard ball. As a raw phenomenon, that perceptual act is all the observer has to examine; even the existence of the billiard ball is bracketed as unanswerable. The phenomenologist hopes merely to grasp the mental act of seeing the billiard ball (Husserl 1998). Similarly, one might have a desire once again to be in the mountains of Colorado. As a mental act, this desire is given to us wholly and completely when we attend to it. The phenomenologist hopes merely to grasp the mental act of desiring to be in Colorado. As a theory of knowledge, phenomenology emphasizes the difference between the objects of the perceptual world and the objects of the world of consciousness. Consciousness gains special prominence because it is all we truly and directly know. Phenomenological reduction attempts to reveal "the essences of the objects of our mental acts, irrespective of whether these objects exist in reality, even irrespective of whether there really is a non-mental reality" (Grossman 1995, p. 660). A phenomenological approach to medical practice would appreciate patient and physician experiences as phenomena, as free from theoretical speculation as possible.

Michael Schwartz and Osborne Wiggins (1985) offer a phenomenological view of medical practice based on three key components of experiential life: the lifeworld, the lived body, and understanding. The *lifeworld* refers to the sphere of everyday interaction, where men and women carry out everyday activities and communicate using shared cultural norms and traditions. The surgeon in the midst of performing her 300th appendectomy holds the scalpel, knowing how much pressure to apply to the skin and what vessels to avoid. She does not abstract from the experience and perform a physics-based analysis of what is happening as the scalpel touches the skin. She communicates with the scrub technicians who hand her instruments using commonly understood labels. The technicians place the instruments in her hand with the proper amount of touch, position, and pressure, as learned through experience. They may know the conversation topics to avoid in order to keep the surgeon satisfied, and these exchanges make up the lifeworld for the operating room team (Schwartz and Wiggins 1985).

Each individual within the lifeworld lives, acts, and breathes in a body, and experiences the world in what is called the *lived body*. The body as lived by indi-

viduals precedes any conception of cells, tissues, organs, or body systems, and it does not separate the affective and the physical.. When a man pets his dog in the morning, he experiences both the emotional warmth he feels for his dog and the touch of its fur at the same time. Emotions and thoughts all arise within a lived body and can only be separated from that body by an act of abstraction. While such abstraction may have utility in certain endeavors, it ignores genuine aspects of experiential life. Similarly, biochemical interactions and tissue changes can only be separated from the body by an abstraction. Again, this abstraction may have utility in some endeavors, such as diagnosis and treatment of biomedical diseases, yet the abstraction neglects genuine aspects of reality (Schwartz and Wiggins 1985).

The rationale for abstraction results from the need for explanation, for "that which produces understanding how or why something is as it is" (Cohen 1995, p. 262). However, in a phenomenological context, *understanding* refers to one person's comprehension of another person and operates on a pre-reflective level. The traffic cop directs traffic at an intersection where the stoplight has stopped working via an exchange of understanding. Holding his outstretched hand, the police officer indicates to the driver to stop; the driver, understanding this gesture, stops and waits. When the officer whistles and starts waving in a circular motion, indicating forward, the driver understands and starts moving forward. In this example, an entire exchange occurs in which intentions are communicated and actions follow. Individuals can assign conceptual frameworks to what has transpired in order to explain what, when, why, and how certain events occurred. Whether an explanation is scientific, spiritual, mythological, or philosophical, it is always rooted in a pre-reflective understanding of a common everyday experience (Schwartz and Wiggins 1985). The more removed the explanation from pre-reflective understanding, the more likely that the explanation will not yield meaning to an individual person or, in a medical setting, a patient.

A phenomenological view of medical practice takes into account the patient's lifeworld, lived body, and pre-reflective understanding. Such a model requires the physician or healer to continually remind him- or herself of the patient's experiential world. By recognizing the patient's lifeworld, for example, the clinician can identify with and share points of common human interaction related to the events of that world. By appreciating the patient's body as experienced by the patient—physically, emotionally, psychologically—the clinician can target the points of concern that the patient identifies. Pneumonia becomes, for instance, not an infection of the lungs resulting in fever, cough, and shortness of breath, but a painful, draining act of breathing that detracts from a patient's ability to play with his children and make love to his wife. The patient understands his experiences on a day-to-day level and likely has constructed some explanation for how and why they are occurring. Drawing on the understanding the physician has of day-to-day interactions, feelings, and intentions, he or she has the foundation for higher order explanations of a patient's condition. By linking those explanations to everyday experiences, more common ground can be reached.

THE NAVAJO WORLD VIEW

Traditional Navajo healers offer an intricate perspective on healing that involves individuals, the tribe, and their relationships with nature. The traditional Navajo healer portrays a battle involving a community ridding itself of suffering and striving toward harmony. Dr. Frank Almao, an Anglo psychiatrist who works on the Navajo reservation, finds many lessons in the work of a nearby medicine man. "Healing has to start at some level," he says, "and medicine men help people go into a healthy place inside the self" (Heil 1999, p. 1).

The American anthropologist Edward Hall (1994) emphasizes the concept *hozho* as a fundamental principle guiding the life of traditional Navajos. Simply translated as "beauty," *hozho* "is both an aesthetic and an ethical concept, global in meaning, encompassing such attributes as congruence and harmony. It bespeaks the rightness of creation. To fall out of congruence for whatever reason is to create disharmony and invite physical illness" (p. 112). *Hozho* captures "the concepts of beauty, blessedness, goodness, order, harmony, and everything that is possible or ideal" and "defines the traditional Navajo way of thinking, speaking, and relating to other people and the surrounding world" (Carrese and Rhodes 1995, pp. 828–29). It shapes both religious rituals and everyday speech, and serves as a reminder to act and speak carefully. Roughly translated "may you walk in beauty," the phrase *Hozhoogo naninace doo* functions as good-bye among many traditional Navajo (Farella 1984). To "walk in beauty" stands as the aim of ceremonial rites, of the individual's relationships with nature, the tribe, and others, and of life itself.

Traditional Navajos emphasize a person's relationship with nature. Harmony with nature provides meaning in life, and peoples' strengths emerge from their inner selves and from balanced relations with their surroundings (Still and Hodgins 1998). A person maintains his or her balance by means of both actions and words. Reality mirrors the spoken word, and for this reason, words should be chosen carefully. A person's words do not merely describe the surrounding world but in fact help create it (Carrese and Rhodes 1995). The Navajo sing the world back into congruence, into being, into its original and emergent perfection (Hall 1994). This power forms the basis of all Navajo healing ceremonies, underpinning the healing encounter itself.

NAVAJO MYTHOLOGY

The myths that provide the substance of the Navajo healing encounter are many and diverse, and only a few key examples will be presented here. The Navajo origin myth begins in the 12 divisions of the underworld, where the first gods emerged and eventually created the first ancestral humans. These ancestors of the Navajo and Pueblo tribes entered the upper world at a place in the San Juan Mountains. Four sacred mountains—one each in the north, south, east, and west—mark the sacred boundaries of Navajo land and serve as reference points

for some of the movements during healing ceremonies (Luomala 1938). For the Navajo, creation centers on evolving concepts of harmony and a sacred sense of place, and it is a many-layered process, with many gods and lesser spirits. These Holy Ones, or Holy People, serve as the prototypes of all living creatures and/or manifestations of natural elements such as wind and water (Milne 2000). The Holy Ones created many worlds, one on top of another, with man emerging near the mouth of the San Juan River. At death, man returns to this sacred spot (Luomala 1938).

Changing Woman—the benevolent and eternally young goddess of the Navajo—figures prominently in some Navajo mythology (Luomala 1938). Changing Woman and her sister (or possibly alter ego) White Shell Woman are variously characterized as having been magically impregnated by the rays of the sun and the waters of the waterfall. Twin sons, the war gods Slayer of Monsters and Child of Water, are born, and to prove their worthiness, they undergo a series of contests and gain the right to claim the sun as father. The sun gives them weapons to destroy *nayee*, or monsters, the enemies of mankind, but they do not kill certain monsters—Hunger, Old Age, Poverty, and Dirt—since these are necessary for the world (Luomala 1938).

Several Navajo ceremonies, most notably the Monsterway Chant, make reference to this battle among the warrior twins and their enemies. The Navajo word *nayee* refers to grotesque creatures or monsters, but it can also refer to less tangible beings like age, disease, and poverty. According to anthropologist John Farella (1984), *nayee* is used to describe anything that gets in the way of a person living his life. It refers more to subjective and internal phenomena—rather than the objective and external—and includes obsessive thoughts such as worry and fear, the states that we label depression and paranoia, and all forms physical illness. For the Navajo, physical and psychological illnesses are thought of as monsters to be slain. Although they are internal, illnesses can only be eliminated through a battle with the external creature that is its cause. The mythic battles of the warrior twins can be reenacted in ceremony, and the enemies of mankind can be destroyed again, restoring harmony for the individual and the clan.

NAVAJO HEALING CEREMONIES

The major Navajo healing ceremonies incorporate aspects of *hozho*, the power of the spoken word, the concept of *nayee*, and knowledge of tribal mythology. Healing practices range from an hour-long prayer to a nine-day sing or chant (Lewton 2000). This paper will focus on the most prominent ceremonies, the sings or chants, which last from five to nine days and nights. Typically, the patient presents to a traditional healer, asks for assistance, and awaits instructions. Choice of a healer is largely dictated by tradition and availability, with the patient typically selecting the healer he or she feels is most suited to his needs (Kim and Kwok 1998). Whenever a person requests services of a healer, he or she simply

states the problem and then largely remains silent. The medicine man acknowledges the patient's suffering, may ask a few questions, and then uses various means to find the source of the disharmony. The three traditional diagnostic methods used are "stargazing," involving looking at the stars either directly or through a crystal, "listening," involving an appreciation of heard messages regarding the patient's distress, and "hand trembling," involving an involuntary motion of the hand in close proximity to the patient (Milne 2000). Illness itself can be caused by violating taboos, by contact with lightning or outsiders, or by ghosts or witchcraft; regardless of the source, a ceremony is performed to expel the cause (Still and Hodgins 1998).

The chants themselves serve a variety of functions—from healing to socialization, from theater to recreation, from gambling to sport. Done correctly, they hold great powers to heal, and done incorrectly, they can cause great harm. Healing—the restoration of harmony—is a communal process for the Navajo. The power of the medicine men is key, but so is the contribution of those witnessing the chant and the thoughts of countless others miles away (Hall 1994). The healing ceremonies allow for the restoration of harmony on both an individual and a community-wide level, and also includes an aspect of communication "with a nonhuman community that today's conventional thinking cannot yet fully accommodate" (Zolbrod 1997, p. vii). To the Navajo, an individual's suffering parallels a more communal suffering, which in turn parallels suffering in the nonhuman world.

The medicine men who guide the ceremonies are called *hatali* or chanters. They must master a vast array of information, ranging from the procedure of the rites themselves to the sand paintings involved, from the exact words of numerous songs to the preparation of various religious paraphernalia. Men wishing to become *hatali* usually possess significant intelligence, the ability to remember hundreds of songs and their accompanying acts, and a religious sensibility.

The Mountain Chant

One of the most spectacular and well-studied Navajo healing ceremonies is the Mountain Chant. Offered to patients with a variety of ills, the Mountain Chant retells the story of a young hunter who became separated from his family, was enslaved, and eventually escaped with assistance from the gods (Matthews 1997). He was named "Reared Within the Mountains" and took refuge among the homes of various gods and learned many of the secrets of the Holy Ones. Eventually he returned to his people, and although he was initially purified by a medicine man, the shadow of the contact with the Holy Ones still hung over him and a purification dance was needed. The ceremony cured "Reared Within the Mountains" of his uneasiness, but eventually the gods took him back to dwell among them. His story of renewal and a sense of proper place within a higher order form the basis of the Mountain Chant.

The Mountain Chant begins with four days of preparation. The patient is

purified with emetics and sweats in a special lodge around a fire made from four different kinds of wood. Purification with smoke from coal and pollen fragrance occurs on these early days of the ceremony. During these proceedings, the medicine man touches the patient with sacrifices, including pollen and other sacred objects, in a ritual manner. On the fifth day, assistants clean the lodge and the first sand painting, depicting aspects of the myth of "Reared Within the Mountains," is made. The painting is invoked to draw off the illness and to offer the patient some of its own powers. Each evening the painting is destroyed and this pattern continues until the ninth day of the chant (Hall 1994).

On the ninth day, the patient has the option of holding the final chants largely in private or of opening them to the public, although patients almost always choose the public option. A series of intricate dances begins that evening. The second dance salutes the role of the hunter, and with the patient seated in the middle of the ground, the dancers circle. Each dancer carries an arrow and touches the patient in a specific manner, treating the knees, hands, abdomen, back, shoulders, crown, and mouth, until all dancers have touched the patient. No matter where the patient's pain, his whole body is ritualistically cured (Matthews 1997).

The final and most famous dance of the Mountain Chant is the fire dance. Dancers covered only in ceremonial paint swirl around a central fire bearing wands covered in eagle down. The wands are lit in the fire and each dancer chases another, never turning around, at times striking the man in front of him with the burning wand, at times bathing his own back in flames. In his vivid depiction of the ceremony, Matthews reports: "If a brand became extinguished it was lighted again in the central fire; but when it was so far consumed as to be no longer held conveniently in the hand, the dancer dropped it and rushed, trumpeting, out of the corral. Thus one by one, they departed" (p. 60). By the time the great chant has wound to its conclusion, the audience has come together as a community, experiencing a wide range of singing, dancing, pageantry, comedy, tragedy, and sport.

LESSONS FOR CONTEMPORARY PRACTITIONERS

Patients—whether in Navajo or more scientific medical systems—need to be able to make sense of their illnesses and place them in the context of their lives. Illness can disrupt the meaning that patients attach to their lives, and adjustments in thinking need to be made so that patients can better understand the implications of their illnesses. Biomedicine's increasingly sophisticated and technologically dependent approach to managing patient problems frequently provides individuals with explanations of their problems without offering understanding in a way that makes sense to them.

Taken as a whole, traditional Navajo healing includes many elements consistent with a phenomenological view of medical practice. The ability to truly assist

patients in grappling with their distress may be fostered by physicians who are more familiar with phenomenological concepts and who are able to acknowledge a patients' lifeworld, lived body, and understanding. Such a physician continually hopes to appreciate how patients actually experience disease. In the following section, these three phenomenological concepts are addressed, both as illustrated by the Navajo worldview and ceremonies, and from the perspective of how a physician might incorporate lessons from the Navajo into a contemporary clinical setting.

Lifeworld

The Navajo system strongly acknowledges responsibility and the role of the patient in his or her own illness. Patients are challenged to examine their place in the larger world and to aim toward a restoration of balance. An illness implies that the natural order of things has been disrupted, in some cases by patients' improper conduct or contact with impure things. A ceremony can restore the natural order, but patients realize their role in the illness and can initiate behavioral change (Heil 1999). The role of all Navajo healers includes some element of instruction in patient self-awareness and self-discipline. Within the Mountain Chant, the first four days emphasize preparation and purification of the patient in recognition of the patient's state of disharmony. The latter days involve a process of both private and public challenge to the patient to be like "Reared Within the Mountains" and to understand one's place among the Holy Ones. The structure of the ceremony itself fosters discipline, public acceptance, and a call toward reconciliation.

It should be possible within the context of modern scientific medicine to use the clinical encounter as an opportunity to challenge the patient to examine his or her own lifeworld, no matter what the cause of the illness. Certainly, within the 15-minute office visit, explorations of self-awareness and self-discipline seem daunting and impractical. Yet the tasks of preparation for healing and public discourse regarding one's illness do not have to take place in the doctor's office itself. Physicians can encourage patients to look at their lives and the impact of the illness on their experiences. Patients can be asked to write down their reflections, prioritize the aspects of the illness they wish to minimize and those they can endure, and discuss with their physician their reflections and priorities.

Similarly, physicians can challenge patients to talk with family and friends about their experiences. If applicable, patients can be directed to support groups or internet resources. Physicians can provide ideas for patients regarding resources where patients can tell their stories (e.g., clergy, social workers). Contemporary physicians can always get a sense of the patient's illness by its impact on the patient's day-to-day life and work with the patient to try and minimize that impact.

Community is another important aspect of the lifeworld. For the Navajo, particularly with major ceremonies like the Mountain Chant, the sing can be an op-

portunity both for individual and group healing. As Edward Hall (1994) has noted, "The effectiveness of a sing was dependent, in addition to the power and skill of the medicine man, on participation. Everybody put thoughts into the collective pot to help with the cure" (p. 94). Traditional Navajo healers challenge the individual to recognize the importance of harmony within the community and challenge the community to participate in healing for the individual. The "healers attempt to reconstruct the patient's identity by calling the whole community to witness and share the misfortune of the distressed. This process helps to increase the patient's self-value and reinforce the patient's relationship with the community" (Al-Adawi 1993, p. 75). For the Navajo, "healing requires that the person re-experience his life or her life as a part of all other lives" (Coulehan 1992).

The sense of community seen in the Navajo chants may also benefit the current health care environment. Scientific medicine often portrays the patient as a machine independent of environmental, psychological, and unnatural or "irrational" forces (Al-Adawi 1993). Contemporary doctors and patients, meeting briefly but not reflecting on any higher sense of order, typically see themselves as "going it alone." Patient's lifeworlds often include families, workplaces, churches, and multiple larger communities. The sense of the interwoven nature of individual, community, and nonhuman harmony provides an instructive contrast in a modern world that tends to emphasize the individual. Contemporary practitioners may help ameliorate this sense of individuals in isolation by more overtly recognizing connections to family and community.

Common areas in clinics and offices can include notices of community events and informational health fairs. Administrators can train clinic staff to keep apprised of community resources for housing, education, and other services that have an impact on health. All members of a clinic staff, from receptionists to nurses, from physicians to file clerks, can be reminded of their collective role in the healing process. Some physicians may even encourage patients to bring family members to office visits to provide support and perspective. Borrowing from the concept of community-oriented primary care, physicians can remain aware of needs in their local communities and ways for addressing those needs.

Everyday experiences also factor into the lifeworld. The Navajo healing process—for example, the Mountain Chant—utilizes ceremonies to reenact stories familiar to traditional Navajos. As part of the retelling of those stories, the audience witnesses singing, dancing, and often humorous displays. Each one of these refers to everyday experiences—hunting, fire, family discord, or a child coming of age. The chant in part speaks to the patient because its structure resembles aspects of life as experienced.

In the contemporary physician's office, the process of encountering a doctor might be altered to better reflect everyday life. A waiting room can look more like a living room, even including music or television. Patients, staff, and physicians can be encouraged to contribute their own artwork for display, and a conversation with a doctor can begin with discussions of children and weather and

local events. The encounter can retain reminiscences of the patient's day-to-day experiences.

The Lived Body

The process of consulting a Navajo healer and obtaining a cure emphasizes the individual as a physical person. The patient presents with a problem, the medicine man acknowledges the problem, and a chant is devised. If a person does not get better after a chant, then the wrong ceremony was chosen and another means must be pursued (Luomala 1938). The healer demonstrates confidence that a "cure" will be found: if one approach does not work, another will. The patient's experience of himself as suffering or not suffering is trusted. No matter where the pain or suffering, the patient is accepted to be in need and given a means of recovery. The emphasis remains on a loss of harmony and its restoration, and on the patient as a whole. The ceremonies themselves, like the dance of the hunter in the final day of the Mountain Chant, always include ritualistic elements that point to the body as a whole.

The very idea of ceremony is itself a challenge to contemporary medical practice. Putting aside questions of efficacy, the Navajo chants offer the example of ritual as a healing tool. Contemporary physicians also utilize ritual, but they often do not recognize it as such. Many aspects of the scientific practitioner's office fit the ceremonial expectations of its patrons. The patient, for example, dons a ceremonial robe before the "full physical exam." The exam itself often yields minimal "scientific" information but allows for an acknowledgment of the person as a physical whole. Like the dancers in the final days of the Mountain Chant, the physician ritualistically touches the patient in a specific manner that has been passed on to him by his mentors in medical school and residency. Recognition of these elements of ritual in contemporary practice may foster study of their importance and efficacy in establishing a therapeutic relationship.

Understanding

Traditional Navajo healing practices offer an explanation for those being healed that can easily be tied to pre-reflective understanding. The basic assumption of traditional Navajo medicine is that many maladies are caused by the active, purposeful intervention of some agent against the sick person. The medical anthropologists Foster and Anderson (1978) have labeled the Navajo theory of causation as "personalistic": the sick person is felt to be the target of some offending agent, whether supernatural, nonhuman, or human. The reason for the offense, whether taboo violation, failure to fulfill certain tribal obligations, or interpersonal conflict, concerns the patient alone. As such, the suffering person requires a restoration of her proper place within a personal, tribal, and supernatural harmony.

The Navajo also use the concepts of *hozho* and *nayee* to help patients through illness. Through *hozho*, the healer offers the patient hope, by emphasizing the

positive, the beauty in life. With the concept of *nayee*, the Navajo are able to objectify and to externalize an illness. The suffering becomes a monster to be slain. The ceremony that ensues allows for the demon to be destroyed, like the monsters slain by the hero twins, or to be managed, like the persisting monsters Old Age and Poverty.

It would be difficult to reconcile the differences between contemporary physicians using the tools of modern technology and traditional Navajo healers using Navajo mythology regarding their explanations for why a person is suffering. Both operate on some level of abstraction from the world as experienced. However, leaving these differences aside, it is possible to suggest that some of the medical practices accompanying the Navajo's personalistic theory of causation offer lessons for contemporary physicians. At their core, personalistic explanations reflect very close ties to the everyday language of understanding. Anger, fear, lightning, and ancestral mistakes have very close referents in day-to-day intention and communication.

Contemporary physicians can also support patients' understanding by offering hope tempered by realism. Too much emphasis on the negative can undermine belief in any therapy, while emphasis on the positive can help make that reality. Patients often understand hope and despair on a deeper level than any causal explanation that is offered.

Even as metaphor, the explanations offered by Navajo healers are closer to everyday experience than molecules, cells, or viruses. Contemporary physicians need not construct mythologies of illness including monsters and demons in order to foster healing, but they can remember that explanations will have more meaning if they are reminiscent of experiences the patient is likely to have had.

CONCLUSION

Naturally, not every contemporary physician desires or is able to incorporate all of the suggestions above into daily practice. Navajo practices may seem too foreign or fantastic to the practitioner's own experiential lifeworld, and phenomenology may seem limited in its ability to penetrate the nature of healing practice, especially as it applies to the Navajo. Husserl often neglects the mythological, or what he calls "mere phantasying," as aspects of consciousness less amenable to exploration than those that relate to the perceptual world or the memories of that world (Husserl 1998, p. 64). As such, certain features of Navajo healing practices may not be penetrable by the phenomenological gaze. Also, the phenomenological approach itself may in certain instances even run counter to the objects of its own study.

Yet, biomedical science and the "culture of the pill" do not have all the answers. Traditional Navajo healing practices offer a completely different example of healing. As America's first Navajo woman surgeon has declared: "We have to live a healthy life in every facet. But we want a quick fix, to just take a pill and

be well, and it's not working. America's penchant for overwork, avoiding exercise, and living at a fast pace, as well as the disintegration of community and family life, is leading to a host of physical and mental problems" (Alvord 1999, p. 43). In order to foster change, contemporary physicians can take another look at traditional healers for inspiration. These healers utilize mythology and rituals that are reminiscent of patients' lifeworlds. Their ceremonies acknowledge the patients' lived bodies and their experiences of illness. The explanations offered remind the hearer of an understanding of day-to-day interactions and the ways in which one can restore one's proper place within a larger community.

Such tangible reminders of a phenomenological view of medical practice offer a supplement to the scientific understanding of disease. Present-day physicians may utilize the helpful diagnostic and treatment tools that scientific medicine yields, while at the same time placing those tools into a frame of reference closer to the patient's lived world. By thinking back to the way Navajo healing takes place, they may offer places of healing more similar to patient's everyday world, recall the physical exam as ritual, and provide explanations reminiscent of everyday life. Ultimately, the traditional Navajo healer reminds all healers of the importance of ceremony and of communal involvement in restoration of health. The practice of medicine, after all, should be a timeless art, a grand ceremony with the patient at its center and the community in its heart.

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